



# SCOTTS VALLEY FIRE PROTECTION DISTRICT

7 Erba Lane, Scotts Valley, California 95066 (831) 438-0211 Fax (831) 438-0383

## Patient Care Record Release Form

Date \_\_\_\_\_

Name of Patient \_\_\_\_\_

Name of Legal Guardian (as needed) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Incident \_\_\_\_\_ PCR # \_\_\_\_\_ Incident # \_\_\_\_\_

Signature of Patient/Legal Guardian \_\_\_\_\_

Drivers License# of Patient/Legal Guardian  
(Include copy of DL or ID card) \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Signature of Duty Officer \_\_\_\_\_

This form confirms that the information released to the above named patient or above named patient's legal guardian is protected and confidential. As such the release of this information complies with the limits to disclosure of Protected Health Information as stipulated in the Health Insurance Portability and Accountability Act (HIPPA).