

**HIPAA Release of  
information  
AUTHORIZATION FORM**

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ and its affiliates, its employees and agents (collectively \_\_\_\_\_), to release to \_\_\_\_\_ [Insert full name of person/organization] my personal health information maintained by the City of Thornton Fire Department (e.g., information relating to the diagnosis, treatment, claims payment, and health care services provided or to be provided to me and which identifies my name, address, social security number, Member ID number) except the following information about me:

\_\_\_\_\_ [DESCRIBE INFORMATION NOT TO BE DISCLOSED, IF ANY] for the purpose of helping me to resolve claims and health benefit coverage issues. I understand that any personal health information or other information released to the person or organization identified above may be subject to re-disclosure by such person/organization and may no longer be protected by applicable federal and state privacy laws.

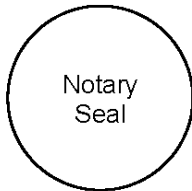
This authorization is valid from the date of my/my representative's signature below and shall expire the earlier of \_\_\_\_\_ [INSERT DATE/EVENT UPON WHICH THIS AUTHORIZATION EXPIRES] or the date my coverage ends with \_\_\_\_\_. I understand that I have a right to revoke this authorization by providing written notice to the City of Thornton Fire Department. However, this authorization may not be revoked if the City of Thornton Fire Department, its employees or agents have taken action on this authorization prior to receiving my written notice. I also understand that I have a right to have a copy of this authorization.

I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for benefits or enrollment or payment for or coverage of services.

Name of Patient: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me in the county of _____, State of Colorado,	
this _____ day of _____, 20__.	
	_____
	(Notary's official signature)
	_____
	(Commission expiration date)