



COUNTY OF LOS ANGELES FIRE DEPARTMENT

FIRE/LIFEGUARD/EMS REPORT INFORMATION

FORM 4 (08/99)

A report on this incident will be available from the County of Los Angeles Fire Department Public Records Office in about two weeks. Fire Reports/Lifeguard Reports are available upon request at a charge for \$5.00. EMS/Paramedic Rescue Reports are available for \$5.00. You must provide a release (see below) signed by the victim in order to obtain an EMS/Paramedic Rescue Report, as these are considered confidential medical records. To obtain a copy of a report you will need to provide the following information:

Date and Location (Address) of Incident:
Type of Incident (Fire, Lifeguard or Rescue):
County Fire Station or Lifeguard Division that responded (if known):
Name and Address of Requestor:
Telephone Number of Requestor:
A Self-addressed, Stamped Envelope

Please make your check or money order payable to the County of Los Angeles Fire Department and send your request to:
County of Los Angeles Fire Department/Public Records Office
5815 Rickenbacker Rd. Los Angeles, CA 90040

If you have any questions, please call the Public Records Office at (323) 890-4194. This 24-hour message will provide detailed information. It will allow you the opportunity to: Leave a voice message or talk with someone from the Public Records Office between the hours of 8:00 a.m. to 4:00 p.m., Monday through Friday.

Authorization to Release Medical Information

Explanation: This authorization for use or disclosure of medical information is being requested of you to comply with the terms of the Confidentiality of Medical Information Act of 1981. Civil Code Section 56 et seq.

I hereby authorize the Custodian of Records of the County of Los Angeles Fire Department to furnish to:
(print name of requestor) _____ a copy of the EMS Report.

This report may contain information pertaining to medical history, mental or physical condition, services rendered, or treatment of (printed name of patient) _____

This authorization is limited to the EMS Report only:

Duration: This authorization shall become effective immediately and shall remain in effect until a copy of the EMS Report is provided to the requestor.

Uses: The requestor may use the EMS Report and type of information authorized only for the following purposes: _____

Restrictions: I understand that the requestor may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

Signature:

Date: _____ Time: _____ A.M./P.M.

Signature of Patient or Responsible Party: _____

If signed by other than patient, indicate relationship: _____