



# **MCMINNVILLE FIRE DISTRICT**

175 NE First Street McMinnville, Oregon 97128 Phone 503.435.5800

## **Patient Request for Access to Protected Health Information**

Patient Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Government ID: \_\_\_\_\_ Date(s) of Ambulance Service: \_\_\_\_\_

(a copy is needed for patient identification purposes)

**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 it. These rights are further described in our Notice of Privacy Practices and in other policies, which you may have upon request.

Please indicate how you would like the requested information to be sent:

Mail (provide mailing address if different from above)

\_\_\_\_\_  
 Email \_\_\_\_\_ I understand that transmission via email is unsecured and that McMinnville Fire District is not responsible for a disclosure of PHI while in transit to the designated third party, including any breach notification obligations that would otherwise be required. Initial: \_\_\_\_\_

Pick up in person at the Fire Station. Please call to make arrangements for pick up.

Signature \_\_\_\_\_ Request Date \_\_\_\_\_

Print Name \_\_\_\_\_

If not signed by subject of disclosure, specify basis for authority to sign:

Parent of a minor       Guardian       Other Personal Representative  
(explain) \_\_\_\_\_

Please return to: McMinnville Fire District  
175 NE 1<sup>st</sup> Street  
McMinnville, OR 97128