McDowell County EMS

Community Care Paramedic Program

60 East Court Street
Marion, NC 28752
(828)652-3241 Phone
(828)652-0100 Fax
www.mcdowellems.com

Release of Information Form

PATIENT INFORMATION			PLEASE RETURN BY FAX TO 828-652-0100
Patient's Last Name	First	Middle	DOB

INFORMATION

- o Consult
- o Discharge Summary
- o Emergency Department Report
- o EKG Tracings
- o Graphic Record
- o History & Physical
- o Labs
- o Physician Progress Notes
- o MRI Report
- o Operative Report
- o X-Ray Report
- o X-Ray MRI
- o Immunization Record
- o Other as specified below:

_____
_____
_____

Date of Order:	Purpose of Release:

This consent/authorization is to release health information from and to:

Name	Phone Number
McDowell County EMS	828-652-3241

Address	City	State	Zip Code
60 East Court St.	Marion	NC	28752

This consent/authorization will remain in effect

- o From the date it is signed out until _____
- o Until the following event occurs _____

Note:If neither of the above options is selected, this consent/authorization will remain in effect for 180 days from the date signed.

I authorize my health information described above to be released to McDowell Co. EMS to send all copies of my health record back to the above named entity for the purpose of continuity of care and understand that:

1. Information disclosed pursuant to this Consent/Authorization may include information relating to sexually transmitted disease, AIDS/HIV, and physiological or psychiatric conditions, unless restricted as follows:
2. Once information is disclosed pursuant to this signed Consent/Authorization, I understand that the federal privacy law (45 C.F.R. parts 160 and 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from disclosing it.
3. I may revoke this Consent/Authorization at any time, except to the extent that action has been taken in reliance on it. To revoke it, I must provide the Privacy Officer–at the address listed at the top left of this form–with a written revocation which will not be effective until received and approved by the Privacy Officer.
4. I may refuse to sign this Consent/Authorization and this refusal will not affect the treatment McDowell County EMS Paramedic Program provides to the patient, unless the patient is seeking health care services solely for the purpose of creating health information for the disclosure to a third party.

Signature of the Patient/Parent or Legal Representative Date:

If signed by the Legal Representative, Legal Representative's authority to act on behalf of the patient:
Relationship to the Patient:

For Office Use Only
DATE INFORMATION RELEASED MEDICAL RECORD NUMBER

REVISED 08/2013