



Consent to Release of Denton Fire Department Ambulance Transportation Report



Pursuant to §773.093 of the Texas Health & Safety Code, I hereby consent to the release of

the ____ / ____ / ____ Denton Fire Department Ambulance Transportation Report to
(Date of Report)

_____ for a patient named _____
(Recipient) (Patient's Name)

date of birth ____ / ____ / ____ . The reason or purpose for this release is as follows:

I FURTHER RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CITY OF DENTON, TEXAS, AND ITS OFFICERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL LIABILITY WHICH MAY ARISE AS A RESULT OF THE RELEASE OF THE REQUESTED RECORDS.

This consent shall remain in effect until revoked by the patient or someone legally authorized to act on the patient's behalf, but no revocation shall be effective until it is received by an authorized representative of the Denton Fire Department.

I hereby certify that I am the patient or legally authorized representative, as noted below. Specifically, I am (check all that apply):

- The patient.
- The patient's parent or guardian, and the patient is under 18 years of age.
- The legal guardian of the patient, and the patient has been adjudicated incompetent to manage his/her personal affairs.
- The attorney *ad litem* appointed for the patient by a court of competent jurisdiction.
- The personal representative of the patient, who is deceased.

Signature of Patient or Legal Representative

Date

Identification and any applicable forms verified by DFD Staff

Date