

EMS RELEASE-OF-INFORMATION REQUEST

PURPOSE

- This form should only be used to request a patient face sheet for operations and/or payment purposes.
- There is no cost to an EMS agency for a copy of a patient face sheet.
- Do not use this form to submit patient follow-up information or other requests.

INFO REQUESTED

Patient face sheet

YOUR INFO

Name:		Title:	
EMS Agency:		City:	State:
Phone:	Work Fax:	Work Email:	
Preferred method for receiving the requested information: <input type="checkbox"/> Work Email <input type="checkbox"/> Work Fax			

EMS COORDINATOR INFO

Name:	Title:
Phone:	Work Email:

PATIENT INFO

Incident / Run #:	Transported By (Medic/Squad #):		
Transported To:	Transport Date:	At Destination Time:	
Patient Name:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Primary Complaint / Mechanism of Injury:			

EMS MEDICAL RECORD REQUIRED

For this request to be processed, a complete copy of the patient's EMS medical record (e.g. patient care report) must be submitted with this completed form.

SIGNATURE

I attest I am authorized to make this request on behalf of the EMS agency named above and that this request is made for operations and/or payment purposes.

Signature:

Date of Request:

HOW TO SUBMIT REQUEST

Send an email to **Release-of-Information@OhioHealth.com** with this completed request form and a complete copy of the patient's EMS medical record (e.g. patient care report) attached. The request cannot be fulfilled if information or documents are incomplete or missing.



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