



CITY OF CHICAGO
DEPARTMENT OF FINANCE – EMS
333 S. STATE ST. ROOM 400
CHICAGO, IL 60604-3978
(312) 745-7329

AUTHORIZATION FOR RELEASE OF INFORMATION OF AMBULANCE CHARGES

For the Use and Disclosure of Protected Health Information

Name of attorney or alleged liable party:

Street Address:

City, State, ZIP Code:

Phone number:

Claim or policy number:

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