



HFD ORDER NO. _____

Medical Authorization Release Form
CITY OF HIALEAH FIRE DEPARTMENT
RESCUE DIVISION
83 East 5th Street, Hialeah, FL 33010-4797
Phone: (305) 883-6982

I, _____ hereby authorize the release of all medical information contained
(Name of Patient)
in the Hialeah Fire Department EMS/Rescue Patient Care Record for an incident which occurred on ____/____/____
(Date of Incident - m/d/y)
at _____
(Address of Incident)

I release this information to: _____
(Name of Party Receiving Report -Attorney, Family Member, Friend, etc.)

Address of party receiving the report: _____

Phone of party receiving the report: (____) _____ - _____

_____/_____/____ (____) _____ - _____
Patient's Signature Patient's DOB Patient's Phone

Patient's Printed Name Patient's Address

If Patient is a Minor, please complete the following:

Parent or Legal Guardian Signature Parent or Legal Guardian Printed Name
(____) _____ - _____
Parent or Legal Guardian's Phone Parent or Legal Guardian's Address

If Patient is Deceased, please complete the following and see note * below:

Authorized Estate Representative's Signature Printed Name of Authorized Estate Representative
(____) _____ - _____
Authorized Estate Representative's Phone Authorized Estate Representative's Address

STATE LAW REQUIRES THAT A SUBPOENA OR RELEASE OF MEDICAL INFORMATION FROM THE PARTY BE PRESENTED TO OBTAIN MEDICAL INFORMATION. * IF PATIENT IS DECEASED, A COPY OF THE DEATH CERTIFICATE IDENTIFYING THE NEXT OF KIN AN/OR LEGAL DOCUMENTS OF ESTATE REPRESENTATIVE ARE REQUIRED, ALONG WITH A COPY OF A LEGAL PHOTO ID FOR THE NEXT OF KIN OR AN ATTORNEY LETTER REPRESENTING THE ESTATE.

WE REQUIRE OUR RELEASE TO BE NOTARIZED BELOW.

Sworn to and subscribed before me this _____ day of _____ 20____, by _____,
who is personally known or has produced _____ as identification.

My commission expires: ____/____/____

Signature Notary Public, State of Florida

Printed Name of Notary Public, State of Florida

The fee for the EMS/Rescue Report is \$1.00 per certified page, 15¢ per copy (amount of pages per report will vary). Please call the Public Records Coordinator, Marietta Borges, to find out how many pages. Cash, check, and credit cards are accepted. Checks payable to HIALEAH FIRE DEPARTMENT.

Total # of pages _____ Amount Due \$ _____ **INCIDENT #** _____