



Charlotte County Fire /EMS
26571 Airport Road
Punta Gorda, FL 33982
O: 941-833-5613 F: 941-833-5630

PATIENT REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

Patient's Name: _____ Date: _____
Address: _____
City, State, Zip _____ Date of Service: _____
Date of Birth: _____ Social Security #: _____

The specific information I would like to access or receive a copy of is as follows:

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

Patient Rights:

As a patient, you have the right to access 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 the use and disclosure of it. These rights are further described in our Notice of Privacy Practices and in other policies, which are available upon request.

Signature of Patient or representative: _____ Date _____

Relationship to Patient (*if representative*): _____ Date _____

Representative Name (*please print*): _____

- The patient and identification provided is true and correct.
- The patient's authorized representative, and that the identification and proof of authority that I have provided is true and correct.

NOTARIZED BY _____ ON _____ (DATE)

NOTARY PUBLIC NUMBER _____
UNOFFICIAL UNLESS STAMPED BY NOTARY PUBLIC

OFFICE USE ONLY:

INC # _____