



# Archer City EMS

Archer City TX

## PHI Release Authorization

Emergency Release to Law Enforcement

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Account ID

\_\_\_\_\_  
Date of Service

Be it known that I \_\_\_\_\_, a \_\_\_\_\_ of the \_\_\_\_\_, have requested and received EMS medical records from Archer City EMS pursuant to Title 45 CFR 164.152 (f) (3)&(4).

This authorization is strictly for release of PHI to this law enforcement agency for use in an active criminal investigation concerning \_\_\_\_\_, and does not provide for the release of said information to any other persons, identities, or organizations not involved with this criminal investigation.

\_\_\_\_\_  
Officers Name (print)

\_\_\_\_\_  
Officers Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Title

For inter office use only

\_\_\_\_\_  
Medical Records Custodian