



Fort Wright Fire/EMS Patient Request for Access Form

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____ Last Date of Service: ____/____/____

Patient Rights: As a patient, you have the right to access, copy or inspect your protected health information (PHI), in accordance with federal law. You may also have the right to request an amendment to your PHI or request that we restrict the use and disclosure of it.

To better allow us to process your request, please indicate the type of request you are making on this form: [check all that apply]

- Access to simply review my health information.
- Access to obtain copies of my health information.
- Access to review and potentially request amendment of my health information.
- Access to review and potentially request an accounting of how my health information has been used and disclosed to others.
- Access to review and potentially request restrictions on the use and disclosure of my health information.

Signature of Patient _____ Request Date ____/____/____

Request received by: _____
Fort Wright Fire/EMS Representative Date Received

Proof of Identification shown: _____ Drivers License ID# _____
_____ Social Security card with photo ID
_____ Photo ID#: _____
_____ Other: _____