



## Patient Request for Access Form

Patient Name: \_\_\_\_\_ Last Date of Service: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Patient Rights:** As a patient, you have the right to access, copy, or inspect 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 that the Libertyville Fire Department restricts the use and disclosure of it. These rights are further described in our Notice of Privacy Practices and in other policies, which you may review 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 simply review my health information.

Access to obtain copies of my health information.      Number of copies: \_\_\_\_\_

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.

I would like to electronically receive the requested information via the email address listed above.

*or*

I would like to pick up the requested information in person at the Libertyville Fire Department (1551 N Milwaukee Ave, Libertyville, Illinois, 60048).

**Signature of patient:** \_\_\_\_\_

Request Date: \_\_\_\_\_