

# FIRE DEPARTMENT INCIDENT RECORDS

## Health Information Release Authorization



Request for access to health information held by the San Marcos Fire Department.

**Date Requested** \_\_\_\_\_

**Requested Information:**

**Medical Care Report**

**Other** \_\_\_\_\_

**Ambulance Bill**

\_\_\_\_\_

**Incident Report**

\_\_\_\_\_

**Name of Requestor:** \_\_\_\_\_

**Relation to Patient:**

**Self**

**Name of Patient:** \_\_\_\_\_

**Parent/Guardian**

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Legal Representative**

**Address:** \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

**Date of Incident:** \_\_\_\_\_ **Location of Incident:** \_\_\_\_\_

### HEALTH INFORMATION RELEASE AUTHORIZATION

#### INFORMATION ABOUT YOUR ACCESS RIGHTS

Except under limited circumstances, we will provide you with the access you request. We will respond to your request for access within 10 days from the time we receive this completed form. In certain situations we may deny your request, but if we do, we will tell you in writing of the reasons for the denial and explain your rights with regard to having the denial reviewed.

#### SUBSTANTIATING INFORMATION

A copy of your valid Driver's License or DMV issued Identification Card must be submitted with this request.

If you are not the patient requesting the information, you must also submit documentation of legal representation and/or responsibility. In order to receive the requested documents, this form must be accompanied by a completed San Marcos City Form #CC106F, Request for Fire Department Incident Reports.

#### WHERE TO SUBMIT THIS FORM

You must submit this form to the San Marcos City Clerk: 1 Civic Center Drive, San Marcos, California 92069-2918

**By submitting this form, I hereby request the City of San Marcos Fire Department to provide me with access to my health information that the City of San Marcos Fire Department maintains.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

#### OFFICE USE ONLY

\_\_\_\_\_  
**Form Received By**

\_\_\_\_\_  
**Date**