



City of Waukesha Fire Department

AUTHORIZATION TO USE AND DISCLOSE SPECIFIC PROTECTED HEALTH INFORMATION (PHI)

By signing this Authorization, I hereby direct the use or disclosure by the City of Waukesha Fire Department of certain medical information about my health, my health care, or me.

This Authorization concerns the following medical information about me:

Any and all Ambulance records, including, but not limited to, treatment given, date and time of run, condition of patient at pickup and destination and Billing Records.

This information may be used or disclosed by the City of Waukesha Fire Department and may be disclosed to:

Pat Clifford - Legal-Ease Digital Imaging, LLC
2496 Meadowcroft Dr Burton, MI 48519
PH: 855-543-4003 FX: 810-547-4030 pat.legalease@gmail.com

[LIST NAME OR SPECIFIC IDENTIFICATION OF PERSON(S)/ 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 the City of Waukesha Fire Department has already acted in reliance on the Authorization. To revoke this Authorization, I understand that I must do so by written request to the City of Waukesha Fire Department Privacy Officer [Kathy Stefan, Administrative Assistant/Privacy Officer, 130 W. St. Paul Avenue, Waukesha WI 53188, and 262-524-3657].

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 the City of Waukesha Fire Department 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 the City of Waukesha Fire Department for the following purpose(s):

Litigation

The use or disclosure of the requested information will ☐ will not ☒ result in direct or indirect compensation to the City of Waukesha 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.

Name

Date

[Description of the authority of personal representative, if applicable]