



AUTHORIZATION TO RELEASE PATIENT HEALTH INFORMATION

Patient Full Legal Name: _____ DOB: _____

Driver License #: _____ Incident # (if applicable): _____

I authorize Anderson Island Fire/Rescue to release the information as stated below:

INFORMATION TO BE RELEASED TO:
<input type="checkbox"/> Myself
<input type="checkbox"/> Other Name (Organization/Person):
Street Address:
City, State, Zip:
Phone:
Email:
RECORD SEARCH INFORMATION
Location service provided (address, cross-street):
Date of Service:
AUTHORIZATION FOR RELEASE OF INFORMATION
<p>By submitting this form, I hereby voluntarily authorize Anderson Island Fire & Rescue to release this medical record. I hereby state that I UNDERSTAND and agree that requests for electronic copies of my medical records from Anderson island Fire/Rescue in electronic form via email and/or fax may not remain confidential due to the unsecure nature of transmission.</p> <p>I further understand and agree that Anderson Island Fire & Rescue – and all its officers, employees, and agents – are not liable in any manner for the further disclosure of my medical information by another entity, once it has been released to another organization via electronic disclosure or postal mail.</p> <p>I also understand that I have the right to revoke this authorization at any time. The revocation must be made in writing and will not affect information that has already been disclosed under this release.</p>
SIGNATURE OF PATIENT / LEGAL REPRESENTATIVE:

<i>Patient Signature/Legal Representative</i> _____ <i>Date (month/day/year)</i>
Relationship to patient, if not signed by patient, and description of Authority:
Requesting Medical Records on Behalf of Another Person. If you are requesting medical records for someone other than yourself, you may be required to provide additional documentation to show that you have a legal right to request the record set. These documents may include but are not limited to: Letters of Representation, Guardianship Papers, Affidavits of Heir at Law, Power of Attorney
<p>Send completed form and submit a clear copy of your Driver's License or Government Issued ID, and any attachments by email to admin@aifirerescue.org, or mail to the address below.</p> <p>Attn: Medical Records Anderson Island Fire & Rescue 12207 Lake Josephine Blvd Anderson Island, WA 98303</p>

-----FOR OFFICE USE ONLY-----

Received by: _____

Date: _____

Once your request has been received, the District estimates that it will provide a response within fifteen (15) business days as to whether a determination regarding disclosure, denial, or an exemption can be established. The District does reserve the right to extend this time frame if necessary and will notify you as soon as possible.

The public records officer will oversee compliance with the act, but another Fire District staff member may process the request. Therefore, these rules will refer to the Public Records Officer "or designee." The Public Records Officer or designee and the Fire District will provide the "fullest assistance" to requestors; ensure that public records are protected from damage or disorganization; and prevent fulfilling public records requests from causing excessive interference with essential functions of the Fire District.

[RCW 70.02.060 Discovery request or compulsory process.](#)

(1) Before service of a discovery request or compulsory process on a health care provider for health care information, an attorney shall provide advance notice to the health care provider and the patient or the patient's attorney involved through service of process or first-class mail, indicating the health care provider from whom the information is sought, what health care information is sought, and the date by which a protective order must be obtained to prevent the health care provider from complying. Such date shall give the patient and the health care provider adequate time to seek a protective order, but in no event be less than fifteen days since the date of service or delivery to the patient and the health care provider of the foregoing. Thereafter the request for discovery or compulsory process shall be served on the health care provider.

(2) Without the written consent of the patient, the health care provider may not disclose the health care information sought under subsection (1) of this section if the requestor has not complied with the requirements of subsection (1) of this section. In the absence of a protective order issued by a court of competent jurisdiction forbidding compliance, the health care provider shall disclose the information in accordance with this chapter. In the case of compliance, the request for discovery or compulsory process shall be made a part of the patient record.

(3) Production of health care information under this section, in and of itself, does not constitute a waiver of any privilege, objection, or defense existing under other law or rule of evidence or procedure.