



ST. JOHNS COUNTY, FLORIDA

Board of County Commissioners

FIRE RESCUE

3657 GAINES ROAD
SAINT AUGUSTINE, FLORIDA
32084-6565

PHONE: (904) 209-1730
FAX: (904) 209-1739

EMS BILLING OFFICE

PATIENT REQUEST FOR PROTECTED HEALTH INFORMATION (PHI)

Please complete form and attach LEGIBLE copy of Patient's Driver's License
Phone 209-1730, if any questions

Authorized person requesting PHI must ALSO provide LEGIBLE copy of their own Driver's License and (1) Power of Attorney or (2) signed and dated letter from patient or (3) Personal Representative paperwork if patient is deceased. (Copy of death certificate is not acceptable).

Patient Name _____ Date of Birth: _____

Date of Service _____ Run# _____ SS# _____

Address (at time of service) _____

City/State/Zip _____ Phone _____

Your Printed Name (if different from above) _____

Relationship to Patient _____ Your Phone _____

Are you the legal "Next of Kin"? _____ Do you have legal Power of Attorney? _____

If requesting for a minor, are you the Legally Appointed Guardian? _____

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.

To better allow us to process your request, please indicate the type of request you are making (check all that apply):

To obtain copies of (my) health information.

To review and potentially request amendment of my health information.

To review and potentially request an accounting of how my PHI has been used and disclosed to others.

To review and potentially request restrictions on the use and disclosure of my health information.

Signature: _____ Request Date _____