



Tacoma Fire Department Patient Request for Access Form

Patient Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Last Date of Service: _____

Location of Service: _____

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 request 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.

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 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 PHI has been used been used and disclosed to others.

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

Access to health information for someone other than myself.

Signature _____ Request Date _____

**PICTURE IDENTIFICATION MUST BE PROVIDED
IN ORDER TO RECEIVE A COPY OF YOUR REPORT.**

FOR OFFICE USE ONLY

Incident # _____ Incident date _____

- Privacy officer/designee - authorization to release copy of EPCR to the patient
- EPCR provided to patient

_____ Privacy Officer Approval (as necessary)