



McLane Black Lake Fire Department

125 Delphi Rd NW
Olympia WA 98502
Phone: 360-866-1000 Fax: 360-867-0508
www.mclanefire.org

REQUEST TO GAIN ACCESS TO PUBLIC RECORDS

Nature of Request: Review Obtain Copies Date of Request: _____

Requestor: Individual Legal Counsel Other _____

Type of Request: Fire Incident Medical Incident Other _____

Date of Incident or Record: _____ Incident Number if Known _____

Purpose of Request: _____

Name of Person Receiving Services: _____

Location of Incident: _____

Requestor Name: _____

Business Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Signature of Requestor: _____

REQUEST AND AUTHORIZATION TO DISCLOSE HEATH INFORMATION

Patient Name: _____ DOB: _____ SS# _____

INFORMATION TO BE RELEASED TO: I request and authorize medical provider *McLane Black Lake Fire Department* to speak to and /or release the following information as specified below to:

Type of records to be released: All medical records Billing Information
 Check here to allow provider to fax patient information if requested

Authorized agent or representative of (Law Group, Insurance Company, Agency etc.) Individual

Name of Individual or Company

Address

Phone

Fax

Patient or Legal Guardian Signature

Date

Disposition of Request Granted Denied – Reason _____

Signature