



**Kent County Levy Court Department of Public Safety
Division of Emergency Medical Services**

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

1. Patient Information. (All fields in this section are required to be completed unless otherwise noted).	
Name	Birth Date
Address	SSN
City, State, Zip	City, State, Zip
Email (optional)	Phone
2. Record to be Released. Please provide specific information regarding the patient record you are requesting to be released. (All fields in this section must be completed).	
Incident Location	
Date of Response	Approximate time of Response
3. Person/Organization Authorized to Receive Patient Record. Please explain who you are authorizing to receive your patient record by completing the information below. For Relationship, please provide a general description such as "self," "spouse," or "attorney." (All Fields in this section are required to be completed unless otherwise noted).	
Name	Relationship
Phone	Email
Address	City, State, Zip
Email (optional)	Phone
4. Signature of Patient, Parent or Guardian, or Personal Representative. (All fields in this section must be completed).	
Name	Relationship
Signature	Date
By signing this document, I declare under the penalty of perjury that I have the legal authority to obtain the requested medical records and that all statements contained in this form and attached document(s) are true and correct.	
<p>Picture Identification. Requests from individuals, whether the patient or an individual authorized by the patient, must include a copy of a driver's license or other government-issued picture identification of the requesting individual.</p> <p>Required Documentation. All parents, guardians, and personal representatives must submit copies of official documentation evidencing their authority to act on behalf of patient (i.e. minor's birth certificate, power of attorney, court order granting guardianship, death certificate, documents evidence appointment of personal representative). All submitted documents are subject to verification.</p>	