

North Country EMS

Patient Request for Access Form

Patient Name: _____ Date: _____

Date of Birth: _____

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 own protected health information, or 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. These rights are further described in our Notice of Privacy Practices and in other policies which you may have upon request.

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 PHI has been used and disclosed to others.

_____ Access to review and potentially request restrictions on the use and disclosure of my health information.

_____ Access to records for a minor. By filling in this blank and signing this request you are legally warranting that you have the legal right to access the medical records of the minor patient. Printed name: _____ Address if different than patient's set forth above: _____

Signature _____