



Sonoma County Fire District

Authorization to Use and Disclose Specific Protected Health Information

By signing this Authorization, I hereby direct the use or disclosure by Sonoma County Fire District of certain medical information pertaining to my health, my health care, or me.

This Authorization concerns the following medical information about me: _____

This information may be used or disclosed by Sonoma County Fire District and may be disclosed to: _____

[LIST NAME OR SPECIFIC IDENTIFICATION OF THE PERSON(S) OR CLASS OF PERSONS TO WHOM YOU MAY MAKE THE REQUESTED USE/DISCLOSURE]

I understand that I have the right to revoke this Authorization at any time except to the extent the Sonoma County Fire District has already acted in reliance on the Authorization. To revoke this Authorization, I understand that I must do so by written request to the Sonoma County Fire District (8200 Old Redwood Highway, Windsor, CA 95492 707-838-1170).

I understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer subject to privacy protections provided by law.

I understand that my written authorization is not required for Sonoma County Fire District to use my protected health information for treatment, payment and health care operations.

I understand that I have the right to inspect and copy the information that is to be used or disclosed as part of this Authorization. The Authorization is being requested by Sonoma County Fire District for the following purpose(s): _____

The use or disclosure of the requested information will _____/will not _____ result in direct or indirect remuneration to Sonoma County Fire District from a third party.

I acknowledge that I have read the provisions in the Authorization and that I have the right to refuse to sign the Authorization. I understand and agree to its terms.

_____ [Name] _____ [Date]

_____ [Description of the authority of personal representative, if applicable]

This authorization expires on: _____ (date or event).