

**Greenport Rescue Squad, Inc.
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3 Newman Road
Hudson, New York 12534**

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Administration

(518) 822-0047
Fax Number

(518) 822-8511 x3
Billing Inquiries

(518) 822-1086
Billing Fax #

AUTHORIZATION TO RELEASE INFORMATION

I, the patient or legal guardian/representative, gives permission to the following:

Name: Greenport Rescue Squad, Inc.
Address: P.O. Box 275 (3 Newman Road)
City/State/Zip: Hudson, New York 12534

To release copies of my medical records to:

If other than self, name of patient & relationship _____

Name of person receiving medical records:

Name: _____

Address: _____

City State Zip: _____

Patient Name (please print)

Patient Date of Birth

Signature of patient/legal rep/or other

Date

Witness Signature

Date

Identification checked _____

(check mark and make copy of document)

*****Include a copy of your license if mailing this form in.

*****Include POA papers, if you are POA