



Washington Township/Avon Fire Department

Patient Request for Access Form

**Patient information can only be released to the patient or the patient's legal guardian.

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ 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 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 which you may have upon request.

Access to obtain copies of my health information

Signature: _____ Date: _____

Printed Name: _____ Relationship to Patient: _____

INSTRUCTIONS

1. Complete entire top section.
2. Return form with original signature.
3. Enclose a photo ID
4. Enclose payment of \$10.00 Personal check, money order, or cash. Credit card payments may be made by phone.

How would you like to receive the copies of the PHI?

Mail Pick up E Mail

The following may be obtained in person at 311 Production Dr. at no cost

Access to simply review 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

