

**HVA**Huron  
Valley  
Ambulance**JCA**Jackson  
Community  
Ambulance**MCA**Monroe  
Community  
Ambulance**LCA**Lenawee  
Community  
Ambulance**ACA**Albion  
Community  
Ambulance

1200 State Circle, Ann Arbor, MI 48108 PH (734) 477-6366 FX: (734) 477-6776

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_

The specific record(s) to which access is requested: Call # (s) \_\_\_\_\_

The request is to:  See the record(s)  
 Receive a copy of the record(s)

I, the undersigned, hereby authorize HURON VALLEY AMBULANCE to show or release protected health information (PHI) on the above patient to: \_\_\_\_\_

BY MAIL: \_\_\_\_\_

BY EMAIL: \_\_\_\_\_ BY FAX: \_\_\_\_\_

I authorize a copy of this authorization to be used with the same effect as an original.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Parent/Legal Guardian Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Personal Representative (for deceased person)  
Please include copy of death certificate\_\_\_\_\_  
Date

Subscribed and sworn to before me on: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

PROCESSED BY: \_\_\_\_\_

PROCESS DATE: \_\_\_\_\_