



CITY OF ALBANY
 DEPARTMENT OF FIRE AND EMERGENCY SERVICES
 26 BROAD STREET
 ALBANY, NEW YORK 12202
 TELEPHONE (518) 447-7879
 FAX (518) 447-7883



JOSEPH W. GREGORY
 CHIEF OF DEPARTMENT

Authorization to Release Patient Care Reports from the City of Albany Department of Fire & Emergency Services

In regards to the accident, injury or illness that occurred on or about _____ at the following location _____.

I, _____ (print name) hereby authorize the City of Albany Department of Fire & Emergency Services to release the Patient Care Report with any and all information which may be requested regarding my past and/or present physical condition and any and all treatment modalities rendered in the pre-hospital environment.

I further authorize the City of Albany Department of Fire & Emergency Services to provide an official copy of the aforementioned record to _____ (print name).

 Signature

 Date

State of New York
 County of _____

On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

 Notary Public