



Archer City EMS, Archer City TX

PHI Release Authorization

Be it known that I, _____ after showing proof of identity and or if legal custodian, presenting court documentation demonstrating my status, to the custodian of medical records for Archer City EMS, request the release of any and all PHI (Personal Health Information) gathered during services provided by Archer City EMS on the date(s) of _____ for patient _____. Attachments proving my authority to make this request will be submitted with this authorization.

This authorization is strictly for release of this PHI to me personally or my legal custodian and does not provide for the release of said information to any other person, identity, or organization.

I am willing that a facsimile of this authorization be accepted with the same authority as the original.

Patient (or legal custodian)

Relation to patient

Date

Notary Public

Witness

Title

For inter office use only

Medical Records Custodian