

Southwest Shiawassee Emergency Services Alliance
Serving Residents as Perry Area Fire Rescue
145 S Main Street
Perry, Michigan 48872

Patient/Next of Kin Request for Access to PHI Form

Patient Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Patient Rights: As a patient/Next of Kin, you have the right to access, copy or inspect your protected health information, or 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. You also have the right to receive the PHI in an electronic format and/or at a location other than your residence. These rights are further described in our Notice of Privacy Practices.

To better allow us to process your request, please indicate the type of request you are making on this form:
[check all that apply]

- Access to simply review my health information.
- Access to obtain copies of my health information.
- Access to review and potentially request amendment of my health information.
- Access to review and potentially request an accounting of how my PHI has been used and disclosed to others.
- Access to review and potentially request restrictions on the use and disclosure of my health information.

Signature _____ Request Date _____

Relationship to Patient: Self Spouse Child Power of Attorney Other: _____

PHI is being requested for the following date(s) of service: _____

I am requesting that PHI be sent in the following format: Electronic via Email Paper via Fax
 Paper via Mail

Please provide the necessary information for the PHI format you requested:

Email address: _____ Fax Number: _____

Mailing address: _____
Address City State Zip Code

Return form via email to: wjackson@perryareafirerescue.com Via Fax to: 941-723-1926
or via mail to: PO Box 63 Perry, Michigan 48872

Please note, that returning the form via email or fax will result in a faster processing time.