



CITY OF FAIRFAX FIRE DEPARTMENT AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION



REQUESTER: Complete the information below (all sections must be filled in). PLEASE PRINT.

1. Patient for whom the use of disclosure of protected health information is being requested

FIRST	MIDDLE	LAST	MM	DD	YYYY
Name:			Date of birth: / /		
Address:					
Social Security #:					
Telephone #:			Email Address:		

2. I authorize the release of the following information: (check all applicable)

Transport records
 Billing Records
 All records

Other (describe specifically):

These records are for services provided on the following date(s):

3. Identify who may disclose or make use of your protected health information.

The City of Fairfax Fire Department privacy officer or authorized third party may disclose/release my records.

4. Please send my records listed in #2 above to: (use additional sheets if necessary)

Name:	Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

5. I authorize The City of Fairfax Fire Department to release my protected health information via the following method(s):

Email*
 Fax*

Postal Mail*
 Pick Up

**Note: These methods of record transfer may or may not be secure.*

6. I understand that after the City of Fairfax Fire Department discloses my health information, it may no longer be protected by privacy laws.

Signature of Patient or Representative	Date
Print Patient's Name	
Name of Personal Representative (if applicable)**	
** Description of personal representative's relationship to patient and authority to act for the patient must be provided if personal representative involved:	
Add rep contact info	

7. Notary Information

COMMONWEALTH OF VIRGINIA
COUNTY OF FAIRFAX, to-wit:

Acknowledged before me this _____ day of _____, 20 _____.

_____ Notary Public

My Commission expires: _____, 20 _____.

You have the right to revoke this authorization in writing by sending your request to the address below. You may not be able to revoke this authorization under some circumstances. For more information, see the *City of Fairfax Notice of Privacy Practice* found on our website at www.fairfaxva.gov and click the *EMS Transport Billing Information* tab. Questions can also be emailed to emsbilling@fairfaxva.gov.

MAIL COMPLETED FORM TO:
City of Fairfax Fire Department | 4081 University Drive | Fairfax, Virginia 22030