



**City of San Antonio Fire Department**  
 315 S. Santa Rosa Avenue, Suite 2000 San Antonio Texas, 78207  
 Phone: (210) 207-4974 or (210) 207-4975



**EMS Patient Care Report**  
**Patient Authorization for Use or Disclosure of Protected Health Information Form**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Service: \_\_\_\_\_

I \_\_\_\_\_, hereby authorize the San Antonio Fire Department to disclose the  
(please print your full name)

following protected health information, to the following:

\_\_\_\_\_  
(Name of Entity to receive and/or use Protected Health Information if different from patient)

The purpose for the use and/or disclosure of this protected health information is:

\_\_\_\_\_

This authorization is effective from \_\_\_\_\_ to \_\_\_\_\_  
(Date of initiation of use and/or disclosure) (Date use and/or disclosure is terminated)

I understand that I may revoke this authorization, in writing, at any time. I understand that my revocation will not be effective to the extent that the authorized entity has relied on the use or disclosure of the protected health information. However, my revocation will be effective from the date of the revocation forward. I understand that information used or disclosed pursuant to this authorization may be re-disclosed by the recipient and may no longer be protected by federal or state law.

I acknowledge that I have signed a consent form of the San Antonio Fire Department. I understand that I have the right to inspect or copy my protected health information to be used and/or disclosed as permitted under federal and/or state law. I understand I have the right to refuse to sign this authorization, and in doing so, this authorization will not be effective.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Checklist**

- Complete and sign the EMS Patient Care request form.
- Copy of a Picture Identification Card (ID).
- Copy of Power of Attorney/Death Certificate if the patient is unable to sign or is deceased.
- Check or Money Order for \$7.50 made out to the City of San Antonio Fire Department.

Office use only:	
#1 Cash or Check Amount	_____
#2 Check #	_____
#3 Run #	_____
#4 Receipt #	_____