# Malta & McConnelsville Fire Department

*Division of EMS*

## CONSENT TO USE OR DISCLOSE HEALTH INFORMATION

Patient Name: _____ Date of Service: _____

I authorize ***Malta & McConnelsville Fire Department, Division of EMS*** to use and disclose my medical for the purposes of Treatment, Payment and Health Care Operations.

*****Treatment includes activities performed by a health care provider, nurse, office staff, and other types of health care professionals providing care to you, coordinating or managing your care with third parties, and consultations with and between other health care providers. This consent includes any treatment that may be provided by our physician who covers our practice by written protocol as the medical director physician.

*****Payment includes activities involved in determining your eligibility for health plan coverage, billing and receiving payment for your health benefit claims, and utilization management activities which may include review of health care services for medical necessity, justification of charges, pre-certification and pre-authorization.

*****Health Care Operations includes the necessary administrative and business functions of our office.

I further authorize ***Malta & McConnelsville Fire Department, Division of EMS*** to use and disclose the following specific health and medical information for the below listed purpose(s):

Specific medical information consisting of the: ***Malta & McConnelsville Fire Department, Division of EMS run report.***

For the specific purpose of: _____

_____

If ***Malta & McConnelsville Fire Department, Division of EMS*** is requesting this Authorization from you for our own use and disclosure or to allow another health care provider or health plan to disclose information to us:

1) We cannot condition our provision of services or treatment to you on the receipt of this signed authorization;
2) You may inspect a copy of the protected health information to be used or disclosed;
3) You may refuse to sign this Authorization; and
4) We must provide you with a copy of the signed authorization.

You have the right to revoke this Authorization at any time, provided that you do so in writing and except to the extent that we have already used or disclosed the information in reliance on this Authorization.

Unless revoked earlier or otherwise indicated, this Authorization will expire 30 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

You may review ***Malta & McConnelsville Fire Department, Division of EMS*** Notice Of Privacy Practices for additional information about the uses and disclosures of information described in this Consent prior to signing this Consent. Please verify that you have received a copy of our Notice by placing your initials here: _____.

Because we have reserved the right to change our privacy practices in accordance with the law, the terms contained in the Notice may change also. A summary of the Notice will be posted in our office. We will offer you a copy of the Notice on

your first visit to us after the effective date of the then current Notice. We will also provide you with a copy of the Notice upon your request.

As more fully explained in the Notice, you have the right to request restrictions on how we use and disclose your protected health information for treatment, payment, and health care operations purposes. We are not required to agree to your request. If we do agree, we are required to comply with your request unless the information is needed to provide you emergency treatment. Other physicians who provide call coverage for our office are required to use and disclose your protected health information consistent with the Notice.

I understand that I have the right to revoke this Consent provided that I do so in writing, except to the extent that ***Malta & McConnelsville Fire Department, Division of EMS*** has already used or disclosed the information in reliance on this Consent.

_____

Signature of Patient

_____

Signature of person from Malta & McConnelsville Fire Department, Division of EMS

_____

Date