



**Seattle Firefighters
Pension Board**

CONTACT INFORMATION AND HIPPA CONSENT - ALL QUESTIONS MUST BE ANSWERED

Name _____
Last _____ First _____ Middle Initial _____

Address _____

City _____ State _____ Zip + 4 _____
 HOME HOME
 CELL CELL

Phone (____) _____ Phone(____) _____

Birth Date _____/_____/_____ Email _____

Spouse's Full Legal Name _____

Spouse's Date of Birth _____/_____/_____ Date of Marriage _____/_____/_____

Emergency contact other than your spouse: Name _____ HOME CELL

Relationship _____ Phone (____) _____
 WORK

Email _____

In the event of your death, who should we contact: Name _____ HOME CELL

Relationship _____ Phone (____) _____
 WORK

Email _____

Do you have Medicare A & B? Yes No **If no, contact our office IMMEDIATELY!**

I certify that this information is correct, and I understand that falsification of the above information will cause the denial of payment of any medical bills.

Signature _____

Date _____

Because of government privacy guidelines referred to as HIPAA the pension office will no longer be able to discuss any concerns you may have with providers without your written permission. This also includes our office being able to discuss situations with your spouse or other family members. Since many of you have your spouse or other family members assist you in handling your medical bills, medical care, etc. we need your permission to continue handling your medical issues as we have in the past.

I hereby grant permission for the Seattle fire pension office staff to discuss my PHI (Personal Health Information) with my spouse, family members, specified contact (s) or providers to resolve billing and/or coverage issues concerning my medical situations. I also understand that I have the right to revoke, by written notification, this authorization at any time.

Signature _____

Date _____