Beresford Community Ambulance Service

Release of Information

Authorization for use or disclosure of Protected Health Information.
In accordance with the Health Insurance Portability and Accountability Act, 45 C.F. R. Parts 160 and 164.

Patient's full name: ____ DOB:____________

I authorize Beresford Community Ambulance to release and disclose the protected health information

described below to ____. (Individual seeking Information)

Coverage:

This authorization for release covers the period of services rendered from:

__________. All past, present and future services rendered.
(Initial here)

OR

__________. Dates of service between ________ and _________.
(Initial here)

Extent of Authorization:

__________. I authorize the release of my complete health record.
(Initial here)

OR

__________I authorize the release of my complete health record with the EXCEPTION to:
(Initial here)
Please list: ____

I understand that the person I authorize to receive this information may use the information received for medical treatment or consultation, billing or claims payment(s), or other purposes as I may direct.

I understand I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that my treatment will not be conditioned on whether I sign this authorization.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of Patient or Patient representative: ____

Printed Patient name or Patient representative and relation to patient: _____________________________

Date: _____________________

Information released to authorized person(s) listed:
Date: _____________ How released: Mail FAX Encrypted email Other