



# ORANGE COUNTY FIRE AUTHORITY

P. O. Box 57115, Irvine, CA 92619-7115 • 1 Fire Authority Road, Irvine, CA 92602

## Request for Release of Medical Records

### Patient Information

Patient Name: \_\_\_\_\_ Incident Date: \_\_\_\_\_

### Requesting Parties Information

Name of Requestor: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Relationship to Patient

Patient	Parent of Minor	Parent/Legal Guardian of Disabled Adult	Power of Attorney
Beneficiary	Legal Guardian	Executor of Estate	Patient Authorized Representative
Representing Attorney	Law Enforcement	Spouse/Significant other	

By submitting this form, I hereby request that the OCFA release the patient's health information maintained by OCFA.

**Re-Disclosure:** I understand that the information used or disclosed may be subject to re-disclosure by the person, agent, class of persons or facilities receiving it, and may no longer be protected by state and federal confidentiality laws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.**

### Please submit the following with your request

- A clear copy of your Driver's License or approved form of Identification (see attachment) whether or not you are the patient. (Exceptions are made for Representing Attorney and Law Enforcement).
- Documentation of legal representation/responsibility if you are not the patient.

**Fees for Records:** The fee (\$7.50) for records is based upon the current master fee schedule. **Fee for postage: If records are to be mailed, must pay postage at US rate or include a self addressed stamped envelope.**

**Make check payable to OCFA**

### Where to Submit this Form

You must submit this form to the Clerk's Office.

Mailing Address: OCFA - Clerk's Office  
P.O. Box 57115  
Irvine, CA 92619-7115

Fax: (714)368-8826  
Phone: (714)573-6044  
Email: COA@ocfa.org

TO BE COMPLETED BY THE CLERK'S OFFICE:

Time to Complete: \_\_\_\_\_

Incident Number(s): \_\_\_\_\_

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

**Health Insurance Portability and Accountability Act (HIPAA)  
Govt. Code Section-HIPAA Privacy Rule, 45 CFR Part 160, Part 164, subparts A and E**

**The Privacy Rule**

The HIPAA Privacy Rule gives individuals rights to control disclosure of their protected health information and the ability to access this information. A person authorized under California law to act on behalf of the individual in making health care related decisions is the individual's "personal representative." The personal representative must be treated as the individual for purposes of the Privacy Rule.

**Verification of Personal Representative's Identity and Authority**

The HIPAA Privacy Rule requires OCFA to:

- (1) Verify the identity of a person requesting protected health information, if identity unknown to OCFA; and
- (2) Verify the authority of the person to have access to protected health information, if the authority is unknown to OCFA.

**Approved Forms of Identification *(All documents must be unexpired)***

- U.S. Passport or U.S. Passport Card
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Driver's license or ID card issued by a state or outlying possession of the United States, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.
- ID card issued by a federal, state or local government agency or entity, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.
- School ID card with a photograph.
- Voter's registration card.
- U.S. military card or draft record.
- Military dependent's ID card.
- U.S. Coast Guard Merchant Mariner Card.
- Native American tribal document.
- Driver's license issued by a Canadian government authority.

<b><i>Individual</i></b>	<b><i>Personal Representative</i></b>	<b><i>Documentation Required to Establish Identity</i></b>	<b><i>Documentation Required to Establish Personal Representative Status by one of the following</i></b>
Adult or Emancipated Minor	A person with legal authority to make health care decisions on behalf of the individual	See above approved forms of identification	(1) health care power of attorney; (2) general power of attorney for purposes which include health care; (3) Letters of Conservatorship (Legal document showing appointment as legal guardian or conservator)
Unemancipated Minor	Parent, guardian, or other person acting in loco parentis with legal authority to make health care decisions on behalf of the minor child	See above approved forms of identification	(1) If parent or guardian, a birth certificate; (2) If other person: (a) health care power of attorney; (b) general power of attorney for purposes which include health care; (c) Caregiver's Authorization Affidavit; (d) Court order authorizing person to consent to health care for minor
Deceased	(1) A person with legal authority to act on behalf of the decedent:  (a) beneficiary, (person who receives a donative transfer of property or a successor in interest)  (b) personal representative, meaning an executor or administrator of the estate;  (2) A person with legal authority to act on behalf of the estate (not restricted to health care decisions); the executor or administrator of the estate	See above approved forms of identification	(1) Person acting for decedent: (a) health care power of attorney; (b) durable power of attorney (survives death); (c) document showing beneficiary: (i) will (ii) trust (iii) contract showing successorship in interest in property, (d) if decedent is intestate (no will), document showing status as an heir: (i) for spouse, marriage certificate, (ii) for child, birth certificate (iii) for next of kin, combination of documents establishing relationship (e) same documents as person acting for estate set forth below;  (2) Person acting for estate: (a) court appointment as personal representative, executor, or administrator; (b) Letters Testamentary, (c) other legal document evidencing this status