FIRE PROTECTION DISTRICT

Authorization to Use and Disclose Specific Protected Health Information

(A copy of this form is as valid as the original)

By signing this Authorization, I hereby direct the use or disclosure by Carbondale & Rural Fire Protection District of certain medical information pertaining to my health, my health care, or me.

This Authorization concerns the following medical information about me:

_____

_____

This information may be used or disclosed by Carbondale & Rural Fire Protection District and may be disclosed to:

_____

(List name or specific identification of the person(s) or class of persons to whom you may make the requested use/disclosure)

I understand that I have the right to revoke this Authorization at any time except to the extent that Carbondale & Rural Fire Protection District has already acted in reliance on the Authorization. To revoke this Authorization, I understand that I must do so by written request to the Carbondale & Rural Fire Protection District's Privacy Officer, EMS Coordinator Garrett Kennedy, 970-963-2491, 300 Meadowood Drive, Carbondale, CO 81623.

I understand that information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer subject to privacy protections provided by law.

I understand that my written authorization is not required for Carbondale & Rural Fire Protection District to use my protected health information for treatment, payment and health care operations.

I understand that I have the right to inspect and copy the information that is to be used or disclosed as part of this Authorization. The Authorization is being requested by Carbondale & Rural Fire Protection District for the following purpose(s):

_____

_____

The use of disclosure of the requested information will___/will not___result in direct or indirect remuneration to Carbondale & Rural Fire Protection District from a third party.

I acknowledge that I have read the provisions in the Authorization and that I have the right to refuse to sign this Authorization. I understand and agree to its terms.

_____ _____

Signature **Date**

_____

Printed Name and Call number

_____

(Description of the authority of personal representative, if applicable)

This authorization expires on:_____(date or event)

Carbondale & Rural Fire Protection District
300 Meadowood Drive ● Carbondale, CO 81623 ● Office: 970-963-2491● Fax: 970-963-0569