



**Bangs Ambulance, Inc.**  
**607-277-4911**

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

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient's Full Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_ Verification of patient's identity (gov't issued photo ID) attach a copy

\_\_\_ Verification of patient's personal representative (gov't issued photo ID & authority document) attach a copy.

**Right to Request Access to your 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 the right to obtain a copy electronically. In addition, you may request that we transmit a copy of your PHI 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 it 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). In limited circumstances, we may deny access to your PHI, and you may appeal certain types of denials. We may also charge a reasonable cost-based fee for providing access to your PHI, subject to the limits applicable by state law.*

**Below, please tell us what PHI you are requesting access to. Specify dates of service and other details that will allow Bangs Ambulance to accurately and completely fill your request:**

\_\_\_ Patient Care Report for the following date of service: \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

**Specify how you would like us to provide access:**

\_\_\_ Please provide me with a copy of my PHI, I will pick up during normal business hours.

\_\_\_ Please mail a copy of my PHI to me at the above address

\_\_\_ Please mail a copy of my PHI to the following address:

Company: \_\_\_\_\_ Attention: \_\_\_\_\_

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

\_\_\_ Please fax a copy of my PHI to the following fax number: \_\_\_\_\_

\_\_\_ Please send to my PHI by email to the following email: \_\_\_\_\_

\_\_\_ I would like to inspect a copy of my PHI, please arrange a time with us during business hours

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of requestor: \_\_\_\_\_