

PARAMEDIC BILLING SERVICES, INC.

A Division of Metro Paramedic Services, Inc.



Northlake Fire Protection District

CONSENT FORM

RELEASE OF INFORMATION

I hereby authorize: Paramedic Billing Services

395 W. Lake St.
P.O.B. 1368
Elmhurst, IL 60126
(630) 530-2988

To release medical records (run sheet) of care given to me regarding my transport on this date _____, _____. I am aware that per the Health Insurance Portability and Accountability Act of 1996, the copy of records containing my Protected Health Information will be handled according to the policy and procedures required by law.

Name: _____

Address: _____

Social Security # _____ Date of Birth: _____

Information to be released to: _____

I understand this consent can be revoked at any time except to the extent that disclosures made in good faith have already occurred in reliance on this consent. The facility, its employees and officers are released from legal responsibility or liability from failure to comply with this law, per the release of the above information to the extent indicated. **All forms must be notarized and include a copy of picture State ID, including both front and back.**

Need a copy of Photo I.D

Signature of Patient

Date: _____

or

Signature of Responsible Party/ Relationship to Patient

This Form Must Be Notarized

DATED: _____

SUBSCRIBED AND SWORN BEFORE ME

THIS _____ DAY OF _____

NOTARY PUBLIC

For office personnel only

Patient Name:

Run/call number:

This form can not be faxed back to our office we must have an original signature and Notary seal before records can be released. We also must have a copy of a photo ID.

395 West Lake Street, P.O. Box 1368, Elmhurst, IL 60126
630-530-2988 Phone