



**SOUTH COUNTY FIRE**

12425 Meridian Ave S., Everett WA 98208  
tel (425) 551-1200 · fax (425) 551-1249  
www.southsnofire.org

**Medical Information Release Form (HIPAA Release Form)**

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Release of Information**

I authorize the release of all protected health information including but not limited to the diagnosis, records; examination rendered to me and claims information except as provided below. This information may be released to the following (name, address and phone number required):

- Spouse \_\_\_\_\_
- Child(ren) \_\_\_\_\_
- Other \_\_\_\_\_
- Information is not to be released to anyone.

The following protected health information is not subject to this disclosure:

\_\_\_\_\_

This **Release of Information** will remain in effect until terminated by me in writing.

**Messages**

Please call  my home  my work  my cell Number: \_\_\_\_\_  
If unable to reach me:

- you may leave a detailed message
- please leave a message asking me to return your call
- \_\_\_\_\_

The best time to reach me is (day) \_\_\_\_\_ at (time) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_