

**Catawba County Emergency Medical Services**

**Patient Request for Access to Protected Health Information**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Social Security No.: \_\_\_\_\_

*Patient Rights:* As a patient, you have the right to access, copy or inspect your PHI, amend your PHI, request an accounting of the uses and disclosures of PHI for the last six (6) years prior to the date of the request but no earlier than July 2003 from Catawba County EMS, and to request restrictions on the uses and disclosures of your PHI. Catawba County EMS is not required to agree to any restrictions requested by the patient; however any restrictions agreed to by Catawba County EMS are binding on Catawba County EMS.

Please indicate your request.

\_\_\_\_\_ Access/Review of information

\_\_\_\_\_ Copied information

\_\_\_\_\_ Access or Review/Request for Amendment followed

\_\_\_\_\_ Access or Review/Request for Accounting followed

\_\_\_\_\_ Access or Review/Request for Restrictions followed

Signature \_\_\_\_\_ Request Date \_\_\_\_\_