EL DORADO COUNTY

EMERGENCY MEDICAL SERVICES AGENCY
A Division of the Public Health Department

415 PLACERVILLE DRIVE, SUITE J
PLACERVILLE, CALIFORNIA 95667
PHONE (530) 621-6500
FAX (530) 621-2758

AUTHORIZATION TO RELEASE PERSONAL INFORMATION

I am employed with ____
as an ______________________.

I hereby authorize ________________________________, your organization and/or persons in its employ to release any and all information which you may have concerning me, including information which may be of a confidential, privileged, and/or derogatory nature, including, but not limited to, disciplinary actions and/or any other information which you possess.

I also indemnify, release and hold harmless you, your organization, its officers, agents and assigns, from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information to the following individuals:

______________________________________ ______________________________________

______________________________________ ______________________________________

______________________________________ ______________________________________

______________________________________ ______________________________________

I have specifically and permanently waived any rights I may have to review or inspect any and all information developed in this investigation, so your responses will be completely confidential.

I certify that I have read this authorization form and understand its meaning and purpose. I may revoke the authorization to release information at any time by delivering in writing, such revocation to you/your organization. I understand that the waiver, release, and hold harmless provisions of this authorization apply to all information prior to any revocation of this authorization.

______________________________________ ______________________________________
Name (Printed) Signature

______________________________________ ______________________________________
Social Security Number Signature of Witness

DATE: ________________________________ ☐ Picture I.D. Provided