



AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize the Kannapolis Fire Department to release the records specified below:

General Fire Incident Report

Limited records (specify)

Information:

Patient/Business Name

Date of Birth

Date of Service

Incident Location

Incident Number

For the purpose of:

Information for the insurance

Company information for attorney

Personal use (specify)

Other (specify)

Name of person or agency information is being disclosed to

Address

City State Zip Phone/Fax Number

Date signed Signature of authorized representative*

Parent

Authorized representative

Surviving spouse

Legal guardian

Administrator/Executor of Estate*

Other (specify)

* If legal guardian, administrator or executor of estate, legal proof of this status must accompany this authorization. The parent or authorized representative may revoke this authorization at any time by submitting a written request to the department. This authorization will expire after each use.

NOTE TO THE RECIPIENT OF THE ATTACHED RECORDS PROHIBITION OF REDISCLOSURE

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the consent of the person to whom such information pertains, or as otherwise permitted by state law, with regard to HIV/AIDS records; a specific, written consent is required. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

A COPY OF THIS DOCUMENT ACCOMPANIES THE RECORDS DISCLOSED

Please email to: KannapolisFire@kannapolisnc.gov
Please fax to: 704-920-4262

Kannapolis Fire
401 Laureate Way
Kannapolis, NC 28081
FAX 704-920-4262