

JIM M. COPPINGER  
COUNTY MAYOR



KENNETH L. WILKERSON  
DIRECTOR  
EMERGENCY MEDICAL SERVICES

## HAMILTON COUNTY, TENNESSEE

### AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION HAMILTON COUNTY EMERGENCY MEDICAL SERVICES

PATIENT NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip Code

SEND INFORMATION TO: (please be specific)

\_\_\_\_\_  
Name/Organization

\_\_\_\_\_  
Address

PURPOSE OF RELEASE: Continuation of Care Specialist Personal Use Legal Other

INFORMATION TO BE RELEASED: Ambulance Run Reports dated \_\_\_\_\_ Refusal of Transport EKG strips

Expiration date for expressed authorization is \_\_\_\_\_. If a specific date or event is not specified, this authorization will expire ninety (90) days from the date signed by the patient or legal representative. I understand that I may revoke this authorization in writing at any time, providing the information has not already been released. I understand my treatment is not based on signing this authorization. I understand that once information is released per my instructions, the information is subject to redisclosure and no longer protected by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

\_\_\_\_\_  
Signature Date Relationship to patient (if other than patient)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn before me, I \_\_\_\_\_, a Notary Public, in and for the County and State above, do hereby declare that the Affiant, \_\_\_\_\_ to me adequate identification of proving their identity and stated that \_\_\_\_\_ (he/she) did sign this document of their own free will, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(AFFIX SEAL)

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_