



**4. Signature of Patient, Parent or Guardian, or Personal Representative (All fields are REQUIRED\*)**

Name (Print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this document, I declare under penalty of perjury that all statements contained in this form and accompanying document(s) are true and correct.*

**\*Required Documentation** – All parents, guardians, and personal representatives must submit copies of official documentation evidencing their authority to act on behalf of the patient (e.g. minor's birth certificate, Medical Power of Attorney or Advance Health Care Directive, court order granting guardianship, marriage or death certificate, etc.). All submitted documents are subject to verification.

**5. Identity Verification (45 C.F.R. § 164.514(h))** – You (the person identified in Section 4) must provide:

- A copy of your photo identification which shows your signature (e.g., State Driver's License, State ID Card, Passport, Matricula Consular, or City/State/Federal Employment ID Card).

**Please return this form and supporting documents to:**

<b>BY MAIL:</b> City of Poway Fire Department Attention: Senior Administrative Assistant PO Box 789 Poway, CA 92074	<b>IN PERSON:</b> Poway Fire Department 13050 Community Rd 2 <sup>nd</sup> Floor Poway, CA 92064	<b>EMAIL:</b> <a href="mailto:firedept@poway.org">firedept@poway.org</a>
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If you have questions or need additional information or assistance in completing this form, please contact us at the above address or call (858) 668-4460.