

# Request for Patient Care Report

## Persons Authorized to Consent to Health Care



### INSTRUCTIONS:

1. **This form is for use ONLY by persons authorized to consent to health care for an adult or a minor.** If this does not apply to you, please return to [www.singerly.com/firerecords](http://www.singerly.com/firerecords) to find the appropriate information and instructions.
2. **ALL** indicated information, documentation, and the required payment must be submitted with this form in order to obtain the record.

### Person Authorized to Consent to Health Care (person making request for record)

My name is: \_\_\_\_\_

My mailing address is: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

### Patient Information

Patient's Name: \_\_\_\_\_

### Incident Information

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Incident Location (street address, intersection, etc.): \_\_\_\_\_

### Reason For Your Request

*Note: Reason for your Request is **REQUIRED** in accords with Maryland Public General code; Health-General, TITLE 4. STATISTICS AND RECORDS, SUBTITLE 3. CONFIDENTIALITY OF MEDICAL RECORDS: § 4-301 (k) (2) states that a person authorized to consent to health care for an adult can receive a copy of the patient's medical records when "consistent with the authority granted".*

### Remember to enclose the following

- Copy of driver's license or other equivalent photo I.D.
- Copy of the legal document granting me the authorization to consent to health care for the patient
- Check of money order in the amount of **\$75.00** payable to "**Singerly Fire Company**"

**I affirm that I am currently authorized to consent to health care for the named patient and that the information and documents presented are valid and true.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send this signed and dated form, a copy of your driver's license or equivalent photo I.D., your check or money order, the document granting you the authority to consent to health care, to:

**Singerly Fire Company**  
**Attention: Assistant Chief for EMS**  
**PO Box 444 Elkton, MD 21922-0444**

*To allow for processing time, no walk-in requests will be accepted.*

If you have any questions, please contact the Assistant Chief for EMS at 410-398-2078 Ext. 248.