



Ketchikan Fire Department Mobile Integrated Healthcare

70 Bawden Street Ketchikan, Alaska 99901
Phone (907) 228 2461 – Fax (907) 225 9613
E-mail: KFDMIH@Ketchikan.gov

*Providing Care, with dignity and respect, to the
Vulnerable populations of Ketchikan.*



KFD Mobile Integrated Healthcare

Release of Information and Consent to Treat

Client Name: _____ DOB: ____/____/____

Address: _____

Phone Number: _____ Email: _____

Caretaker Name: _____ Phone: _____ Relationship: _____

May we Leave a voicemail at the numbers provided above? Yes___ No___

The City of Ketchikan Fire Department is committed to protecting the privacy and security of your personal information and personal health information.

By signing this consent form, you agree to permit the Ketchikan Fire Department to provide your personal information and/or personal health information to other program areas, and to external service agencies and professionals to coordinate, plan, identify and deliver programs and services to you. You also agree to allow the KFD MIH Team to provide direct care services to you as needed. MIH is required to disclose any information that would fall under mandatory reporting requirements such as abuse of a minor, violent crimes, etc.

I consent to The KFD MIH Program sharing my information with Community Partners, Healthcare Providers and other agencies as needed. I understand that if I do not wish to have my information shared, I am still eligible for the service(s) I receive. I understand that I may opt out of services at anytime and can refuse any care I do not want to receive.

Patient Signature: _____ Date: ____/____/____

Reason for referral:

Contact information of referring party: _____

**Please securely return form to KFDMIH@Ketchikan.gov
Or Fax to 907-225-9613.**