Northshore Fire Dept.
7220 NE 181st St.
Kenmore, WA 98028
(425) 354-1780

Authorization for Release of Medical Information

Form 5301-A2

Date: _____

I hereby authorize, as a patient and/or recipient of medical treatment, and request King County Fire District No. 16 release to: (name, address and institutional affiliation of the person to whom the information is to be disclosed, if different than patient).

_____

_____

_____

The complete medical records in your possession concerning the illness and/or treatment of

_____ (Name of patient) by your personnel on

_____ (Date and Time) at

_____ (Response Location/Address)

Incident Number: _____.

I understand that by authorizing the release of these records I am waiving and relinquishing any privilege or right which I may have to keep said records confidential or to prevent their disclosure, and I hereby agree to hold King County Fire District No. 16 and all of its officers, employees and agents harmless from any and all claims that may be made against them on account of the release of the above described records as herein authorized.

I declare that the above facts and representations are true and correct.

Signature	Date
Relationship to Patient	
Address	Witness
Phone	

This authorization expires 90 days from the date written above.
Reference: RCW Chapter 70.02