Adams County Fire Protection District

6400 Franklin St. Denver, CO 80229 303-539-6800 www.acfpd.org

Adams County Fire Rescue
Patient Request for Access to Protected Health Information

Patient Name: _____Phone:_____

Street Address: _____

City: _____State: _____ Zip Code: _____

Email: _____Date of Birth: _____

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 Adams County Fire Rescue 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:

Street: _____

City: _____State:_____ Zip Code: _____

Format (paper copy, digital copy on a disc, etc.):

_____

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____ **Email.** Please email a copy of my PHI to the following email address in the specified format:

Email address: _____

Format (PDF, Word, etc.):_____

____ Please transmit a copy of my PHI to the following party at the following mailing address or email address in the specified format:

Designated Party: _____

Street: _____

City: _____State:_____ Zip Code: _____

Email address: _____

Format (Paper, PDF, Word, etc.):_____

____ I would like to inspect a copy of my PHI at Adams County Fire Rescue's place of business (Adams County Fire Rescue will arrange a convenient time and place for you to inspect a copy of your PHI during normal business hours)

Signature of Requestor: _____ ***Request Date:*** _____

Requestor Information (if requestor is different from patient):

Name: _____

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

Street Address: _____

City: _____State: _____ Zip Code: _____