



PATIENT MEDICAL RECORD REQUEST
LEON VALLEY FIRE DEPARTMENT

PLEASE PRINT OR TYPE. FAILURE TO ANSWER ALL QUESTIONS MAY DELAY YOUR REQUEST. THIS INCLUDES THE SIGNATURE AND NOTARY SECTION.

1. PATIENT INFORMATION:

Name: _____ Phone #: _____

Address: _____
(Street) (City) (State) (Zip Code)

SSN: _____ Date of Birth: _____

Email address: _____

2. AUTHORIZATION FOR RELEASE. I hereby authorize **Leon Valley Fire Department**, to release, disclose, and deliver the medical information described below to:

3. SPECIFIC AUTHORIZATION. I specifically authorize the release of all medical information relating to the above-named patient including but not limited to the following categories protected by state or federal law: (1) Ambulance Billing Records (2) Patient Run Form Documentation, if such information is contained in the records.

I authorize the release of information as indicated above.

Signature of Patient (see instructions sheet): _____

Date: _____

Sworn to and subscribed before me this the _____ day of _____, 20_____

[NOTARY SEAL]

My commission expires: _____

X _____

Notary Public, State of _____

The City of Leon Valley must receive all ORIGINAL forms; please drop off in person or mail to 6400 El Verde Road Leon Valley, Texas 78238. Don't forget to SIGN and NOTARIZE!



Instructions for Completing the Patient Medical Record Request Form

Leon Valley Fire Department

What Is the Purpose of Form To Release Medical Records?

Medical records can be obtained by completing the Patient Medical Record Request Form.

General Instructions

The City of Leon Valley provides forms free of charge through the City's website. In order to view, print, or fill out forms, you should use the latest version of Adobe Reader, which can be downloaded for free at <http://get.adobe.com/reader/>. If you do not have Internet access, you may call our office at 210-684-1391 extension: 217 and ask that we mail a form to you.

Information. Each section of the form must be properly filed. Failure to answer all questions may delay your request. This includes the signature and notary section.

Signature. The Patient Medical Record Request Form **must** be signed by the PATIENT **or** the PATIENT'S LEGAL GUARDIAN.

If Attorney-In-Fact, POWER OF ATTORNEY DOCUMENTS must be signed **and** notarized as well. Power of Attorney Documents must be submitted when submitting this form. (Please see below for notary instructions).

Notary. The Patient Medical Record Request Form **and** Power of Attorney Documents **must** be notarized by a Notary Public (originals needed, see below for instructions).

Medical Records will **NOT** be released without signatures and notarization.

Where To File?

The City must receive all ORIGINAL forms; please drop off in person or mail to the address provided below.

To file by U.S Mail or In Person:

City of Leon Valley
Attn: Open Records
6400 El Verde Road.
Leon Valley, Texas 78238

Questions? Please call 210-684-1391 extension: 217