



GATES COUNTY RESCUE SQUAD, INC

16 US Hwy 158 East – Gatesville, NC 27938 -- Phone# (252)357-0388 / Fax# (252)357-0141
www.gatesrescue.org **501(c)(3) Non-profit charitable organization**

Release of Medical Records Form (Patient Requesting Their Own Record)

INSTRUCTIONS:

1. This form is to be used **ONLY** by adult patient (18 years or older) requesting a copy of a report for care they received from Gates County Rescue & EMS. If this does not apply to you, please return to our website to find the appropriate information and instructions.
2. ALL indicated information and required documentation must be submitted along with this form in order to obtain the record.

Patient Information:

My name is: _____

DOB: _____, SSN: _____.

My mailing address is: _____

Phone #: _____

Incident Information:

Incident Date(s): _____

Incident Location (street address, intersection, etc.): _____

REMEMBER TO ENCLOSE THE FOLLOWING:

Copy of my driver's license or other equivalent photo ID.

This form is being provided to me to properly authorize the release of my medical records on my behalf. I affirm that I am the patient indicated above and that I am requesting a medical report for care I received from Gates County Rescue & EMS. Please release my medical records related to treatment rendered by you or under your supervision for the above incident(s).

Signature

Date

Please send/submit this signed and dated form, a copy of your driver's license or equivalent photo ID, to:

**Gates County Rescue & EMS
016 Hwy 158 East
Gatesville, NC 27938**

If you have any questions please contact our Records Department at (252)357-0388.