



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 Report (EMEDS)	<input type="checkbox"/> Invoice	<input type="checkbox"/> Other:
Requester Name:	Telephone Number:		
Requester's 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:
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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 authorization at any time by presenting a written revocation to the Custodian of Records. However, I do not have the right to revoke this authorization 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 *

* 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.