

**VILLAGE OF LORDSTOWN RECREATION DEPARTMENT
AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

I, _____, [insert name of Participant or Personal Representative], hereby authorize the Village of Lordstown Recreation Department, Trumbull County, Ohio to (check the following that apply):

Use the protected health information contained in the Village of Lordstown Recreation Department medical disclosure form for General Recreational Activities and/or Jean Ann Smith Fun Days for _____ [insert name of **Participant**] and/or

Disclose the protected health information to any and all medical service providers who may be required to furnish medical attention or services to "the Participant" in the event of a medical emergency.

The protected health information to be used or disclosed, including, but not limited to, meaningful descriptors, such as date of service, type of service provided, level of detail to be released, origin of information, etc., is contained in a medical information disclosure form which has been executed by the Participant in one or more of the Village of Lordstown Recreation program.

The protected health information is being used or disclosed to provide knowledgeable information to any and all medical service providers who may be called upon to furnish medical attention or services to "Participant" in the event of a medical emergency.

This Authorization shall be in full force and effect for one year from the date hereof at which time this Authorization to use or disclose the protected health information shall expire.

I understand that I have the right to revoke this Authorization, in writing, at any time by sending such written notification to Martha Gibson, Recreation Director for the Village of Lordstown. However, I further understand that such revocation shall not be effective to the extent that the Village of Lordstown has relied on the use or disclosure of the protected health information.

I also understand that information used or disclosed pursuant to this Authorization may be subject to disclosure by the recipient and may no longer be protected by federal or state law.

I further understand that I have the right to:

- Inspect or copy the protected health information to be used or disclosed as permitted under federal law (or state law to the extent that state law provides greater access rights).
- Refuse to sign this Authorization (under which circumstances I may be denied participation in one or more of the Village of Lordstown Recreation programs.)
- Receive a signed copy of this Authorization.

SIGNATURE of Participant or Personal Representative

Date