



Patient Authorization | HIPAA Form

Completed form may be sent via Fax: 336.740.9773 or via e-mail: info@emsbilling.com

PATIENT'S INFORMATION

Full Name

Date of Birth

Social Security Number

Run Number | EMS Company Name

AUTHORIZATION

I hereby authorize EMS Management & Consultants, Inc. to use or disclose the following Protected Health Information: Ambulance Call Report and/or Bill(s).

This may be used or disclosed to:

The Purpose for the use or disclosure is:

DISCLOSURE

I understand that I have the following rights:

- To inspect and copy the information to be used or disclosed according to this authorization.
- To revoke this authorization at any time except for instances where EMS Management & Consultants, Inc. has already used or disclosed information subject to this authorization.
- To revoke this authorization, I must provide written notice to:

Privacy Officer
 EMS Management & Consultants, Inc.
 PO Box 863
 Lewisville, NC 27023
 Phone: 800.814.5339 | Fax: 336.740.9773 | E-mail: info@emsbilling.com

Information used or disclosed according to this authorization may again be disclosed by the recipient. This information is no longer protected by privacy law.

Written authorization is not required for treatment, payment or healthcare operations.

I have read this authorization and I understand I have the right to refuse to sign it. I understand and agree to the terms of this authorization.

This form implements the requirements for patient authorization to use & disclose health information protected by the federal health privacy law, 45 CFR, parts 160, 164. Except as otherwise permitted or required by the privacy law, a health care provider subject to the privacy law may not use or disclose protected health information without an authorization that complies with the requirements of 45 CFR, 164.508(c).

Patient's Signature

Date Signed

Or, if applicable check Next of Kin if you are and if patient is deceased

Next of Kin Personal Representative Signature

Relationship to Patient

Date Signed



PO Box 863 Lewisville, NC 27023-0863 | Customer Service: 800.814.5339