



MCFRS REQUIRED SIGNATURE MATRIX



PATIENT TRANSPORTED

PATIENT CAPABLE OF SIGNING:

TYPE OF PERSON SIGNING	SIGNATURE REASON	SIGNATURE STATUS
PATIENT	<ul style="list-style-type: none"> HIPAA ACKNOWLEDGEMENT/RELEASE AUTHORIZATION/RELEASE FOR BILLING 	SIGNED
EMS PRIMARY CARE PROVIDER (FOR THIS EVENT)	<ul style="list-style-type: none"> REPORT AUTHOR 	SIGNED
HEALTHCARE PROVIDER	<ul style="list-style-type: none"> TRANSFER OF PATIENT CARE 	SIGNED

PATIENT NOT CAPABLE OF SIGNING:

TYPE OF PERSON SIGNING	SIGNATURE REASON	SIGNATURE STATUS
PATIENT	<ul style="list-style-type: none"> HIPAA ACKNOWLEDGEMENT/RELEASE AUTHORIZATION/RELEASE FOR BILLING 	NOT-SIGNED (REASON)
EMS PRIMARY CARE PROVIDER (FOR THIS EVENT)	<ul style="list-style-type: none"> REPORT AUTHOR 	SIGNED
HEALTHCARE PROVIDER	<ul style="list-style-type: none"> TRANSFER OF PATIENT CARE 	SIGNED
EMS PRIMARY CARE PROVIDER (FOR THIS EVENT) OR PATIENT REPRESENTATIVE	<ul style="list-style-type: none"> AUTHORIZATION/RELEASE FOR BILLING 	SIGNED - NOT PATIENT

REFUSALS OR DECEASED NON-TRANSPORT

PATIENT CAPABLE OF SIGNING:

TYPE OF PERSON SIGNING	SIGNATURE REASON	SIGNATURE STATUS
PATIENT	<ul style="list-style-type: none"> HIPAA ACKNOWLEDGEMENT/RELEASE REFUSAL OF SERVICES 	SIGNED
EMS PRIMARY CARE PROVIDER (FOR THIS EVENT)	<ul style="list-style-type: none"> REPORT AUTHOR 	SIGNED
<ul style="list-style-type: none"> WITNESS; OR, POLICE OFFICER; OR, EMS CREWMEMBER (OTHER) 	<ul style="list-style-type: none"> WITNESS 	SIGNED

PATIENT NOT CAPABLE OF SIGNING (DECEASED, MINOR CHILD WITH PARENT REFUSING, PATIENT LACKS CAPACITY BUT DECISION MAKER REFUSING CARE, ETC.):

TYPE OF PERSON SIGNING	SIGNATURE REASON	SIGNATURE STATUS
PATIENT	<ul style="list-style-type: none"> HIPAA ACKNOWLEDGEMENT/RELEASE REFUSAL OF SERVICES (NOT REQUIRED FOR DECEASED-NOT TRANSPORTED) 	NOT-SIGNED (REASON)
EMS PRIMARY CARE PROVIDER (FOR THIS EVENT)	<ul style="list-style-type: none"> REPORT AUTHOR 	SIGNED
PATIENT REPRESENTATIVE	<ul style="list-style-type: none"> HIPAA ACKNOWLEDGEMENT/RELEASE REFUSAL OF SERVICES 	SIGNED – NOT PATIENT
<ul style="list-style-type: none"> WITNESS; OR, POLICE OFFICER; OR, EMS CREWMEMBER (OTHER) 	<ul style="list-style-type: none"> WITNESS (NOT REQUIRED FOR DECEASED) 	SIGNED

TREAT AND RELEASED PER PROTOCOL (VIRAL PANDEMIC LEAVE AT HOME OR TELEMEDICINE CONSULT)

PATIENT CAPABLE OF SIGNING:

TYPE OF PERSON SIGNING	SIGNATURE REASON	SIGNATURE STATUS
PATIENT	<ul style="list-style-type: none"> RELEASE AT SCENE AUTHORIZATION/RELEASE FOR BILLING 	SIGNED
EMS PRIMARY CARE PROVIDER (FOR THIS EVENT)	<ul style="list-style-type: none"> REPORT AUTHOR 	SIGNED

PATIENT NOT CAPABLE OF SIGNING:

(MUST POSSESS CAPACITY BUT MAY NOT BE PHYSICALLY ABLE DUE TO EYESIGHT OR OTHER IMPAREMENT)

TYPE OF PERSON SIGNING	SIGNATURE REASON	SIGNATURE STATUS
PATIENT	<ul style="list-style-type: none"> RELEASE AT SCENE AUTHORIZATION/RELEASE FOR BILLING 	NOT – SIGNED (REASON)
PATIENT REPRESENTATIVE OR EMS PRIMARY CARE PROVIDER	<ul style="list-style-type: none"> RELEASE AT SCENE AUTHORIZATION/RELEASE FOR BILLING 	SIGNED – NOT PATIENT MAY USE PATIENT NOT-SIGNED (REASON) IF NO REPRESENTATIVE AVAILABLE
EMS PRIMARY CARE PROVIDER (FOR THIS EVENT)	<ul style="list-style-type: none"> REPORT AUTHOR 	SIGNED