



Reeves County Emergency Services District No. 2

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

Original Date: 02/23/2024

Revision Date: 03/07/2024

Patient's/Subject's Full Name

Date of Accident or Incident for Which Records are Requested

Address

Patient's/Subject's Date of Birth

City, State Zip Code

Patient's/Subject's Telephone Number

I hereby authorize use or disclosure of Protected Health Information about me as described below:

- 1. Reeves County Emergency Services District No. 2 is authorized to use or disclose information about me/my child.
2. The following specific person (or class of persons) may receive the protected health information of me/my child.

PHI Recipient Name

Address

City, State, Zip Code

- 3. The specific information that may be disclosed is (please include date of accident or incident):

UNLESS YOU SIGN HERE, No information about Drug, Alcohol, or Substance Abuse; HIV/AIDS; Genetic Information or Mental Health will be disclosed:

YES, DISCLOSE THIS INFORMATION:

NO, DO NOT DISCLOSE THIS INFORMATION:

- 4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and it may then no longer be protected by Federal or State privacy regulations.
5. I may revoke this authorization by notifying Reeves County ESD No. 2 in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

\*\*\*\*\*

**FEE FOR COPIES:** Federal and state laws permit a fee to be charged for the copying of patient's records. You may be required to pre-pay for the copies; if not, then your copies will be mailed along with an invoice if, in the opinion of the District, the copies are voluminous.

\*\*\*\*\*

**THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING**

\_\_\_\_\_  
**Signature of Individual**

(The person about whom the information relates)

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Date of Signature**

*OR, if applicable –*

\_\_\_\_\_  
**Signature of guardian or personal representative or executor/estate administrator.**

\_\_\_\_\_  
**Date of Signature**

\_\_\_\_\_  
**Description of Authority to Act**

**– For Official Use Only –**

Date Received \_\_\_\_\_

File \_\_\_\_\_

Processed \_\_\_\_\_

\_\_\_\_\_