



Marion County Board of County Commissioners

Fire Rescue ▪ Ambulance Billing

2631 SE Third St.
Ocala, FL 34471
Phone: 352-291-8030
Fax: 352-291-8031

Office hours:
Monday - Friday; 8 a.m. - 5 p.m.
Closed weekends and holidays.



Medical record and information release

Marion County Fire Rescue is hereby authorized and requested by _____, to furnish to _____, all medical records or other information regarding treatment, care and/or hospitalization of _____, the patient, with a date of birth (DOB) of _____, provided by Marion County Fire Rescue to the patient, including but not limited to medical records or information concerning injuries, illness, disease, psychological or psychiatric impairment(s), drug abuse, alcoholism, sickle cell anemia, sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or test(s) for, or infection with, human immunodeficiency virus (HIV), genetic testing, or any other medical records or information from the patient's hospital visit/admission, primary physician or any other medical provider that the Marion County Fire Rescue has in its custody or under its control.

- For the purpose of: continuation of medical treatment, payment of bill, workers' compensation, education, legal purposes, insurance purposes, at the request of the patient or the patient's legal representative, for personal access or other, please specify _____.
- For the time period from _____ to _____.

SPECIAL AUTHORIZATION

Patient initials	Parent /Guardian initials	If you are authorizing Marion County Fire Rescue to release information related to the testing, diagnosis and/or treatment for any of the following conditions, please sign your initials in front of the section which describes the type of information to be released.
		Substance abuse (Alcohol/Drug)
		Confidential HIV/AIDS-related information
		Mental health (other than psychotherapy notes)
		Sexually transmitted disease

Notwithstanding the above, I specifically exclude the following records from this release:

By signing below, I also acknowledge that I have received Marion County Fire Rescue's summarized notice of privacy practices.

Date requested: _____

Date of incident/service: _____

Mailing address: _____

Contact/Phone # of requestor: _____

Name of requestor (print name): _____

Signature of requestor: _____

This section must be notarized:

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____.

Stamp/Seal:

Notary Public (print name)

Signature of Notary Public

Personally known

OR

Produced identification

Type of identification produced: _____

Please review the below for the required documentation proving your legal authority (if not the Patient) to request this information:

Name of requestor: _____

Representative capacity: _____

Requestor's driver's license number (or identification number): _____

Address: _____

Telephone: (____) _____ - _____

Fax number: (____) _____ - _____

Email address: _____

Instructions for requesting medical records:

- 1) If you are a legal representative of the person whose information you are requesting, you must provide the following documentation to prove your legal authority:
 - a) The records of a decedent – complete the information form on page 1 of this release. Provide a certified copy of the court order of your appointment as personal representative or executor of the estate, or a copy of the death certificate noting you as the next of kin or informant.
 - b) The records of an incompetent – complete the information form on page 1 of this release. Provide a certified copy of the court order of your appointment as legal guardian, attorney ad litem or medical power of attorney.
 - c) The records of a minor - complete the information form on page 1 of this release. Provide a certified copy of the court order of guardianship or a copy of a birth certificate showing you as natural parent of the minor.
 - d) Another person’s records - complete the information form on page 1 of this release. Provide a notarized copy of general power of attorney or a durable power of attorney for that person.
 - e) In all requests requiring a court document, the clerk of court’s file stamp and the stamped official book and page number on the court order may be accepted in place of a certified copy.
 - 2) Special authorization section. Certain types of health information have specific laws and rules that must be followed before that information may be disclosed:
 - a) **HIV/AIDS and sexually transmitted diseases (STD):** All information about HIV/AIDS and sexually transmitted diseases is protected under federal and Florida law and cannot be disclosed without your written authorization unless otherwise provided in the regulations. For your protection, we ask that you include your initials next to the information you want released in the special authorization section on page 1. Re-disclosure of HIV/AIDS information is not allowed except in compliance with law or with your written permission (see 42 Code of Federal Regulations, part 2).
 - b) **Alcohol or drug treatment:** Alcohol and/or drug treatment records are protected under federal and Florida law and regulations and cannot be disclosed without your written authorization, unless otherwise provided for in federal and state laws or regulations. For your protection, we ask that you include your initials next to the information you want released in the special authorization section on page 1. Re-disclosure of HIV/AIDS information is not allowed except in compliance with law or with your written permission (see 42 Code of Federal Regulations, part 2).
 - c) **Mental health treatment:** Mental health treatment records are protected under federal and Florida law and regulations and cannot be disclosed without the patient’s or the patient’s guardian’s written authorization unless otherwise allowed in federal and Florida laws or regulations. For your protection, we ask that you include your initials next to the information you want released in the special authorization section on page 1. Re-disclosure of HIV/AIDS information is not allowed except in compliance with law or with your written permission (see 42 Code of Federal Regulations, part 2).
- **All requests require your original signature and a clear photo ID of the requestor****

If desiring to pick up these records in person, please call 352-291-8030 for further assistance.