



MAPLEWOOD FIRE DEPARTMENT of EMERGENCY MEDICAL SERVICES

ATTN: Medical Records
1955 Clarence Street, Maplewood, MN 55109
Office: 651-249-2801 / Fax: 651-249-2809



Authorization for Release of Protected Health Information

SECTION A PATIENT INFORMATION	
Patient Name _____	Patient DOB _____
Address _____	
City _____	Zip Code _____
Telephone _____	
Date(s) of Service _____	

OFFICE USE ONLY
 Date Received: _____
 Incident No: _____
 Accepted &
 Released By (initial): _____

SECTION B REQUEST FOR MEDICAL RECORDS
<p>PATIENT RIGHTS: As a patient, you have the right to access, copy or inspect your protected health information (or PHI) in accordance with federal law. These rights are further described in our Notice of Privacy Practices, and in other policies, which you may have upon request.</p> <p>To process your request, please indicate the type of request:</p> <p><input type="checkbox"/> Access to review my health information <input type="checkbox"/> Access to obtain copies of my health information</p>

SECTION C SIGNATURE AND VERIFICATION REQUIREMENTS
<p>Please select one:</p> <p><input type="checkbox"/> I am the patient. <input type="checkbox"/> I am the parent of the patient, who is under 18 years of age. <input type="checkbox"/> I am an authorized court-appointed representative of the patient. <i>(Note: Must provide a copy of appointing court document)</i></p>
<p>_____ SIGNATURE OF PATIENT (or Authorized Representative) DATE</p>
<p>Verification requirements: For all in-person requests, a valid government-issued photo identification must be available at the time of request. The patient or authorized court-appointed representative's ID will be photocopied and retained with the request form.</p>

<p>NOTARIZATION <i>Notarization is required for mail-in or fax requests.</i></p> <p>As a duly appointed Notary Public, I hereby certify that the above listed person has personally appeared before me, and I have witnessed the signature that is affixed hereon.</p> <p>State of Minnesota County of _____</p> <p>Subscribed and Sworn before me this _____ day of _____, 20_____.</p>	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"></div> <p>NOTARY SEAL</p>
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