

C. Authorization Duration

- If the "Start Date" or "End Date" are left blank, this authorization will remain valid for one (1) year from the date the authorization is signed in Section F.
- The "Start Date" is the date that this authorization will begin.
- The "End Date" is the date that this authorization will end.
- The "Termination Condition/Event" is the condition which will revoke this authorization.

Start Date: _____ End Date: _____ Termination Condition/Event: _____

D. Description of information to be released - I hereby authorize LAFD to release the following PHI:

Incident Date **required** : _____ Time: _____ Account Number: _____

Incident Location: _____

Description **required** : Prehospital Care Report Run Report Billing Statement 9-1-1 Audio
May require extended processing time.

E. Purpose for which this release is to be made NOTE: You are not required to provide a specific purpose; if left blank, LAFD will presume that the release is simply being made **at your request** :

F: Signature of Patient, Parent or Guardian, or Personal Representative All fields are REQUIRED

Name Print : _____ Relationship: _____

Signature: _____ Date: _____

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

Required Documentation – All parents, guardians, and personal representatives must submit copies of official documentation evidencing their authority to act on behalf of the patient e.g. minor's birth certificate, Medical Power of Attorney or Advance Health Care Directive, court order granting guardianship, and marriage or death certificate). All submitted documents are subject to verification.

Identity Verification – The person signing this document must provide a copy of his/her photo identification which shows a signature e.g., State Driver's License, State Identification Card, Passport, Matricula Consular, or City/State/Federal Employment ID Card). 45 C.F.R. § 164.514(h)

G: Method of document delivery select one

Encrypted Email Fax U.S. Mail In-person Pickup

Please return this form and supporting documents to:

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

If you have questions, or need additional information or assistance in completing this form, please contact us at the above address or call 213 978-3648.