

**AUTHORIZATION TO USE AND DISCLOSE
PROTECTED HEALTH INFORMATION**



I, _____, authorize the Lebanon Fire District to use and disclose a copy of the specific health information described below regarding _____ (name of individual whose information will be used or disclosed).

I am authorized to permit such disclosure because I am (check one): 1) ___ the individual about whom the information pertains; or 2) _____ otherwise designated as someone who may authorize the disclosure (such as a personal representative or surviving spouse).

If you've checked #2, please describe your authorization and provide proof of authorization here:

The health information to be used and/or disclosed consists of: Patient Care Reports/EMS Reports
Date of Service: _____

The health information may be disclosed to (name and address):

for the purpose of (describe each purpose of disclosure or indicate that the disclosure is at the request of the individual, use additional pages if necessary):

I have read and understand this authorization. Unless revoked, this authorization expires _____.

Signed: _____ Date: _____

Printed Name: _____

For Office use only:
ODL Number: _____



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If you are unable to sign this form in front of Lebanon Fire District Staff, it must be notarized below and mailed or faxed:

Lebanon Fire District 1050 W. Oak St. Lebanon, OR 97355 Fax: 541-451-6101

State of _____
County of _____

This instrument was acknowledged before me on _____, 20__ by _____.

Notary Public Signature – State of _____

Notary Seal/Stamp

You are not required to sign this authorization. Refusal to sign the authorization will not affect your treatment, payment, enrollment or eligibility for benefits. The only circumstance when refusal to sign means you will not receive health care services is if the health care services are solely for the purpose of providing health information to someone else and the authorization is necessary to make that disclosure.

You may revoke this authorization in writing at any time. If you revoke the authorization, the information described above will no longer be used or disclosed for the purposes described in this authorization. The only exception is when the fire district has taken action in reliance on the authorization.

To revoke this authorization, please send a written statement to: Lebanon Fire District at 1050 W Oak St. Lebanon, OR 97355 and state that you are revoking this authorization.