



Request for Incident Records

Date of Incident:

Incident Location:

Contact Information of Person Making Request

Name:

Phone:

Address:

City:

State:

Zip Code:

Company / Organization:

Email Address:

Information Requested

Purpose of Request

Relationship to Incident

Fire Incident Report

Property Owner

Property Occupant

Insurance Payer

Investigator

Law Enforcement

Other: _____

Relationship to Patient

Patient Care Report

Patient (Self)

Parent of Minor Patient

Legal Representative

Billing Report

Guardian of Minor Patient

Insurance Payer

Patient Name:

Date of Birth

Address

City

Phone Number:

State

Zip

Other:

Specify How You Would Like us to Provide Access to the Information You are Requesting:			
<input type="checkbox"/> In Person		<input type="checkbox"/> Access for Inspection Only	
<input type="checkbox"/> Mail to:	Address (Same as Requestor Contact on page 1 <input type="checkbox"/>)		
	City	State	Zip
<input type="checkbox"/> Email to:	Email Address		
<input type="checkbox"/> Fax to:	Fax Number		
<input type="checkbox"/> Transmit to Another Party	Name		
	Address		
	City	State	Zip

Fire Incident Reports

We will process your request and provide the information within 15 business days, provide a time frame in which the information will be provided, or a response indicating why the request is being denied.

Right to Request Access to Your Protected Health Information (PHI) and Our Duties:

You (or your authorized representative) have the right to inspect or obtain a copy of your protected health information (“PHI”) that we maintain in a designated record set. If we maintain your PHI in electronic format, then you also have a right to obtain a copy of that information electronically. In addition, you may request that we transmit a copy of your PHI directly to another person and we will honor that request when required by law to do so. Requests to transmit PHI to another party must be in writing, signed by you (or your representative), and clearly identify the designated person to whom the PHI should be sent, and where the PHI should be sent.

Generally, we will provide you (or your authorized representative) access to your PHI within thirty (30) days of your request. We may verify the identity of any person who requests access to PHI, as well as the authority of the person to have access to the PHI by asking the requestor to provide the patient’s social security number, date of birth, legal authority to act on behalf of the patient (such as a power of attorney) or other information necessary to verify that the requestor has the right to access PHI. In limited circumstances, we may deny you access to your PHI, and you may appeal certain types of denials. We may also charge you a reasonable cost-based fee for providing you access to your PHI, subject to the limits of applicable state law.

Signature of Requestor: _____ Date of Request: _____