REDFORD FIRE

AUTHORIZATION FOR RELEASE OF PERSONAL HEALTH INFORMATION

I hereby authorize the use and disclosure of my personal health information as described below.

Name: _____

Address: _____

Date of Birth: _____/_____/_____

Social Security number: _____

I hereby authorize the following representative(s) of the Township of Redford to release my personal health information:

Township of Redford Fire Department
15145 Beech Daly
Redford, Michigan 48239

I hereby authorize the following persons/organization to receive my information:

Minute Man Services

3905 Rochester Road, Royal Oak 48073

Specific description of information to be used or disclosed (including dates) and the purpose of such use:

I understand that this authorization is voluntary, and that a hospital or health plan may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization. Furthermore, I understand that by authorizing the above named recipient(s) to receive my health information, the information may no longer be protected by federal privacy regulations.

I understand that this authorization will expire on _____/_____/_____ or upon the following event: _____.

I understand that I may revoke this authorization at any time by notifying the Township of Redford Fire Department. If I do so, my revocation will not have any effect on any actions (release of information) taken before they received my revocation notice.

_____ _____
Signature of individual or individual's representative Date

_____
Description of Personal Representative Authority*

**Please be prepared to verify your identity with a photo I.D. or to provide documentation of your authority to act as personal representative for the participant.*