

BAY COUNTY MEDICAL CONTROL AUTHORITY

**#0.07 – AUTHORIZATION FOR RELEASE OF INFORMATION
AND RELEASE FROM LAIBILITY**

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I, the undersigned, am the President and/or Chief Executive Officer of _____
(Service). The service has made application to Bay County Medical Control Authority (Authority) for permission to
operate a:

- _____ Basic Life Support Service
- _____ Advanced Life Support Service

with its jurisdiction.

In connection with that application the Service authorizes you to release to the Authority any and all information requested by the Authority concerning the Service as may have a bearing on the authorized, including but not limited to: Service’s professional qualifications. Licensure, disciplines and/or citations; past performance in delivering any emergency medical services; ethical and character issues; inspection and photocopying of relevant records; and service’s relationships with other such providers of the emergency medical services and health care providers.

Service hereby releases and holds all personal and entities making a good faith disclosure hereunder, as well as the Authority (and its staff and agents) in its use of this information in connection with said application.

A photostatic or facsimile copy of this release shall be considered as an original document and shall be treated in an identical fashion as an original.

Dated: _____ By: _____
Applicant

Witness