



CITY OF COVINGTON FIRE/EMS AMBULANCE

PATIENT REQUEST FOR ACCESS FORM

100 E. Robbins St., Covington, KY 41011 Phone: 859-292-2340 Fax: 859-431-3315

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 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 and in other policies which you may have upon request.

Patient Information

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____ - _____ - _____

Date of Service: _____

Preferred Method of Delivery: Pick up copies Send copies via U.S. Mail

Email: _____

Patient 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.

Access to review and potentially request amendment of my health information.

Access to review and potentially request an accounting of how my health information has been used and disclosed to others.

Access to review and potentially request restrictions on the use and disclosure of my health information.

Signature: _____ Request Date: _____

Official Use Only

Received By: _____ Date Received: _____

Response Sent: _____