



AUTHORIZATION FOR PATIENT CARE REPORT RELEASE

FD 1276 (Jul 2016)



I _____ of the City of _____
(Name) (City/Town)

Province/State _____, hereby authorize, **The City of Calgary Fire Department**
to release any Medical Records related to the below indicated Incident:

Insurance Company Barrister Solicitor Other _____

Indicate Name: _____

Located at _____

Phone: (_____) _____

This possible Patient Care Report (PCR) record is in relation to an incident that took place at:

on _____, 20 _____.

Ensure to check applicable type of Incident:

- Motor Vehicle Collision (MVC) Report
- Medical Assistance
- Pertaining to a Fire
- Other Incidents _____

If the Requestor/Authorizer is not the same as the Patient:

Name _____ Relationship to the Patient _____

Dated on this _____ day of _____, 20 _____

Witness Signature

Guardian/Patient Signature

Print Name

Print Name

This report, an invoice, and payment options will be sent to you in the mail.

Please **do not send in a payment** prior to receipt of the report/invoice.

This personal information is being collected under the authority of Sec.33 (c) of the Freedom of Information & Privacy Act and will be used by the City of Calgary to collect information for releasing to 3rd party. Any questions about the collection, use or disclosure of this information may be directed to the Calgary Fire Department, Fire Investigations Support at 403-268-4731.

Form Approver: Deputy Chief Risk Management

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ISC: Confidential

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