



City of Brookfield Fire Department  
 Charlie Myers, Fire Chief  
 2100 N. Calhoun Rd Brookfield, WI 53005  
 (262) 782-8932 Fax (262) 796-6687



**CITY OF BROOKFIELD FIRE DEPARTMENT  
 RELEASE OF MEDICAL INFORMATION**

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Location of Incident: \_\_\_\_\_

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

I authorize the City of Brookfield Fire Department to release a copy of the department report related to the incident described above. I understand this report contains protected health information including data that identifies the patient and his/her past and present medical conditions and treatment.

I have provided the City of Brookfield Fire Department with appropriate documentation to identify myself as an individual legally entitled to this protected health information. I understand that the City of Brookfield Fire Department may charge a reasonable fee for any copy.

I understand that, once the information is released to a third party, the City of Brookfield Fire Department cannot assume any responsibility for uses or disclosure of that information by the third party.

This release will remain in effect until rescinded by me in writing. I have received a copy of this release.

The information I wish released includes: \_\_\_\_\_  
 \_\_\_\_\_

X \_\_\_\_\_ Date signed \_\_\_\_\_

Patient's signature

X \_\_\_\_\_ Date signed \_\_\_\_\_

Signature of patient's authorized agent (patient unable to sign)

Authorized agent's relationship to patient: \_\_\_\_\_

Report released by: \_\_\_\_\_ (provide copy of release form to requester)