



Emergency Medical Services Authority
 10901 Gold Center Dr., Ste. 400
 Rancho Cordova, Ca. 95670
 (916) 322-4336



Request of Information

(For a patient seen by EMSA staff at a shelter or Field Medical Site)

Date of Request:	
Name of Requestor:	
Contact Phone Number:	
Patient Name:	
Patient Address:	
Patient Date of Birth:	
Date of Admission:	
Date of Discharge:	
Location/Name of Site patient seen:	
Email address for receipt of information:	
Last 4-Digits of Patient Social Security Number for Secure Email:	

Persons eligible to request EMSA documentation:

1. Patient (over the age of 18)
2. Parent or Guardian (with a matching address)
3. Legal Representative with valid Power of Attorney for Patient

All Requestors will need to submit one copy of identification listed with Request:

1. Valid State Identification Card
2. Valid State Drivers License
3. Valid United States of America (U.S.) Passport
4. Valid copy of Power of Attorney for Patient, and one of the above for Requestor.

Submit Request of Information with Identification to:

EMSArecordsrequest@emsa.ca.gov; eSignatures will not be accepted. The request will be fulfilled within 15 business days of receipt.

EMSA Document Release Disclaimer:

By signing this form, I authorize the California Emergency Medical Services Authority to release my confidential information by releasing a copy of my EMSA Records or a summary of my protected EMSA Records securely to the email provided above.

 Signature of Patient or Representative Date

 Printed Name of Signature Requestor to Patient Relationship

 EMSA Approval Signature Date