

ORANGE COUNTY EMERGENCY SERVICES
ATTN: TAX ADMINISTRATION
PO Box 8181
Hillsborough, NC 27278
919-245-2728

Consent Form for Release of Information

I hereby authorize Orange County EMS Ambulance to release specified information from the record of

_____ to the Orange County Department of Social Services for the determination of assistance toward the ambulance liability for the date(s) of service listed below:

_____ This information shall include the date(s) of service and type of service and amount of charges. I understand the contents to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary. I understand that I may revoke this consent at any time except to the extent that information has already been released before I revoke it.

Client

Date

Witness (Necessary only if client signs with an "X")

EMS Collections Staff Receiving _____
Date Received by EMS Collections _____
Date Forwarded to DSS _____