Laurel Lake Vol. Fire and Rescue, Inc.
EMS Division
5436 Battle Lane/P.O. Box No. 349
Millville, NJ 08332
Laurellakeems@comcast.net

APPLICATION FOR PERSONAL HEALTH RECORDS

Please review entire cover letter prior to application.
Each separate Incident Report Request must be completed on separate forms.
Any improperly filled or incomplete applications will be returned to the applicant.

APPLICANT DEMOGRAPHICS

Name (Last)	(First)	(MI)	DOB:

Address (Mailing Address)	(City)	(State)	(Zip)	Telephone ( ) -

PATIENT INFORMATION

Patient's Name (Full Legal):	Date of Birth (MM/DD/YYYY):	Social Security Number:

Patient's Street Address:	City:	State:	Zip:
Patient's Mailing Address:	City:	State:	Zip:

Is this patient a minor? ☐ Yes ☐ No	Is this patient able to request this record themselves? (For a different requester than patient) ☐ Yes ☐ No

INCIDENT INFORMATION

Incident Address or Intersection	City	State	Zip

Date of Incident (MM/DD/YYYY)	Time of Incident:	Was this patient transported to a hospital? ☐ Yes ☐ No

Hospital patient transported to:	Hospital Unit transported to: ☐ ER ☐ Other:

Relationship to Patient:

☐ Self ☐ Parent ☐ Legal Guardian ☐ Power of Attorney/Agent
☐ Other:_____

Attach all required documents supporting legal request on behalf of patient, if patient is not requesting report.

By submitting this form, I hereby voluntarily authorize Laurel Lake Fire and Rescue (LLFR) to release this medical record.

As the patient, if I am authorizing the release of my medical record to myself or the representative noted above. I understand that the release only pertains to the disclosure of the record described herein. This authorization shall expire immediately after the disclosure. I also understand that information used or disclosed may be subject to re-disclosure by the person, agent, class of persons or facilities receiving it, and may no longer be protected by state and federal confidentiality laws.

If you are the parent of a minor, Power of Attorney for an incapacitated patient, or the legal executor of the named decedent and represent as such, you agree to hold harmless LLFR from damages regarding the disclosure. I further understand and agree that LLFR, and its employees and/or agents, are not liable in any manner for the disclosure of information provided under this request. I understand that I have the right to revoke this authorization at any time. The revocation must be made in writing and will not affect information that has already been released.

I also hereby certify as the applicant that all information listed in this application and any attached or supporting documents is true and factual to the best of my knowledge. I understand that willful falsification of this application or unauthorized request attempts may lead to criminal and/or civil charges and/or fines.

SIGN HERE _____ **DATE:** _____

PRINT _____