



5 NORTH MAIN STREET
BERKLEY, MA 02779

TOWN OF BERKLEY MASSACHUSETTS

FIRE DEPARTMENT



JASON PERRY
FIRE CHIEF

Medical Records Request Form

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:
