

Authorization For Release of Information

I hereby authorize Granbury / Hood County EMS Inc. to release to:

Name: _____

Address: _____

Phone Number: _____

The information from the ambulance run report on:

Patient Name: _____

Date of Service: _____

Date of Birth: _____

The above information is released for the following purpose and that purpose only. Any other use is forbidden: _____

I also understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it (e.g. probation, parole, etc.)

This authorization is for this one time request only. I agree to pay the charges associated with this request and each request in the future. I the undersigned also certify that I am the patient as described above. I am presenting a picture ID to be used for verification purposes only, that will be photocopied and retained by Granbury / Hood County EMS Inc.

Signature of patient or legal representative

Date

Relationship to patient

Witness Signature