



EMS Records Custodian  
Los Angeles Fire Department  
200 North Main Street, 1620  
Los Angeles, CA 90012

(Official Use Only)

Received On: \_\_\_\_\_

Incident Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

(45 C.F.R. §164.508(c) and 514(h))

### Terms and conditions of this authorization - I understand that:

- By signing this document I am authorizing LAFD to use or disclose my Protected Health Information (PHI), for the purpose stated herein, which may contain personal, medical, and billing information collected in relation to the emergency medical service(s) provided by LAFD.
- The person(s)/organization(s) authorized to receive my PHI may not further use or disclose this information without specific written authorization from me or as otherwise specifically required or permitted by law (Cal. Civ. Code § 56.13).
- Unless revoked earlier, this authorization will end on the date/condition/event specified in Section "C" below.
- I may revoke this authorization by providing written notice to LAFD, except to the extent that action has been taken in reliance upon this authorization.

### A. Patient Information (All fields in this section are REQUIRED, unless noted otherwise)

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Address: \_\_\_\_\_

Street

Apt#

City

State

ZIP Code

Email (optional): \_\_\_\_\_



**F: Personal Representative** - If this authorization is signed by a personal representative of the patient, please complete the following:

Personal Representative's Relationship: \_\_\_\_\_

*If you are a Personal Representative, you must attach legal documentation describing your relationship and authority to act on behalf of the patient. All submitted documents are subject to verification.*

**G: Your Name and Signature (All fields in this section are REQUIRED).**

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this document I declare under penalty of perjury that all statements contained in this form and accompanying document(s) are true and correct.*

**H: Identity Verification (45 C.F.R. § 164.514(h))** – You (the person identified in Section G) must check (✓) **ONE** of the boxes below and comply with the requirement of your selection.

1)  Attached is a copy of my photo identification (acceptable identification is a State Driver's License, State Identification Card, Passport, Matricula Consular or, City, State, or Federal Employment ID Card).

OR

2)  No photo identification is attached but my signature has been notarized below.

Notarized By: \_\_\_\_\_ On (Date): \_\_\_\_\_

Notary Public Number: \_\_\_\_\_

(Unofficial Unless Stamped By Notary Public)

Please return this form and supporting documents to the following address:

Los Angeles Fire Department  
Attention: EMS Records Custodian or LAFD.EMSRecords@lacity.org  
200 North Main Street, 1620  
Los Angeles, CA 90012

If you have questions, need additional information or assistance in completing this form, please contact us at the above address or call (888) 772-3203.