



AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I, _____ hereby authorize;
(Print name)

1. The discloser of the following information (description of health information to be disclosed, for example, medical report, billing information):

2. To _____
(Person/organization authorized to receive information)

3. For the purpose of _____
(Specific description of use of information)

4. This authorization expires on _____ (insert date or event related to the individual or the purpose of this authorization — for example, January 1, 2005 or two years after the last ambulance service provided)

I have read and understand the following statement about my rights:

I may revoke this authorization at any time in writing by sending a written request to

(Name of person, provider or group insurance plan)

Signature of Patient, Dependent or Personal Representative

Date

Printed Name of Patient, Dependent or Personal Representative

Name of Personal Representative and Relationship of Personal Representative to Patient, Spouse, or Dependent (if applicable)

I agree to hold harmless and indemnify the City of Littleton, its agents, officers, employees, and their predecessors and successors, from and against all actions, causes of actions, claims of any nature, suits, demands, damages, costs, expenses, and attorney's fees on account of or arising from the release of the above referenced records.

This authorization and release applies only to such reports and records pertaining to the below-described incident: **(describe incident in detail below)**

which occurred on _____, 20_____, at _____ (time)

Patient Signature: _____

Mail My Request to:

Notary Public Required

Seal

Signature of Notary: _____

Signed this _____ day of _____, 20_____

COUNTY OF _____)

) ss.

STATE OF _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

My commission expires (date) _____.

FOR OFFICIAL USE ONLY

Littleton Fire Rescue Incident #: _____

Authorized for Release by: _____ (print name) Date: _____

(HIPAA Form #3 - 2011)

- The EMS Bureau will process your request for records with 72 hours of receiving a completed signed copy of this form.
- Medical reports will be delivered by mail or the requesting party can pick up the report in person at LFR Fire Administration - 2255 West Berry Ave Littleton, CO 80120