

PACIFIC COUNTY FIRE DISTRICT NO. 1

REQUEST FOR PATIENT RECORDS

PO Box 890, Ocean Park, WA 98640 | P: 360-665-4451 | F: 360-665-4909

Patient Name: _____

Date of Request: _____ Time of Request: _____

Full Address: _____

Phone Number: _____

Social Security Number: _____

Date Of Birth: _____

Date of Service: _____

Patient Rights: As a patient, you have the right to access, copy or inspect your protected health information, of 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 or 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 forward copies of my health information to: _____

_____ Access to review and potentially request an 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.

_____ Patient is a Minor and Parent/Legal Guardian is requesting access.

_____ Patient is Deceased. _____ Is requesting access.
(insert relationship)

Signature: _____ Date: _____

Print Name: _____

Delivery Method: Secure Email Mail Pick-up

OFFICE USE:

Request Received By: _____

Date: _____ Time: _____

ID used for verification: _____

Request Approved: _____ Date/Time Released: _____ | Request Denied: _____