



Authorization for the Use and Disclosure of Protected Health Information Instructions

Our Consent Form has been designed to comply with requirements contained in the federal privacy regulations, known as HIPAA, concerning protected health information. The patient or the patient's personal representative must complete and sign the Authorization.

While we do not provide legal advice and individual situations vary, personal representatives may include a patient's parents, spouse or adult children, as well as individuals who hold a power of attorney or who are responsible for handling a patient's estate.

If anyone other than the patient signs this form, the person requesting the information must include a copy of the requestor's driver's license or other government issued identification along with documentation showing that they have legal authority to make healthcare decisions on behalf of the individual.

Examples of documentation granting legal authority to request health information:

If the patient is an adult or an emancipated minor:

- Health Care Power of Attorney
- Court Appointed Legal Guardian
- General Power of Attorney or durable power of attorney that includes power to make health care decisions

If the patient is a minor:

- Parent: A copy of the requestor's driver's license or other government issued identification
- Other than parent: Legal document showing that requestor is legal guardian or acting in loco parentis

If the patient is deceased:

- an order from the court stating that you are the executor or administrator of the estate
- an affidavit of small succession stating that you are an heir
- If you are the surviving spouse or parents, a death certificate will be sufficient
- If you are a child of the deceased, a death certificate and a copy of your birth certificate

Please send completed form to:

***Acadian Ambulance Service, Inc.
Attn: Medical Records
P.O. Box 98000
Lafayette, LA 70509-8000
Email: MedicalRecords@acadian.com***

Information regarding billing inquiries should be directed to:

***Acadian Ambulance Service, Inc.
Attn: Customer Billing
P.O. Box 98000
Lafayette, LA 70509-8000
Phone (800) 259-2222
Email: PatientInquiry@acadian.com***