



5 NORTH MAIN STREET  
BERKLEY, MA 02779

# TOWN OF BERKLEY MASSACHUSETTS

DEPARTMENT OF

## FIRE AND RESCUE



SCOTT A. FOURNIER  
FIRE CHIEF

### RECORDS REQUEST TO BERKLEY FIRE AND RESCUE DEPARTMENT

Medical records are kept in strict confidence and are not released without the written authorization of the patient except as permitted or required by law.

If you are requested a copy of your medical record, please complete the information below. Proof of your identification is required. If this form is being completed by patient or guardian, a copy of your photo ID required.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ S.S#: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

RELEASE TO: (Please Check)  Self  Physician  Insurance Other: \_\_\_\_\_

I authorize the use and disclosure of my individually identifiable health information as described above, including verbal and written exchanges about the information unless I indicate otherwise.

Signature of Patient or Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Patient or Representative: \_\_\_\_\_

Relationship to the Patient and Representative's Authority to act on behalf of Patient.