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**AUTHORIZATION TO OBTAIN AND REVIEW MEDICAL RECORDS
 RELATED TO DIAGNOSIS OF LINE-OF-DUTY STRESS INJURY**

I, _____, hereby certify that I am a _____
Name of Firefighter Professional or Volunteer

firefighter at _____ who has been diagnosed with a line-of-duty stress
Name of Fire Department

injury which has been caused by an event or an accumulation of events that occurred in the course and scope of my position as a Kentucky firefighter. I am seeking reimbursement benefits from the Kentucky Fire Commission for such diagnosis pursuant to Kentucky Fire Commission policy. I hereby authorize the Kentucky Fire Commission and its staff to obtain and review any and all medical records related to my diagnosis of a line-of-duty stress injury for the purpose of determining my eligibility for reimbursement benefits for line-of-duty stress injury care and treatment. I understand and acknowledge that such records may contain highly sensitive personal information including, but not limited to, information regarding substance abuse and/or suicidal ideation. While I authorize the Kentucky Fire Commission and its staff to review any and all medical records related to my diagnosis of a line-of-duty stress injury, I do not authorize the disclosure of such records to any other individual(s) or organization(s) and understand and acknowledge that, pursuant to Kentucky Fire Commission policy, such records shall not be disclosed to any other individual(s) or organization(s).

 Signature

 Date