

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 Address: _____
Social Security No.: _____

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.

Signature: _____ Date: _____

Print Name Legibly: _____

Acknowledgement

State of _____

City of _____

The foregoing instrument was acknowledged before me by _____ this _____ day of _____
(name of patient/responsible party)

_____, 20 ____

My Commission Expires:

Notary Public [SEAL]