

AUTHORITY TO RELEASE MEDICAL AND PSYCHIATRIC RECORDS OF

(Name)

(Social Security #)

(Birthdate)

Date:

Send Records To:

To:

**THE CITY OF LOS ANGELES
DEPT. OF FIRE AND POLICE PENSIONS
Disability Pensions Section
360 E. Second Street, Ste. 400
Los Angeles, CA 90012**

This will be your authority to release to the Department of Fire and Police Pensions and the Board of Fire and Police Pension Commissioners of the City of Los Angeles any information requested in connection with the medical history of the above named individual, including all records relating to any Workers= Compensation claims. This information is to be used only in the processing or review of an application for disability pension benefits. I further authorize the Department of Fire and Police Pensions and the Board of Fire and Police Pension Commissioners to release such information to pension doctors on behalf of said Board. This authorization shall be considered valid for five (5) years from the date signed. (Copies of this authorization will be considered as valid as the original.)

(Date)

(Authorized Signature)

Please release the following records:

- | | |
|-------------------------------|---------------------------------|
| ~ Emergency Room Reports | ~ Workers= Compensation Records |
| ~ All Hospitalization Records | ~ Doctor's Reports |
| ~ Admission Reports | ~ Treatment Records |
| ~ Physical Exam/History | ~ Imaging Reports |
| ~ Operation Reports | ~ Test Results |
| ~ Discharge Summary | ~ Psychiatric Records |
| | ~ Other: _____ |

Your prompt attention to this matter will be appreciated. If you have any questions, feel free to call Pension Claims Analyst _____ at the Department of Fire and Police Pensions, Disability Section: (213) 978-4500.

[The person releasing the above-described records, as well as the patient to whom it pertains, are entitled to receive a copy of this authorization upon demand. (California Civil Code, Part 2.6 Section 56 et. seq. added by Stats 1981A "Confidentiality of Medical Information Act").]