



**City of Manassas
Fire and Rescue**

9324 West Street, Suite 103, Manassas, VA 20110
Ph: 703-257-8458 Fax 703-257-2403

Authorization to Release Confidential Information (Billing Records)

Individual's Name: _____
Name of individual's legal representative
If individual is unable to sign: _____

Health Care Entity: _____

Type of Information to be disclosed: medical records itemized
statement/invoice
 other _____

Person, Agency or Health Care Entity to whom disclosure is to be made: _____
Address: _____
Phone Number: _____
What is the purpose of the disclosure? _____

As the person signing this authorization, I understand that I am giving the City of Manassas Fire and Rescue System permission to disclose my confidential health records. I understand that the City of Manassas Fire and Rescue System may not condition treatment or payment on my willingness to sign this authorization unless the specific circumstances under which such conditioning is permitted by law are applicable and are set forth in this authorization. I also understand that I have the right to revoke this authorization at any time, but that my revocation is not effective until delivered in writing to person who is in possession of my health records and is not effective as to health records already disclosed under this authorization. A copy of this authorization and a notation concerning the persons or agencies to whom disclosure was made shall be included with my original health records. I understand that health information disclosed under this authorization might be redisclosed by a recipient and may, as a result of such disclosure no longer be protected to the same extent as such health information was protected by law which solely in the possession of the City of Manassas Fire and Rescue System.

This authorization expires on date: _____ or in the event of _____

Signature of Individual or Individual's Legal representative if Individual is unable to sign:

Relationship or Authority of Legal Representative: _____

Date of Signature: _____