



**Bartlett Fire Department**  
**2939 Altruria Rd.**  
**Bartlett, TN 38134**  
**(901) 385-5536**

Account # \_\_\_\_\_  
 DOS \_\_\_\_\_  
 PHOTO ID PROVIDED \_\_\_\_ YES \_\_\_\_ NO  
 IF NO, THE FORM OF ID PROVIDED: \_\_\_\_\_  
 \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION**

TODAYS DATE: \_\_\_\_\_

**PATIENT PROFILE:**

PATIENTS NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ LAST 4 DIGITS OF SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 DATE OF SERVICE: \_\_\_\_\_  
 LOCATION OF RESPONSE: \_\_\_\_\_

**I WOULD LIKE TO REQUEST A PAPER COPY OF THE HEALTH INFORMATION CHECKED BELOW.**

(Check all that apply) - As a courtesy, there is no cost for copies of your report.

- PATIENT CARE REPORT
- ITEMIZED BILL

**EXPIRATION OF AUTHORIZATION**

Unless otherwise revoked, this Authorization expires on \_\_\_\_\_ (insert applicable date or event).

If no date indicated, this authorization will expire 12 months after the date of signed authorization below.

**I AUTHORIZE BARTLETT FIRE DEPARTMENT TO RELEASE PHI TO:**

NAME OF PERSON/FACILITY TO RECEIVE PHI \_\_\_\_\_  
 PHONE OR FAX # \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please Initial: \_\_\_\_\_ I UNDERSTAND that I may revoke this authorization at any time, with a written request to the Bartlett Fire Department. The request to revoke this authorization must contain the signature of the patient or the patient's legal representative. Revocation of this authorization is allowable only to the extent that the release of information has not already occurred and/or only if the facility has not taken action in reliance thereon.

\_\_\_\_\_ I UNDERSTAND that any disclosure of patient's personal health information may include information regarding diagnosis and/or treatment for any of the following: alcohol abuse, drug abuse, psychiatric or mental illness, and/or sexually transmitted diseases including Human Immunodeficiency Virus (IV) or (AIDS virus).

Bartlett Fire Department is hereby released from all legal liability that may arise from the release of the information requested. Please note that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected under applicable federal HIPAA laws and regulations.

\_\_\_\_\_  
 SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE

\_\_\_\_\_  
 DATE OF AUTHORIZATION

\_\_\_\_\_  
 RELATIONSHIP AND/OR AUTHORITY TO ACT FOR THE PATIENT