

**ORANGE COUNTY EMERGENCY SERVICES  
ATTN: TAX ADMINISTRATION**

PO BOX 8181  
Hillsborough, NC 27278  
919-245-2100

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 content 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.

**X**

\_\_\_\_\_  
Client/Legal Guardian/Patient Representative Signature

**X**

\_\_\_\_\_  
Printed Names of Client/Legal Guardian/Patient Representative

**X**

\_\_\_\_\_  
Date

**X**

\_\_\_\_\_  
Client Date of Birth

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

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EMS Collections Staff Receiving \_\_\_\_\_  
Date Received by EMS Collections \_\_\_\_\_  
Date Forwarded to DSS \_\_\_\_\_