



**UNIFIED FIRE AUTHORITY  
AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION**

I \_\_\_\_\_ (Employee Name) hereby authorize the use of my health information as described in this authorization.

1. UFA has my authorization to release the status of my injury or illness through the following means of communication. **(Initials are required)**

\_\_\_\_\_ Weekly Update (Also put on UFA Website)

\_\_\_\_\_ Electronic Mail

\_\_\_\_\_ UFA Website

\_\_\_\_\_ Customer Service Communication correspondence to arrange assistance

\_\_\_\_\_ Other communication used by UFA

2. I understand that I have the right to revoke this authorization at any time by notifying Unified Fire Authority in writing at 3380 South 900 West SLC, UT 84119-4102. I understand that the revocation is only effective after it is received and logged by UFA. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation. \_\_\_\_\_ **(Initials)**
3. I understand that after this information is disclosed, federal law might not protect it and the recipient might redisclose it. \_\_\_\_\_ **(Initials)**
4. I understand that I am entitled to receive a copy of this authorization. (Available upon request)

Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_