



Patient Request for Access Form

Patient Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Social Security Number: _____

Last Date of Service: _____

Patient Rights: As a patient, you have the right to access, copy or inspect your protected health information, or PHI, in accordance with federal law. You also have the right to request an amendment to your PHI, request an accounting of uses and disclosures of your PHI by New Britain EMS and our business associates, and/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 obtain copies of my health information*

___ Access to review and potentially request amendment of my health information

___ Access to review and potentially request and 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

Signature: _____ Request Date: _____

*New Britain EMS may charge a reasonable fee for copying your health information.