



Health Center
Medical Records Release Authorization

Patient Full Name: _____ D.O.B. _____

Address: _____

City, State, and ZIP _____

Phone: _____

I hereby request that the following records be released and sent:

- My **complete** medical record

Only records for the following procedures: (check all that apply)

- Immunization record
 Most recent laboratory work
 Chest X-ray interpretation
 Physician findings (dictation) for most recent exam
 Most recent electrocardiogram tracing
 Most recent treadmill tracing
 Most recent pulmonary function test results
 Most recent hearing test results
 Most recent vision test results
 Other (be specific) _____

Please circle to or from for each party:

To / From

Phoenix Fire Department Health Center
150 S. 12th St.
Phoenix, AZ 85034

To / From

Doctor/Facility _____

Address _____

City, State, and Zip _____

Phone _____ Fax _____

Patient's Signature

Date

The Genetic Information Non-Discrimination Act (GINA)

"The Genetic Information Non-Discrimination Act" of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. Genetic information as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services."