

CITY OF KNOXVILLE FIRE DEPARTMENT



FIRE MARSHAL'S OFFICE
CITY COUNTY BUILDING
400 MAIN STREET ROOM 539-545
KNOXVILLE, TENNESSEE 37902
PHONE (865) 215-2283 / FAX (865) 215-4249

Authorization for Release of Medical Records Request for EMS Report

Please complete all known information. All requested information in the first section is required. In the absence of a court order, all forms bearing the signature of the patient or patient's legal guardian, if not signed in our presence with proper identification available, **MUST** be notarized.

Patient's Full Name _____
Social Security Number _____ Date of Birth _____
Date of incident: _____ Incident property address _____
Name of person requesting report _____
Reason for obtaining report _____

The City of Knoxville, TN, is hereby authorized to release my entire medical records file to the authorized representative below for the date(s) of _____
Representative to receive report _____
Relationship to patient _____
Proof of relationship *List and attach copies of documentation* _____
Proof of identity (required) _____
Signature of recipient _____
Other pertinent information _____

City of Knoxville Representative _____
Title _____ Report number _____
Released to _____ Date _____
Means of verification of identity and relationship (copy attached) _____

Should a request for an EMS report be requested by someone other than the patient, the individual or entity requesting document must provide appropriate documentation complying with any and all requirements of Health Insurance Portability and Accountability Act of 1996 (HIPAA). The City of Knoxville will not release any document without proper authorization and identification in compliance with all State and Federal Laws.

REQUEST FOR EMS REPORT

**CITY OF KNOXVILLE FIRE DEPARTMENT
FIRE MARSHAL'S OFFICE**

**Authorization for Release of Medical Records
Request for EMS Report - Page 2 of 2**

On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

State of _____

County of _____

Notary Public- Signature

My commission expires: _____



Do not write below line

Information Released:

City of Knoxville Representative _____

Title _____ Report Number _____

Released to _____ Date _____

Means of verification of identity and relationship (copy attached) _____

R11-09