

**Scotland County EMS
Authorization to Use and Disclose
Specific Protected Health Information**

By signing this Authorization, I hereby direct the use or disclosure by Scotland County EMS 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 Scotland County EMS 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 that Scotland County EMS has already acted in reliance on the Authorization. To revoke this Authorization, I understand that I must do so by written request to the Scotland County EMS Privacy Officer

Roylin Hammond or Mike Edge
Scotland County EMS
P.O. Box 1407
Laurinburg, NC 28352
(910) 276-1313.

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 Scotland County EMS 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 Scotland County EMS for the following purpose(s):

The use or disclosures of the requested information will ___/will not ___ result in direct or indirect remuneration to Scotland County EMS 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.

Name

Date

Description of the authority of personal representative, if applicable

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