



Hooksett Fire-Rescue

15 Legends Drive, Hooksett, NH 03106
Tel: 603-623-7272 Fax: 603-626-6742

www.Hooksettfire.org

Authorization to Release Protected Health Information – Medical Records

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Date(s) of care: _____

By signing this authorization, I hereby direct the use or disclosure by the Hooksett Fire-Rescue Department for my protected health information or medical records or health care described below to:

Representative Name: _____

Representative Address: _____

Record(s) requested:

_____ Copy of complete medical record _____ Face Sheet _____ Billing report

I understand that I have the right to revoke this Authorization at any time except to the extent that Hooksett Fire-Rescue Department has already acted in reliance on the Authorization. To revoke this Authorization, I understand that I must do so by written request to the Hooksett Fire-Rescue Department.

I understand that I may inspect or copy the protected health information described in this authorization.

I understand that this authorization may be revoked by me in writing at any time.

I understand that the information used or disclosed pursuant to this authorization could be subject to redisclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.

I understand that by authorization, with this release of my medical records, I also release the Hooksett Fire-Rescue Department from all legal responsibility or liability that may arise from the release of these medical records.

Date: _____

Signature of Patient or Representative

This authorization is valid for 12 months after the date signed unless otherwise specified.

There is a \$15.00 fee due when requesting these records.

Please provide a stamped, self-addressed envelope to receive the requested records. Thank you.