	BEVERLY HILLS FIRE DEPARTMENT **REQUEST FOR RECORDS** **Phone: (310) 281-2700/2703** **Fax: (310) 278-2449**

Today's Date: _____

Your Name (please print): _____

Company (if applicable): _____

Address: _____

Phone Number: _____

Fax # or Email Address: _____

TYPE OF RECORD/REPORT REQUESTED:

(1) _____ PARAMEDIC REPORT

PLEASE COMPLETE THE "AUTHORIZATION FOR USE & DISCLOSURE OF INFORMATION" FORM. (Reverse page)

PLEASE PROVIDE THE DATE AND ADDRESS OF INCIDENT IN THE "INCIDENT/ACCIDENT REPORT" SECTION BELOW.

(2) _____ INCIDENT/ACCIDENT REPORT

PLEASE PROVIDE THE FOLLOWING INFORMATION:

A. Incident/Accident Date: _____

B. Incident/Accident Address: _____

C. Incident/Accident Time (if known): _____

(3) _____ PROPERTY RECORDS

PLEASE PROVIDE THE FOLLOWING INFORMATION:

A. Property Address: _____

B. Please specify the type of information you are seeking regarding the property:

_____

***** ROUTE ALL RECORDS REQUESTS TO Lynne Pilas *****
***** PLEASE ALLOW 7-10 BUSINESS DAYS FOR PROCESS *****

	BEVERLY HILLS FIRE DEPARTMENT **REQUEST FOR RECORDS** **Phone: (310) 281-2700/2703** **Fax: (310) 278-2449**

AUTHORIZATION FOR USE & DISCLOSURE
OF PROTECTED HEALTH INFORMATION AND RECORDS
AFFIDAVIT IN SUPPORT OF REQUEST FOR BHFD MEDICAL RECORDS

I, _____, DECLARE AS FOLLOWS:

1.) I am the personal representative or beneficiary of

_____

(Name of person whose records you are seeking)

2.) The authority for me to act in that capacity is as follows (please provide a copy of any document(s) that you have which grant you authority to request the subject's records):

_____ I am the legal guardian.
_____ I am acting pursuant to a durable power of attorney.
_____ I am the conservator of the person.
_____ I am the executor or administrator of the estate of the person whose records are sought.
_____ I am a beneficiary of the estate of the person whose records are sought
_____ Other (please describe) _____

_____

3.) On the basis of the foregoing, I execute the foregoing AUTHORIZATION FOR USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION AND RECORDS.

4.) The foregoing is true and correct of my own personal knowledge. I declare under penalty of perjury that the foregoing is true and correct.

Executed at

_____ Date: _____

(City, State)

_____ _____

Signature Printed Name