

Town of Wayland Fire Department
38 Cochituate Road, Wayland, MA 01778
508-358-4747

Authorization to Use or Disclose Protected Health Information

I hereby authorize the Town of Wayland Fire Department to use or disclose the following protected health information from medical records of the patient listed below. I understand that information used or disclosed pursuant to this authorization could be subject to redisclosure by the recipient, and if so, may not be subject to federal or state law protecting its confidentiality.

Patient Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Information to be disclosed to: _____

Address: _____

City: _____ State: _____ Zip: _____

Disclose the following information for treatment and or transportation date(s) of:

The above information is disclosed for the following purpose:

() Medical Care () Legal () Insurance () Personal Other _____

I understand I may revoke this authorization at any time by requesting such in writing, unless action has already been taken in reliance upon it or during a contestability period under applicable law.

This authorization expires on (upon) _____ (date or event)

Signature of Patient or Legal Representative

Date

Printed Name of Patient or Legal Representative

Relationship to Patient