



Request for Patient Care Report

Persons Authorized to Consent to Health Care

INSTRUCTIONS:

1. **This form is for use ONLY by persons authorized to consent to health care for an adult or a minor.** If this does not apply to you, please return to www.frederickcountymd.gov to find the appropriate information and instructions.
2. **ALL** indicated information, documentation, and the required payment must be submitted with this form in order to obtain the record.

Person Authorized to Consent to Health Care (person making request):

My name is: _____

My mailing address is: _____

Phone: _____ Email: _____

Patient Information:

Patient's Name: _____

Incident Information:

Incident Date: _____ Incident Time: _____

Incident Location (street address, intersection, etc.) _____

Reason for your request: _____

NOTE: Reason for your Request is **REQUIRED** in accords with Maryland Public General code; Health-General, TITLE 4. STATISTICS AND RECORDS, SUBTITLE 3. *CONFIDENTIALITY OF MEDICAL RECORDS*: § 4-301 (k) (2) states that a person authorized to consent to health care for an adult can receive a copy of the patient's medical record when "consistent with the authority granted".

REMEMBER TO ENCLOSE THE FOLLOWING:

- Copy of the legal document granting me the authorization to consent to health care for the patient
- Copy of my driver's license or other equivalent photo I.D.

I affirm that I am currently authorized to consent to health care for the named patient and that the information and documents presented are valid and true.

Signature

Date

Please send this signed and dated form, copies of your driver's license or equivalent photo I.D. and the document granting you the authority to consent to health care, to:

**Frederick County Fire and Rescue Services
Records Office
5370 Public Safety Place
Frederick, MD 21704
Fax: 301-600-1018**

To allow for processing time, walk-in requests must provide 24 hour notice before visiting office.

If you have any questions, please contact the Records Office at 301-600-1308.