



GRAND COUNTY
EMERGENCY MEDICAL SERVICES
Administrative Division
P.O. Box 1457 Granby, Colorado 80446
Office 970-887-0158
Facsimile 970-887-0175

I acknowledge that I have received a copy of Grand County EMS notice of privacy practices.

I authorize Grand County EMS to release my medical information to myself and the following individual or organization:

Name: _____

Address: _____

Phone: _____

I understand that I have the right to revoke this authorization at any time. I understand that my revocation must be in writing. I understand that the revocation will not apply to information already released based on this authorization.

I am providing a copy of my driver's license or other identification to confirm my identity.

Signature of patient

Date