

# Prosper Fire Rescue

## PATIENT'S REQUEST REGARDING PROTECTED HEALTH INFORMATION (PHI)

**TO: Prosper Fire Rescue**

**I am a patient who has received your services. I have a right under the Health Insurance Portability and Accountability Act of 1996 to inspect or copy my records, to amend them, to ask for restrictions on their use, and to ask for an accounting of your disclosures of my PHI for the 6 years preceding this request beginning on April 14, 2003. Prosper Fire Rescue is not required to agree to restrictions I request, but if Prosper Fire Rescue does agree, Prosper Fire Rescue must follow those restrictions. If Prosper Fire Rescue does refuse, Prosper Fire Rescue must tell me why they refused and tell me what my rights to appeal are. Prosper Fire Rescue also does not have to provide complete access to my records under certain provisions of the HIPAA law, but if Prosper Fire Rescue does deny me access they must tell me why and explain my rights to appeal.**

**Here is what I am requesting of you:**

- Access to my records
- Copies of my records
- Confidential communications

**Address to be used:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

- Restrictions on use of my PHI
- Accounting of disclosures of my PHI
- Amendment of my records

**Describe requested restrictions or amendments here, or attach pages showing the requested restrictions or amendments:**

---

---

---

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date of Request**

\_\_\_\_\_  
**Printed Name and Address**

\_\_\_\_\_  
**Telephone Number:**

\_\_\_\_\_  
**Email address:**