AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION

1. _____ _____
Patient Name: Last, First, Middle Initial Date of Birth

_____ _____
Street Address Date of Incident(s)

_____
City State Zip

2. Records released from:

City of Madison Fire Department
314 W. Dayton St.
Madison, WI 53703

3. Release records to:

_____
Name

_____
Street Address

_____
City State Zip

Phone: _____

4. Extent of information to be disclosed: ☐ Single incident ☐ All incidents

Type of information to be disclosed: ☐ Ambulance Bill(s) Report(s): ☐ EMS ☐ CARES*

**Community Alternative Response Emergency Services*

5. Purpose or need for disclosure. (Check applicable categories):

_____ Payment of insurance claim _____ Legal investigation
_____ Personal _____ Other: _____

6. The health information listed above may be disclosed to persons who are not subject to federal information privacy laws. These persons may further disclose this health information and it may no longer be protected by federal health information privacy laws.

7. This authorization will remain in effect until: (date):_____

8. This authorization is voluntary. We will not condition your treatment on receiving this authorization.

9. This authorization may be revoked at any time, except to the extent action had been taken based on it. To revoke this authorization submit a written request to:
Madison Fire Department, 314 W. Dayton St., Madison, WI 53703

10. _____ 11. Date: _____
Signature of Patient*

**If signed by person other than patient, state relationship and authority to do so:*

Relationship: _____

Patient is: ☐ Minor ☐ Incompetent/Incapacitated ☐ Deceased

Legal Authority: ☐ Legal Guardian ☐ Parent of Minor ☐ Spouse of Deceased
☐ Health Care Agent _____
☐ Personal Representative of Deceased ☐ Other: _____

12. How would you like to receive the report(s)?

☐ Mail to above address ☐ Fax (list #): _____ ☐ Email: _____

***Fee: There is a charge of $0.07 per page plus postage, for mailed or faxed records (no charge if total page cost, with postage, is less than $0.50). An invoice, if applicable, will be included with copy of report(s). No charge for emailed records.*