



Cortez Trotter
Fire Commissioner

**CHICAGO FIRE DEPARTMENT
BUREAU OF SUPPORT SERVICES
RECORDS SECTION**



Richard M. Daley
Mayor

AUTHORIZATION FOR THE USE AND DISCLOSURE of PROTECTED HEALTH INFORMATION

| |
|-------------------------------|
| Patient's Name _____ |
| Date of Incident _____ |
| Location of Incident _____ |
| Ambulance Number _____ |
| Hospital Transported To _____ |

By signing this Authorization Form, I understand that I am giving my authorization to the Chicago Fire Department to use and/or disclose Ambulance Records for the above-listed event which contain my protected health information (PHI), to the following person(s) or organization(s):

| |
|--|
| Name of person(s) or organization(s) _____ |
| Street Address _____ |
| City, State and Zip Code _____ |
| Telephone Number _____ |
| Facsimile Number _____ |

This authorization shall expire on the 180th day of the signing or as otherwise specified below:

I may revoke this authorization at any time by notifying the Chicago Fire Department in writing. However, I understand that such a revocation will not have any effect on any information already used or disclosed by the Chicago Fire Department before the Department received the written notice of revocation.

I understand that there is a potential that the information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act.

This Authorization is voluntary and I may refuse to sign this Authorization form.

I understand that the Chicago Fire Department may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization, unless the treatment is research-related.

I understand that I have the right to be provided with a copy of this signed authorization form.

Signature of patient or personal representative

Date

Printed name of patient

Printed name of personal representative (if applicable)

Relationship to patient (if applicable)

Address of patient or personal representative

City, State & Zip Code

Subscribed and sworn
to before me this
_____ day of _____, 2003

Notary

FORWARD COMPLETED FORM TO:

**CHICAGO FIRE DEPARTMENT
RECORDS DIVISION
10 W. 35TH ST. ROOM 1350
CHICAGO, IL. 60616
ATTN: ANTHONY JACKSON**

**◆ A SELF-ADDRESSED STAMPED ENVELOPE MUST
ACCOMPANY THIS REQUEST**