



Allegany County Department of Emergency Services

Emergency Medical Services Division

11400 Pittsburgh Plate Glass Rd SE, Cumberland Maryland 21502

Telephone: 301-876-9155 Fax: 301-876-9160



Request for Medical Records Form

REQUEST			
Date:	<input type="checkbox"/> Incident Repoort (EMEDS)	<input type="checkbox"/> Invoice	<input type="checkbox"/> Other:
Requester Name:	Telephone Number:		
Requesters Relationship to Patient:	E-Mail Address:		
Requester Address (where records should be mailed):			

INCIDENT INFORMATION	
Incident Date (Required):	Approximate Time of Incident:
Incident Address (Required):	

RESPONSE INFORMATION	
Patients Name:	Patient Date of Birth:

By signing below, I understand and acknowledge the following:

I understand that the information in the reports requested may include but not limited to my personal health (ie...mental health, communicable diseases, alcohol and/or drug use, etc.), assessments and treatments made during my transport.

I may revoke this authoriztion at any time by presenting a written revocation to the Custodian of Records. However, I do not have the right to revoke this authoriztion if it was obtained as a condition of obtaining insurance coverage and the law provided the insurer with the right to contest a claim under the policy.

I understand that these records are prohibited from further disclosure without written consent unless otherwise mandated by law.

If I have any questions about the information, I first contact the Custodian of Records and they will forward to the appropriate governing office.

I understand that this request will expire one year from the date it was signed and is only valid for information preceding this date.

I understand that there may be applicable fee charges for obtaining this information.

Date	Signature of Patient or Representative	Relationship to Patient *
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* If not signed by the patient or parent of minor, authorizing documentation is required.

Once request has been submitted, it will be forwarded to the Custodian of Records for the EMS Division. Please note that it may take up to two weeks for your request to be completed and mailed.