



4390 Parliament Place, Suite R  
Lanham, MD 20706

800-824-6814

**AUTHORIZATION FOR USE OR DISCLOSURE  
OF PROTECTED HEALTH INFORMATION**

MEDSTAR USE ONLY:  
Request #:

**REQUESTER: Complete the information below (all sections must be filled in). PLEASE PRINT.**

**1. Patient for whom the use of disclosure of protected health information is being requested**

Name:	FIRST	MIDDLE	LAST	Date of birth:	MM	DD	YYYY
				/ /			
Address:							
Social Security #:							
Telephone #:				Email Address:			

**2. I authorize the release of the following information: (check all applicable)**

Transport records                       Billing Records                       All records

Other (describe specifically):

These records are for services provided on the following date(s):

**3. Identify who may disclose or make use of your protected health information.**

The Washington Hospital Center Corp. d/b/a Midatlantic Air Transport Service authorized person may disclose/release my records.

Other (describe specifically):

**4. Please send my records listed in #2 above to: (use additional sheets if necessary)**

Name:	Name:
Address:	Address:
Phone:	Phone:
Fax:*	Fax:*

*\*Note: Washington Hospital Center Corp. d/b/a Midatlantic Air Transport Service will disclose protected health information in response to this request by fax transmission ONLY for emergency and urgent patient care requests.*

**5. I understand that after Washington Hospital Center Corp. d/b/a Midatlantic Air Transport Service discloses my health information, it may no longer be protected by privacy laws.**

Signature of Patient or Representative	Date
Print Patient's Name	
Name of Personal Representative (if applicable)*	
* Description of personal representative's relationship to patient and authority to act for the patient must be provided if personal representative involved:	

You have the right to revoke this authorization in writing by sending your request to the address in the box below. You may not be able to revoke this authorization under some circumstances. Please see the *MedStar Health Notice of Privacy Practices* for more information.

**MAIL COMPLETED FORM TO:**  
Midatlantic Air Transport Services  
4390 Parliament Place  
Suite R  
Lanham, MD 20706

Or email to [medstartransportbilling@medstar.net](mailto:medstartransportbilling@medstar.net)