



Run # _____

I, _____ am requesting patient care reports for
_____ for a transport that Lifestar Response of AL

D.b.a Care Ambulance provided on (date) ____/____/____ (city / location)

_____.

I understand that I must comply with the federal governments HIPPA regulations for privacy and provide all the necessary documentation that renders me legal access to said reports.

Documentation provided must include TWO of the following:

- Drivers license and / or picture ID with signature(s) (mandatory)
- Social security card with signature
- Disclosure of health information form notarized.
- Legal power of attorney if requesting for another party.
- Birth certificate if requesting for a minor, along with a picture ID of requesting party

Records will not be released unless the following information has been provided. This helps protect patient privacy based on HIPPA regulations.

Signature

____/____/____
Date

Notary

____/____/____
My Commission Ends