ACCESS TO PROTECTED HEALTH INFORMATION

Evergreen Fire Protection District
1802 Bergen Parkway
Evergreen CO 80439
Phone: (303)679-4747 Fax: (303)674-8701

The Health Insurance Portability and Accountability Act of 1996 requires that we protect the privacy of your protected health information (PHI). You have a right to request a copy of your protected health information contained in a designated record set and held by the Evergreen Fire Protection District. As a patient, you have the right to access, copy or inspect your 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* which you may have upon request.

PATIENT INFORMATION:

Name: ______________________ SS#: ______________________

Date of birth: ______________________ Phone: ______________________

Address: ____

______________________________ Date of Service: ____________

By signing this form, I authorize the release of information including the diagnosis, examination rendered to me and claims information:

Patient Signature: ______________________________ Date: ____________

Legal representative of the Patient:

Your Relation to the Patient: ______________________________

Your Name: ______________________ Phone: ____________

Address: ____

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By signing this form, I represent that I am the legal representative of the Patient identified above and will provide written proof (e.g., Power of Attorney, living will, guardianship papers, etc. if required.) that I am legally authorized to act on the Patient's behalf with respect to this authorization form.

Signature of Legal Representative:

____ Date: __________

FOR INTERNAL USE ONLY

Date received: ____________________ Reviewed by: ____________________