



**Pender EMS & Fire, Inc.**  
 805 Ridgewood Avenue  
 Burgaw, NC 28425  
 Phone: (910) 259-0891  
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## Authorization for the Disclosure of Protected Health Information

### Patient Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Last 4 SSN (optional): \_\_\_\_\_

Above listed patient authorizes Pender EMS & Fire, Inc. to make medical record disclosure to the following individual or entity \_\_\_\_\_ for the following date(s) of service: \_\_\_\_\_.

### Terms & Conditions

- I understand I may revoke this authorization by written request at any time to the address listed at the top of this form. I understand that the revocation will not apply to information that has already been released in response to this authorization.
- I understand that once information is released pursuant to this authorization, this facility cannot prevent the re-disclosure of the information to another third party and may no longer be protected by federal or state privacy laws.

### Authorization & Verification

**X** \_\_\_\_\_

Signature of Patient / Parent / Guardian or Authorized Representative

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name of Authorized Representative

\_\_\_\_\_

Relationship/Capacity to Patient

*All parents, guardians, and personal representatives must submit copies of official documentation evidencing their authority to act on behalf of the patient (i.e., minor's birth certificate, Medical Power of Attorney, Letters of Estate or Administration). A court representative must provide a copy of appointing documents from the courts.*

**A valid photo ID that contains your signature must be provided with this form.**

#### For Office Use Only:

Birth Certificate      Medical Power of Attorney      Letters of Estate or Administration      Other: \_\_\_\_\_

Driver's License      State issued ID      Military ID      Passport      City/State/Federal Employment ID Card