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Todd Riley  
Fire Chief

## REQUEST FOR MEDICAL RECORDS

This form is to assist Bend Fire & Rescue with maintaining the security of the medical records of all our patients in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

**PATIENT NAME (FIRST, MIDDLE, LAST)** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Date of Service:** \_\_\_\_\_

☐ **SECTION "A" – Request for records by the patient**

The patient must complete the information below with a Notary Public as a witness. The record may be released at once to the patient with the exception of records for a minor. Release of records for a minor must be approved by the EMS Coordinator first.

☐ **SECTION "B" – Request by persons with the medical "Power of Attorney" (POA)**

Persons with a medical POA needs to complete the information below with a Notary Public as a witness. All requests for records of a minor must be approved by the EMS Coordinator. A copy of the POA must also be attached. No record will be released until the EMS Coordinator reviews the POA.

☐ **SECTION "C" – Request for records for patients who are deceased.**

Please attach a copy of the death certificate for the patient along with a written statement of your relationship to the patient. Please include the reasons you are requesting the medical records. We may contact you for further information. Please include your name, address and phone number. Requester must sign below with a Notary Public as a witness.

**Notary:**

**State of** \_\_\_\_\_ **Patient/Requestor's signature** \_\_\_\_\_

**County of** \_\_\_\_\_

**Signed or attested before me on** \_\_\_\_\_ **20** \_\_\_\_\_ **by** \_\_\_\_\_

**Notary Public – State of** \_\_\_\_\_