



**Ocean City Fire Department  
Career Division  
1409 Philadelphia Ave.  
P O Box 158  
Ocean City, MD 21843-0158  
Phone: 410-289-4346 Fax: 410-289-6473**

To Whom It May Concern:

It is the policy of the Ocean City Fire Department – Career Fire/EMS Division not to release any patient information and/or medical records unless a Medical Waiver has been completed by the patient or legal representative. This policy ensures that the patient’s rights and confidentiality are kept in accordance with current guidelines proposed by the health care industry.

**TOWN OF OCEAN CITY-OCEAN CITY FIRE DEPARTMENT  
EMS PATIENT CARE REPORT RELEASE AND HEALTH INFORMATION ACCESS FORM**

Patient’s Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Service: \_\_\_\_\_

**Patient Rights:** As a patient, you have the right to access, copy or inspect your protected health information, or PHI, in accordance with federal law. You may also have the right to request an amendment to your PHI, or request that we restrict the use and disclosure of it. These rights are further described in our Notice of Privacy Practices and in other policies which you may have upon request.

To better allow us to process your request, please indicate the type of request you are making on this form [check all that apply].

- Access to simply review my health information
- Access to obtain copies of my health information
- Access to review and potentially request amendment of my health information.
- Access to review and potentially request an accounting of how my PHI has been used and disclosed to others.
- Access to review and potentially request restrictions on the use and disclosure of my health information.

I authorize the Custodian of Records to release my health information records for the purpose(s) specified above.

Name of person making request: \_\_\_\_\_ Request date: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Please mail report to the following address (if different than the address shown above):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Upon receipt of the Medical Waiver, we will forward a copy of the report as instructed. Should there be any questions and/or comments, please contact Deputy Chief Chris Shaffer or Asst. Chief Peterson, at the address shown above.