Elverson Honey Brook Area EMS

PO Box 154 Elverson, PA 19520

Phone: 610-286-8925 Fax 610-913-6154 Billing: 610-816-6135

Proudly Service Chester County, Lancaster County, and Berks County Since 1948

Authorization for the Use/Disclosure of
Protective Health Information

I authorize Elverson – Honey Brook Area EMS
to use/disclose my protected health information to:

Name:_____
Address:_____
City:_____ **State:**_____ **Zip:**_____

The protected health information to be used or disclosed is as follows: **[Please check off all that apply or record other information in the space provided.]**

☐ Entire Medical Record

☐ Other information (please describe):_____
_____

This information is being disclosed for the following purpose: At my request ☐
_____
_____

I understand that I have the right to revoke this authorization, in writing, at any time by giving notice of my revocation to the Privacy Officer, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire on _____.
(Insert Date or Event)

I understand that information disclosed as a result of this authorization may be subject to disclosure by the recipient and may no longer be protected by federal or state law. I understand that the Practice may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization except (1) if my treatment is related to research, or (2) if health care services are provided to me solely for the purpose of creating protected health information for disclosure to a third party.

_____ _____
Print Name of Patient Date of Birth

_____ _____
Signature of Patient or Personal Representative Date

_____ _____
Description of Personal Representative's Authority Print Name of Personal Representative