

AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION

1. _____
Patient Name: Last, First, Middle Initial _____ Date of Birth _____

Street Address _____ Date of Incident(s) _____

City _____ State _____ Zip _____

2. Records released from:
City of Madison Fire Department
314 W. Dayton St.
Madison, WI 53703

3. Release records to:

Name _____

Street Address _____

City _____ State _____ Zip _____
Phone: _____

4. Extent of information to be disclosed: ☐ Single incident ☐ All incidents
Type of information to be disclosed: ☐ Ambulance Bill(s) Report(s): ☐ EMS ☐ CARES*
**Community Alternative Response
Emergency Services*

5. Purpose or need for disclosure. (Check applicable categories):
____ Payment of insurance claim _____ Legal investigation
____ Personal _____ Other: _____

6. The health information listed above may be disclosed to persons who are not subject to federal information privacy laws. These persons may further disclose this health information and it may no longer be protected by federal health information privacy laws.

7. This authorization will remain in effect until: (date): _____

8. This authorization is voluntary. We will not condition your treatment on receiving this authorization.

9. This authorization may be revoked at any time, except to the extent action had been taken based on it. To revoke this authorization submit a written request to:

Madison Fire Department, 314 W. Dayton St., Madison, WI 53703

10. _____ 11. Date: _____
Signature of Patient*

**If signed by person other than patient, state relationship and authority to do so:*

Relationship: _____

Patient is: ☐ Minor ☐ Incompetent/Incapacitated ☐ Deceased

Legal Authority: ☐ Legal Guardian ☐ Parent of Minor ☐ Spouse of Deceased

☐ Health Care Agent _____

☐ Personal Representative of Deceased ☐ Other: _____

12. How would you like to receive the report(s)? ☐ Download via City Public Records Request Center (PRRC)
☐ Mail to above address ☐ Fax (list #): _____ ☐ Email: _____

****Fee:** There is a charge of \$0.07 per page plus postage, for mailed or faxed records (no charge if total page cost, with postage, is less than \$0.50). An invoice, if applicable, will be included with copy of report(s). No charge for emailed records.