REQUEST FOR AUTHORIZED RELEASE OF RECORDS

Department of Public Health
Environmental Health Division
PO BOX 11867, Fresno, CA 93775-1867
1221 Fulton Street, Fresno, CA 93721 (559) 600-3357
Website: ***www.fcdph.org/rabies*** ***Email:*** ***EnvironmentalHealth@fresnocountyca.gov***

EH OFFICE USE ONLY
FA _____
CO/RC_____
PE _____
FNCR
Doc Title: PPR

Please Note: Rabies control reports and certain records for the Rabies Animal Control program are confidential and the Department may not release these records without an approval from an Environmental Health Supervisor. Completion of this form is VOLUNTARY. However, if the information is not furnished accurately and completely, our office may not be able to comply with your request. Our office has ***ten (10) business days*** from the receipt of your request to review and make a determination as to whether or not the request can be processed and approved. If approved and the bite report you are requesting is still under investigation and/or not completed, you will be notify of its status and given an expected time of completion. We will send you a copy of the completed bite report once it has been reviewed and finalized. If you are requesting a bite report that falls within the jurisdiction of another city or agency, please contact said city or agency to obtain the completed bite report. ***To prevent delays in processing, please print legibly and fill in all applicable information accurately and completely. This document is a public a record.***

I, _____, am requesting the Fresno County Department of Public Health,
(Name of Person Requesting)
Environmental Health Division to release the following rabies and/or animal control report:

Bite Victim Name	**Bite/Incident Date**	**Bite/Incident Address/Location**	**Animal Owner Name**

This information is to be released to:

_____ _____
(Name/Title of Person/Organization) (Telephone Number)

_____ _____
(Street Address) (City, State, Zip Code)

_____ _____
(Mailing Address, if Different From Street Address) (City, State, Zip Code)

This information will be used for the following purpose:

_____

I knowingly and voluntarily sign this authorization to release the requested records.

_____ _____
(Signature of Person Requesting) **(Date)**

If person requesting is someone other than the bite victim, state your legal involvement or relationship to the bite victim on the line below and have bite victim sign to authorize for the release of records. If bite victim is a minor, the parent/guardian of the minor shall sign to authorize for the release of records. The minor does not need to provide a signature. Without this authorization, confidential information for the bite victim will be redacted.

_____

_____ _____
(Signature of Bite Victim) **(Date)**

_____
(Print Name of Parent/Guardian)

_____ _____
(Signature of Parent/Guardian) **(Date)**

Do Not Write Below- For EH Office Only
☐ **Approved** ☐ **Denied**

If denied, indicate reason(s): _____

EH Supervisor: _____ **Date:** _____

Updated 08/26/2019