



Case Number _____

Napa Police Department
1539 First Street
Napa, CA 94559
(707) 257-9223

**CONSENT BY PATIENT
FOR
RELEASE OF MEDICAL INFORMATION**

The Undersigned, _____

Residing at _____, Date of Birth _____

Who is, or has been, a patient of (name of hospital or doctor)

may disclose and/or deliver to a representative of the Napa Police Department, or the District Attorney's office of Napa County, any and all documents concerning the examination, treatment, diagnosis, prognosis, doctors reports, x-rays, hospital reports, and all other records relative to the injury, treatment, interviews, counseling, psychological evaluation, or sexual assaults that were sustained on:

Date: _____ At or Near: _____

The signature below acknowledges that the above is affirmed and understood, this _____ day of _____, 20__, at Napa, California.

Parent/Guardian (If patient is juvenile)

Patient's Signature

Witness/Officer

Witness/Officer
