Authorization to Use and Disclose
Specific Protected Health Information (PHI) of Minor Child

(A copy of the Government-issued photo ID of the person whose signature appears on this document must accompany this Authorization for the release of records)

By signing this Authorization, I hereby authorize and direct the use or disclosure by Valley Regional Fire Authority of certain medical information (PHI) pertaining to emergency medical services rendered to a minor child, of whom the undersigned is the parent or guardian.

This Authorization concerns the following medical information about the minor:

_____

_____

This information may be used or disclosed the Valley Regional Fire Authority and its business associates and may be disclosed to: Law enforcement, the Prosecuting Attorney, and Child Protective Services
[LIST NAME OR SPECIFIC IDENTIFICATION OF THE PERSON(S) OR CLASS OF PERSONS TO WHOM THE REQUESTED USE/DISCLOSURE MAY BE MADE]

_____

I understand that I have the right to revoke this Authorization at any time except to the extent that the Fire Authority has already acted in reliance on the Authorization. To revoke this Authorization, I understand that I must do so by written request to the District Privacy Officer [Ana Beard, Records Management Coordinator; 2905 C Street SW, Auburn, WA 98001; 253-288-5877].

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 to use the patient's protected health information for treatment, payment and health care operations. I understand that I have the right to inspect and copy the PHI. The Authorization is being requested for the following purpose(s):

_____

The use or disclosure of the requested information will not result in direct or indirect remuneration to the Fire Department 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 this Authorization. I understand and agree to its terms.

_____ [Signature]
_____ [Printed Name of Parent/Guardian]
_____ [Date]

_____ [Name of Minor Child]

This authorization expires on: _____ (date or event)