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

Valley Regional Fire Authority
1101 D Street NE
Auburn, WA 98002
Office: (253) 288-5800
Fax: (253) 288-5970

REQUIRED: **Please attach a copy of the government-issued photo ID** of the person whose signature appears on this document 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 THE 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 VRFA has already acted in reliance on the Authorization. To revoke this Authorization, I understand that I must do so by written request to the Privacy Officer [Michelle Roy, Records Analyst, 1101 D Street NE, Auburn, WA, 98002, 253-288-5800]. 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]