

Great Lakes EMS Inc. / Action Sports EMS

Patient Authorization Form (HIPAA Form)

*** Signatures Defined ***

SECTION I – PATIENT SIGNATURE

1. If the patient can sign the signature form and the patient is over 18, patient signs in section I
2. If the patient is a minor, the parent or legal guardian should sign in section I
3. If the patient signed with an X or the name is illegible ↓
A GLEMS staff member may sign as a witness in SECTION I - Ex: Name, Level, ID Number

SECTION II – AUTHORIZED REPRESENTATIVE SIGNATURE

This section is completed **ONLY** if the patient is physically or mentally incapable of signing

Check the box that indicates the circumstance making it impractical for the patient to sign

Box 1 – If the patient is over 18, and has a legal guardian, have representative check the box and sign

Box 2 – Children, spouse or an active POA for finance should check box and sign

Box 3 – POA for healthcare or other family caregiver who arranges for patient's treatment or exercises other responsibility for the patient's affairs

Box 4 – Staff member at either the sending or receiving facility that furnished care, services or assistance to the patient (i.e., MD,RN, ER staff) This box is **NOT** for GLEMS staff to check and sign

After the appropriate box is checked have the representative **sign**, **date** and **print** their name

SECTION III – AMBULANCE CREW AND RECEIVING FACILITY SIGNATURES

This section is completed **ONLY** if the patient was physically or mentally incapable of signing, **AND** no authorized representative was available to sign at the time of the service

Document: All three items below must be included in the patient narrative why the patient could not sign.

1. Document the **reason** the patient is unable to sign, i.e., unresponsive, paralyzed etc...
2. Note the **name** and **location** of the receiving facility. Also note the **time** of the signature.
3. Both A and B must be complete and legibly filled out; Signature, Date, and Printed Name and Title.