



HIPAA Release Form

Please complete all sections of this HIPAA release form. If any sections are left blank, this form will be invalid and it will not be possible for your health information to be shared as requested.

Section I

I, _____, give my permission for EAST FORK FIRE PROTECTION DISTRICT to share the information listed in Section II of this document with the person(s) or organization(s) listed in Section II.

Section II – Health Information

I would like to give the above healthcare organization permission to release my medical information, described below in this section, to: _____
My complete health record including, but not limited to, diagnoses, lab results, treatment, and billing records for all conditions.

Section III – Duration of Authorization

This authorization to share my health information is valid:

Check as appropriate

a) From _____ to _____

Or

b) All past, present, and future periods

I understand that I am permitted to revoke this authorization to share my health data at any time and can do so by submitting a request in writing to:

Organization: EAST FORK FIRE PROTECTION DISTRICT
Address: 1694 COUNTY ROAD
MINDEN, NV 89423

I understand that:

- In the event that my information has already been shared by the time my authorization is revoked, it may be too late to cancel permission to share my health data.
- I understand that the failure to sign/submit this authorization or the cancellation of this authorization will not prevent me from receiving any treatment or benefits I am entitled to receive, provided this information is not required to determine if I am eligible to receive those treatments or benefits or to pay for the services I receive.

Section IV – Signature

Signature: _____ Date: _____

Print your name: _____

If this form is being completed by a person with legal authority to act an individual's behalf, such as a parent or legal guardian of a minor or health care agent, please complete the following information:

Name of person completing this form: _____

Signature of person completing this form: _____

Describe below how this person has legal authority to sign this form:

