

Hendry County Emergency Service

Authorization to Use and Disclose Specific Protected Health Information

By signing this Authorization, I hereby direct the use or disclosure by Hendry County Emergency Service (HCES) of certain medical information pertaining to my health, my health care or me.

This Authorization concerns the following medical information about me:

This Authorized medical information may be released to:

I understand that I have the right to revoke this Authorization at any time except to the extent that HCES has already acted in reliance on the Authorization. To revoke this Authorization, I understand that I must do so by written request to the Hendry County Emergency Service *Privacy Officer*, Post Office Box 38, LaBelle, Florida 33975-0038, (863) 612-0721.

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 the law.

I understand that my written authorization is not required for HCES to use my protected health information for treatment, payment and health operations.

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.

NAME: _____ DATE: _____

Description of the authority of personal representative, if applicable: _____

This Authorization expires on : _____ (Date or event)