City Of Norfolk Department of Fire-Rescue

Citizen Request for Protected Health Information Access Form

Patient Name:_____ Date of Request: _____

Date(s) of Service: _____

Incident Address: _____

Patient Social Security No.: _____ Patient DOB: _____

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 may also have the right to request an amendment to your PHI, or request we restrict the use and disclosure of it. These rights are further described in our Notice of Private Practices and 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]. Please be aware that the department has up to 30 days to comply with your request under federal law.

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

Requestor's Name (print legibly): _____

Relationship to Patient: _____

Signature: _____ Date: _____

Requestor's Address (if record is to be sent): _____

_____

Copy of requestor's photo ID must be attached.

Norfolk Fire-Rescue use only: PCR # _____