GIG HARBOR FIRE & MEDIC ONE

Authorization to Use and Disclose
Specific Protected Health Information

By signing this Authorization, I hereby authorize and direct the use or disclosure by Pierce County Fire District #5 of certain medical information (PHI) pertaining to _________________________, who ☐ is ☐ is not a deceased person.

This Authorization concerns the following medical information about the person enumerated above:

____
____

This information may be used or disclosed by Pierce County Fire District #5 and its business associates and may be disclosed to:

____
____
[LIST NAME OR SPECIFIC IDENTIFICATION OF THE PERSON(S) OR CLASS OF PERSONS TO WHOM THE REQUESTED USE/DISCLOSURE MAY BE MADE]

I understand that I have the right to revoke this Authorization at any time except to the extent that the Fire District has already acted in reliance on the Authorization. To revoke this Authorization, I understand that I must do so by written request to the District Privacy Officer (or their designee) at 10222 Bujacich Rd. NW, Gig Harbor, WA 98332, (253) 851-3111.

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 to use the disclosed protected health information for treatment, payment and health care operations. I understand that I have the right to inspect and copy the disclosed PHI. The Authorization is being requested for the following purpose(s):

____
____
____

The use or disclosure of the requested information ☐ will / ☐ will not result in direct or indirect remuneration to the Fire District from a third party.

I understand that if I am requesting my own medical records, the Fire District may require that I provide my driver's license or other identification in order that the Fire District may verify my signature on this authorization, as required by federal regulations.

10222 Bujacich Rd NW • Gig Harbor, WA 98332 • (253) 851-3111 • records@gigharborfire.org

I understand that if I am *not* requesting my own records, I must prove that a statutory exception exists under RCW 70.02 that would permit or require disclosure of the patient's medical records.

**** For Persons requesting records of a Deceased Person****

I certify under penalty of perjury of the Laws of the State of Washington that I am either the personal representative of the deceased person whose PHI I seek to be disclosed, or a person who would have been statutorily authorized to give informed consent to the health care of the deceased person, while that person was living, and therefore am authorized to give consent to the disclosure of the requested PHI, pursuant to RCW 70.02.140 and/or RCW 7.70.065(1)(a). I further understand that prior to the disclosure of any PHI pertaining to the deceased person indicated above, I may be required by the District to provide proof of my status as a person authorized to give consent to the disclosure of the above PHI. Such proof may include but not be limited to testamentary documents such as wills and/or trusts, or letters testamentary, court orders appointing me as a personal representative or guardian, durable powers of attorney, marriage certificates or documents establishing parentage or paternity/maternity. I further certify under penalty of perjury that no other person exists which carries statutory priority over me in consenting to release of medical records of the deceased person above, as required under RCW 7.70.065. I understand that if such a person exists, that person must be given first priority to obtain the requested records.

SIGNED THIS ______ Day of ____________ 20___ in _______________ County, Washington

____
Printed Name

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.

___________________________________ [Signature]

__________________________________ [Printed Name] ___________________ [Date]

This authorization expires on: __________________________ (date or event)

10222 Bujacich Rd NW • Gig Harbor, WA 98332 • (253) 851-3111 • records@gigharborfire.org

Revised: March 28, 2022