

# Patient Authorization for Release of Medical Information

This form allows KEN to send/release records on your behalf

Twin City Ambulance Service, Inc  
Ken-Tenn EMS  
105 Nolan Avenue  
Fulton, KY 42041  
Ph: 270-472-8342  
Fax: 270-472-1178



Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last 4 digit SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

I hereby authorize Ken-Tenn EMS medical staff, employees, and representatives to release my protected health information in the manner listed below and to the following:

Send by: (choose ONE):  Mail  Fax  Secure Email  Pick-up

Send to:

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Please send:

All Records

Specific Records (please supply date) \_\_\_\_\_

\*\*Depending on the requests, it can take up to 2-3 weeks to receive records, though most request are fulfilled sooner\*\*

This authorization will not expire except when revoked by the patient, legal guardian, power of attorney, or healthcare surrogate. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written request to the director of EMS at Ken-Tenn EMS. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that once the information is disclosed, it may be re-disclosed by the recipient and the information may not be protected under federal privacy laws or regulations. I understand Ken-Tenn EMS will not condition treatment or payment based on this authorization or revocation of authorization unless otherwise allowed by law. A copy of this authorization may be utilized with the same effectiveness as an original. I am entitled to receive a copy of this authorization.

Signature of Patient/Guardian/Power of Attorney/Healthcare Surrogate

Date

Printed Name

Relationship to Patient if Applicable