

Twin City Ambulance, Corp.

555 Commerce Drive, Amherst, New York 14228

Emergency Calls (716) 692-2100 • Business Calls (716) 692-2342 • Fax (716) 625-1077

Patient Request for Access to Protected Health Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Patient Name: _____

Relationship to Patient: _____

If applicable, reason patient cannot request records his or her self:

Records Time Frame:

- Date(s) of Service: _____
- No Specific Date - I am requesting ANY and ALL available records Twin City Ambulance has on file as of this form date.

Patient Rights: As a patient, you have the right to access, copy, or inspect your protected health information ("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 your PHI. These rights are further described in our Notice of Privacy Practices and in other policies which will be provided upon your request.

To allow us to process your request, please indicate the type below of request you are making: [Check all that apply.]

- _____ Access to simply 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 and disclosed to others.
- _____ Access to review and potentially request restrictions on the use and disclosure of my health information.

You may obtain copies of your records via the options below. If you request to only review your records, not obtain any copies, this must be done in our local office. If you decide not to retrieve your records in person at our local office, this form must be notarized to confirm your

identity. Additionally, if you are not the patient, please provide any paperwork that confirms your ability to act on behalf of the patient.

I would like to obtain these records:

- In person at your office. You will be contacted in order to set up a date and time in order fulfill your request.
- Via US Mail. Address: _____
- Via secure e-mail. Email address: _____

Signature _____ Date _____

TCA Rep Signature: _____ Date: _____

Copies of Relevant Identification Information (attached):

- Driver's License
- HCP / POA / Executor Identification
- Death Certificate
- Other: _____

NOTARY:

State of New York)
SS: _____

County of _____)

On this ___ day of _____, _____, before me personally came _____, to me known and to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

AFFIX STAMP or SEAL BELOW:

Notary Public