DETROIT METRO • WILLOW RUN
WAYNE COUNTY AIRPORT AUTHORITY

509 W. Service Drive
Detroit, MI 48242
ph 734 942 3602
fax 734 247 7332
www.metroairport.com

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, _____, authorize the Wayne County Airport
(Discloser)

Authority ("Airport Authority") to release any and all information concerning or relating to services rendered to me by the Airport Authority Fire Division, including information concerning or relating to my medical history, course of treatment, diagnosis, prognosis and any charges incurred for such services to: _____.
(Recipient)

This authorization includes all services rendered to me on the following date(s):

1. _____ 3. _____
2. _____ 4. _____

- I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal or state law protecting its confidentiality.
- I understand that, at any time, this authorization may be revoked by notifying the Airport Authority in writing of my desire to revoke it. However, I understand that any action already taken in advance of a revocation cannot be reversed.
- I have read and fully understand this Authorization for Release of Medical Information and have executed it voluntarily and without coercion.
- This authorization will expire on _____ or one year upon receipt.

_____ _____
Signature of Individual or Representative Date

_____
Authority or Relationship to Individual, if Representative