

**Millington Fire Department
HIPAA Consent and Authorization
Patient Consent Form for Disclosure of Medical Information**

The Millington Fire Department wishes to inform you of your rights regarding your private health care information. You have the right to review our privacy policy prior to signing this Consent form. By signing this consent, you acknowledge that you have had the opportunity to review our Privacy Policy. If you want a copy of this policy or in the event that our policy changes you want a revised copy, please contact us at:

Millington Fire Department
4836 Navy Rd.; Suite 1
Millington, TN 38053

You also have the right to request that we restrict the method in which we use or disclose your health information for purposes of treatment, payment or health care operations. We have the right to refuse to comply with your request.

By signing this form, you expressly consent to our use and disclosure of your health information for purposes of your treatment, payment, or other health care operations. You have the right to revoke this consent at any time, however revocation will not be effective regarding services which we have already provided based on this signed consent form because we are relying on your consent in providing services to you. If you wish to revoke this consent, you must do so in writing sent to our address above. Unless revoked, this consent will not expire and will apply to services provided to you from this day forward.

Seal

Name (print): _____

Name (signature): _____

Date: _____

Sworn to and subscribed before me this day of _____ in the month of _____, 20____, whose identity was proved to me and who personally appeared before me and executed the foregoing as their free act and deed for the purposes therein contained.
Shelby County, Tennessee

Commission Expiration Date

Notary Public

AUTHORIZATION FOR OTHER DISCLOSURES OF MY HEALTH INFORMATION

By initialing each of the following and signing below, you are authorizing additional use and disclosure of your health information. We may not deny you treatment if you refuse to grant any of these requested authorizations.

_____ I authorize the Millington Fire Department to use or disclose my health information for the purpose of:

_____ I authorize the Millington Fire Department to use or disclose my health information for the purpose of:

Name (print): _____ Date: _____

Name: (Signature): _____ Expires: _____