



TRAVIS COUNTY EMERGENCY SERVICES DISTRICT No. 2
PFLUGERVILLE FIRE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

Form Number: ADM 018c

Original Date: 05-19-2017

Revision Date: 06-08-2018

Patient's/Subject's Full Name

Date of Accident or Incident for Which Records are Requested

Address

Patient's/Subject's Date of Birth

City, State Zip Code

Patient's/Subject's Telephone Number

I hereby authorize use or disclosure of Protected Health Information about me as described below:

- 1. Travis County Emergency Service District No. 2 is authorized to use or disclose information about me/my child.
2. The following specific person (or class of persons) may receive disclosure of protected information about me/my child.

His/Her/Its Name

Address

City, State, Zip Code

- 3. The specific information that should be disclosed is (please include date of accident or incident):

UNLESS YOU SIGN HERE, No information about Drug, Alcohol, or Substance Abuse; HIV/AIDS; Genetic Information or Mental Health will be disclosed:

YES, DISCLOSE THIS INFORMATION:

NO, DO NOT DISCLOSE THIS INFORMATION:

- 4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and it may then no longer be protected by federal privacy regulations.
5. I may revoke this authorization by notifying Travis County ESD No. 2 in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.
6. My purpose/use of the information is for
7. This authorization expires on, 20, OR upon occurrence of the following event that relates to me/my child or to the purpose of the intended use or disclosure of information about me/my child:

FEE FOR COPIES: Federal and state laws permit a fee to be charged for the copying of patient's records. You may be required to pre-pay for the copies; if not, then your copies will be mailed along with an invoice if, in the opinion of the District, the copies are voluminous.

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING

Note: A signature is required in two places if this Authorization is for a minor or is made on behalf of the estate of a deceased person.

Signature of Individual

(The person about whom the information relates)

Date of Birth

Date of Signature

OR, if Applicable –

Signature of Guardian* or Personal Representative

(The person about whom the information relates)

Date of Signature

Description of Authority to Act

– For Official Use Only –

Date Received _____

File _____

Processed _____
