



CITY OF SUMNER
1104 Maple Street, Suite 140
Sumner, Washington 98390-1423
253.863.6384 – Fax: 253.891.3290

Sumner Police Department
Colleen Wilson, Chief

WAIVER FOR RELEASE OF MEDICAL INFORMATION

Patient: _____	Date of Birth: _____	
Social Security # _____		
Address: _____		
City: _____	State: _____	Phone: _____

1. **SUBJECT MATTER OF THIS DOCUMENT**

This waiver applies to any and all medical information, hospital records, treatment records, x-rays, diagnostic studies or any other information protected as confidential and privileged. It is to cover ALL medical information including diagnosis and treatment for HIV/AIDS, or any other sexually transmitted diseases, drug and/or alcohol abuse or psychiatric treatment. There are NO limitations or exclusions to this waiver.

2. **PURPOSE OF THIS DOCUMENT**

The purpose of this document is to authorize any health care provider, including hospitals and physicians, to release to the Sumner Police Department, any and all medical information, documents or studies of every nature otherwise protected as confidential and privileged. The Sumner Police Department may be reached at 1104 Maple Street, suite 140, Sumner, WA 98390 (253) 863-6384.

3. **NON-REVOCAION OF EARLIER MEDICAL WAIVERS**

This document is not intended to revoke any earlier medical waiver. This is intended to supplement and be in addition to any prior waivers. Any prior waiver which restricted the dissemination of information is revoked by this specific waiver in favor of the Sumner Police Department only.

4. **TIME LIMIT OF RELEASE**

This authorization shall be valid for a period of six (6) months from the date hereof unless sooner revoked in writing.

5. **VALIDITY OF A COPY**

This document shall be valid and have the same legal authority whether it bears an original signature or is a copy of the original.

6. **RELEASE OF LIABILITY**

I hereby release any medical health care provider from all legal responsibility and/or liability that may arise from the release of this information and these records.

Date: _____ Time: _____ Signature: _____