

Individual Request for PHI

This form constitutes an Individual's request for PHI (PHI) held by Washington County Ambulance Service. To obtain your PHI this form must be filled out in its entirety.

Name: (First/Middle/Last) _____

Address: (Street/City/State/Zip code) _____

Date of Birth: (Month/Day/Year) _____

Social Security Number: _____ Date of Request: _____

I REQUEST WASHINGTON COUNTY AMBULANCE TO PROVIDE ME ACCESS TO THE FOLLOWING PHI ABOUT ME:

- Mental Health Records
- Medical Records
- Billing Records
- Other _____

I REQUEST ACCESS TO MY PHI FOR THE DATES COVERING THE FOLLOWING TIME PERIOD(S):

From: (Month/Day/Year) _____ to: (Month/Day/Year) _____

I WOULD LIKE TO OBTAIN THE REQUESTED PHI IN THE FOLLOWING FORMAT:

- Electronic sent to the following address: _____
- Hardcopy sent to the following address: _____
- Other: _____
- On-site inspection

I UNDERSTAND WASHINGTON COUNTY MAY CHARGE A REASONABLE FEE FOR THE COSTS OF COPYING, MAILING OR OTHER SUPPLIES ASSOCIATED WITH MY REQUEST.

Signature of Individual

Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE

Signature of Personal Representative

Date

Legal Authority of the Personal Representative