

Patient Request for Access to Protected Health Information

Important Notice and Rights

Right to Request Access to Your PHI and Our Duties:

You (or your authorized representative) have the right to inspect or obtain a copy of your protected health information ("PHI") that we maintain in a designated record set. If we maintain your PHI in electronic format, then you also have a right to obtain a copy of that information electronically. In addition, you may request that we transmit a copy of your PHI directly to another person and we will honor that request when required by law to do so. Requests to transmit PHI to another party must be in writing, signed by you (or your representative), and clearly identify the designated person to whom the PHI should be sent, and where the PHI should be sent.

Generally, we will provide you (or your authorized representative) access to your PHI within thirty (30) days of your request. We may verify the identity of any person who requests access to PHI, as well as the authority of the person to have access to the PHI by asking the requestor to provide the patient's social security number, date of birth, legal authority to act on behalf of the patient (such as a power of attorney) or other information necessary to verify that the requestor has the right to access PHI. In limited circumstances, we may deny you access to your PHI, and you may appeal certain types of denials. We may also charge you a reasonable cost-based fee for providing you access to your PHI, subject to the limits of applicable state law.

Patient Information

Patient Name:

Date of Birth:

Street Address:

City: **State:** **Zip Code:**

Email:

Phone:

Request for Access to PHI

Below, please describe the PHI that you are requesting access to with as much specificity as possible. Specify dates of service and other details that will allow Montgomery County Emergency Medical Services to accurately and completely fulfill your request.

Specify How You Would Like Us to Provide Access

Please check all that apply and fill out the requested information where indicated.

Please provide me with a copy of my PHI.

Mail. Please send a copy of my PHI to me at the following address.

Email. Please email a copy of my PHI to the following email address.

Pickup in office.

Please send a copy of my PHI to the following party at the following mailing address or email address.

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Continuation of delivery instructions, authorization, and requestor information

I would like to inspect a copy of my PHI at Montgomery County Emergency Medical Services' place of business (Montgomery County Emergency Medical Services will arrange a convenient time and place for you to inspect a copy of your PHI during normal business hours).

Delivery and Inspection Details

Mailing Address Street:

Street Address:

City: **State:** **Zip Code:**

Email Address:

Designated Party:

Designated Party Street:

Street Address:

City: **State:** **Zip Code:**

Designated Party Email Address:

Authorization

Signature of Patient (Personal Representative):

Date:

Requestor Information (if requestor is different from patient)

Name:

Relationship to Patient (parent, legal guardian, etc.):

Street Address:

City: **State:** **Zip Code:**

Required Documentation

If you are signing as a power of attorney, legal guardian, executor or administrator, etc., please attach a copy of legal documentation which provides your authority to act as the patient's Personal Representative.

Contact Information

Montgomery County EMS
 601 Dunlop Lane
 Clarksville, TN 37040
 Office: (931) 648-5737
 Fax: (931) 645-5702