CITY OF TRAVERSE CITY
AUTHORIZATION TO RELEASE HEALTH INFORMATION

Health Insurance Portability and Accountability Act (HIPAA)

I, _____, whose date of birth is_____, hereby authorize the use or disclosure of my health information contained in the City's records and the release of my health information as follows (attach additional sheets if necessary):

1. Provide a description of the information to be used or disclosed that identifies the information in a specific way: Traverse City Fire Department

2. The person(s), class of persons, or organization(s) that are authorized to disclose the information: _____

3. The person(s), class of persons, or organization(s) that may receive the information:

Legal-Ease Digital Imaging LLC 2496 Meadowcroft Dr Burton, MI 48519 pat.legalease@gmail.com

4. The purpose of the requested use or disclosure: Litigation

5. This authorization shall expire on the following date: _____

I understand that I have the right to revoke this authorization in writing by notifying the City's Privacy Official, the City Clerk. I understand that the revocation is only effective after it is received and logged by the Privacy Official. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation.

I understand that after this information is disclosed, the information disclosed may be subject to re-disclosure by the recipient of the information and may no longer be protected by the HIPAA privacy rule.

I understand that the City may not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization.

I understand that I am entitled to receive a copy of this authorization.

_____ _____

Date *Please Sign before a Notary*

This section to be completed by Notary:

The foregoing instrument was acknowledged before me this, the _____ day of _____,

20_____, by _____.

_____ _____

Signature of Notary *Name of Notary*

Notary Public of _____ County, in the State of _____

Acting in _____ County, in the State of _____

My Commission expires: _____.

RETURN BOTH PAGES TO PRIVACY OFFICIAL:

City Clerk
400 Boardman Ave
Traverse City, MI 49684
231.922.4480 | tcclerk@traversecitymi.gov

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