

**Authorization to Disclose Specific Protected Health Information**

By signing this Authorization, I hereby direct the use or disclosure of certain medical information pertaining to my health, my health care, or me.

This Authorization concerns the following medical information about me:

- Complete Ambulance Run Report                       Itemized Billing or claim form only                       Any information requested

and may include information from:

- Specific Date(s) of Service(specify): \_\_\_/\_\_\_/\_\_\_\_ , \_\_\_/\_\_\_/\_\_\_\_ or                       Entire patient file

This information may be used or disclosed by:

**Lake-Sumter EMS**

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and may be disclosed to:

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I understand that I have the right to revoke this Authorization at any time except to the extent that the healthcare provider has already acted in reliance on the Authorization, or if the Authorization was obtained in order to obtain insurance coverage, and other law provides the insurer with the right to contest a claim under the coverage. To revoke this Authorization, I understand that I must do so by written request to:

Lake-Sumter EMS  
Attn: Privacy Officer  
2761 W. Old. Hwy. 441  
Mount Dora, FL 32757

I understand that information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer subject to privacy protections provided by law. I understand that I have the right to inspect and copy the information that is to be used or disclosed as part of this Authorization. I am requesting this information for the following purpose(s):

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I acknowledge that I have read the provisions in the Authorization and that I have the right to refuse to sign this Authorization. I understand and agree to its terms.

This authorization expires on: \_\_\_/\_\_\_/\_\_\_\_ (not required if no end date desired)

Printed Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_

Authorized Representative: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_

Description of Authorized Representative's Authority(check one and attach paperwork):

- Power of Attorney     Executor of Estate     Other: \_\_\_\_\_