WILLIAMSPORT VOLUNTEER FIRE – EMERGENCY SERVICES INC.
MEDICAL RELEASE FORM

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient's Name: ____________ Patients Date of Birth: ____________

I request and authorized the Williamsport Volunteer Fire – Emergency Medical Services Inc, to provide healthcare information in its possession that pertains to the patients named above and release that information to:

All record requests will be subject to a report fee of $35.00 per report.

Name: ____________

Address: ____________

City: ____________ State: ____________ Zip: ____________

This request and authorization applies to:

☐ Healthcare information relating to the following treatment, condition or dates

____

☐ All healthcare information

☐ Other:

Signature: ____________ Date Signed: ____________

Relationship to Patient:

☐ Self ☐ Parent of Minor Child ☐ Guardian ☐ Legally Authorized Representative

Documentation to establish identity (e.g. copy of Drivers License) or relationship / legal Authorization must be provided with this request.

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED

Mail request form to:
Attn: EMS Coordinator Hoffman
Williamsport Fire & EMS
2 Brandy Drive
Williamsport, MD 21795

Email request form to:
G.hoffman@wvfems.org

All record requests will be subject to a report fee of $35.00 per report.