

**Livingston County EMS
Patient Request for Access to Protected Health Information**

Patient Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

S.S.N.: _____ Email: _____

Patient Rights:

You have the right to inspect or obtain a copy of your protected health information (“PHI”) in accordance with HIPAA. This means that you have a right to access all information that we keep in a designated record set. If we keep your medical information in an electronic health record, you have the right to obtain a copy of that information in an electronic format and Livingston County EMS will transmit an electronic copy directly to you or another person designated by you, so long as you make a clear, conspicuous, and specific indication in writing to us that you would like us to do so.

We may charge you a reasonable fee for you to copy any medical information that you have the right to access. If the information is in electronic format, we will not charge you more than our labor costs in responding to the request. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

Below, please describe the information that you are requesting access to or a copy of with as much specificity as possible. Specify dates of service and other details that will allow Livingston County EMS to accurately and completely fulfill your request. Additionally, please indicate whether you would like Livingston County EMS to make a copy of the PHI for you or transmit an electronic copy to you or another designated party. Then, sign and date your request.

Signature: _____ *Request Date:* _____

(Copy of driver’s license attached)