



STURBRIDGE FIRE DEPARTMENT
 Sturbridge, Massachusetts
 346 Main Street • Sturbridge, Massachusetts 01566
 Tel. (508) 347-2523 • Fax (508) 347-7904

John A. Grasso, Jr.
 Chief of Department



AUTHORIZATION TO DISCLOSE MEDICAL RECORDS

I hereby authorize the *Town of Sturbridge-Fire Department*, to disclose the medical records form for the patient named below. I understand that the information disclosed with this authorization could be subject to redisclosure by the recipient and, if so, may not be subject to Federal or State Law protecting confidentiality.

1. Patient Name: _____
 Address: _____
 Phone No.: _____

2. Date of Service(s) rendered: _____

3. Item Requested: () Ambulance Run Sheet
 () Other, please specify _____

4. The Medical Records requested are disclosed for the following purpose(s).
 () Medical Care () Legal () Insurance purposes () Personal

5. I understand that I may void this authorization at time, in writing, to the Sturbridge Fire Department.

6. This authorization expires: _____ (Date item received).

7. _____
 Signature of Patient or Guardian Date

() ***Proof of identification checked***

The cost for copy of Medical Record(s) is \$10.00. Please make check payable to the *Town of Sturbridge*.