



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Patient Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Date of Service _____ Location _____

I, or my authorized representative, request that protected health information regarding my evaluation and treatment by Montgomery EMS be released to:

Name of Entity _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

I, or my authorized representative, request the following to be released:

Pre-hospital Care Report/Complete Medical Record*

Discussion of call with entity named above**

Other _____

for the following purpose:

This authorization expires: Never Date _____

Event _____

I request the records to be sent via: Postal Mail Fax Email – Unencrypted

Please include addressed, stamped envelope if requesting sending via mail.

I have the right to revoke this authorization at any time by writing. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. I understand that signing this authorization is voluntary. My treatment will not be conditioned upon my authorization of this disclosure. Information disclosed under this authorization might be redisclosed by the recipient, and this redisclosure may no longer be protected by federal or state law.

Signature of Patient/Authorized Representative

Date

Printed Name

If not the patient, relationship/description of authority to sign on behalf of patient:

(Include a copy of the Power of Attorney document, etc. with this request, if applicable.)

**Note: Pre-hospital Care Reports may contain records of mental health history, alcohol/drug abuse, HIV status or other sensitive information. This information can not be removed from the Pre-hospital Care Report, so it will automatically be included if the release of the Pre-hospital Care Report is authorized. Please keep this in mind when deciding whether to release information.*

***At the discretion of the Captain or his/her representative, except where legally required in cases of court-authorized subpoena.*