Martin County Fire Rescue
800 Se. Monterey Rd, Stuart FL 34994
Office: 772-288-5710 Email: MCFR_records@martin.fl.us

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Please provide the following information about the person whose medical records are to be disclosed:

Patient's Name: Phone:

Street Address:

City: State: Zip Code: Email:

Date of Birth: Last 4 of Social :

HOW YOU WOULD LIKE US TO PROVIDE ACCESS:

- ☐ In Person Paper
- ☐ Email listed above
- ☐ I authorize Martin County Fire Rescue to share the health information listed below with the following Person(s), group or entity: Name:

  Street:

  City: State: Zip Code:

  Format (Email or Fax)

Specific Information You Are Authorizing Martin County Fire Rescue To Disclose:

- ☐ Medical Patient Care Report(s)
- ☐ Dispatch Event Log(s)
- ☐ Other:

Date Range:

ACKNOWLEDGEMENT: * THIS SECTION MUST BE INITIALED OR CHECKED N/A OR ACCESS WILL BE DENIED*****

I acknowledge and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV testing, HIV results or AIDS information: Initial / If not applicable, check here ☐

INFORMATION IS TO BE DISCLOSED FOR THE FOLLOWING PURPOSE:

- ☐ Civil Suit
- ☐ Other:

EXPIRATION:

Date this authorization is to expire (authorization will expire in one (1) year if no date is written and the box next to "until the completion of lawsuit" is left unchecked):

Expiration date or ☐ Until the completion of lawsuit

You have the right to revoke this authorization at any time by writing to Martin County Fire Rescue and submitting your request via fax to the number listed above or via U.S. Mail to the address listed above.

The following notice is provided pursuant to Chapter 49 Section 164.508, Code of Federal Regulations:

The information described above may be re-disclosed by the person or group that I am giving Martin County Fire Rescue permission to disclose my personal health information to and therefor, my information may no longer be protected under HIPAA.

If Martin County Fire Rescue seeks an authorization from an individual for a use of disclosure of protected health information, Martin County Fire Rescue must provide the individual with a copy of the signed authorization.

If Martin County Fire Rescue initiated this request for disclosure, any information disclosed by this authorization may be inspected or copies may be requested by the individual signing the authorization.

This authorization may be revoked by notifying Martin County Fire Rescue in writing with the understanding that previously disclosed information would not be subject to the revocation request.

You have the right to refuse to sign this authorization; your refusal to sign will not affect your ability to obtain treatment, payment for health care services or eligibility for benefit

**If the information you are requesting to be disclosed is about your minor child, you must provide documentation proving your parental relationship (Ex. birth certificate or passport).

**If the information you are requesting to be disclosed is not about you or your minor child, but you are a legal representative of the person whose information is to be disclosed, you must provide documentation proving your legal authority to request this information. (Ex. an authorization, power of attorney, guardianship papers, health care surrogate form, Order Appointing Personal Representative, Letters of Administration).

**Martin County Fire Rescue requires that all Authorizations for Release of Personal Health Information be notarized. The County is statutorily required to protect the confidentiality of records, this includes requiring a patient / representative's notarized signature on release forms. Lee County v. State Farm Mutual Automobile Insurance Company, 634 So 2d 250 (Fla 2nd DCA 1994)

Signature of Patient / Representative

Printed Name of Patient/Representative

Description of Representative Authority:

Date:

STATE OF FLORIDA
COUNTY OF

The foregoing instrument was acknowledged before me this day of by,

who is ◯ personally known to me or has ◯

produced a driver's license issued within the past 10 years as identification. DL #:

Notary Public

(Printed, Typed or Stamped Name of Notary Public)

Stamp/Seal Commission No.:

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