

VILLAGE OF HINSDALE
Patient Request for Access Form

Hinsdale Fire Department
Medical Records Officer
121 Symonds Drive
Hinsdale, Illinois 60521
Phone: (630) 789-7060
Fax: (630) 789-1895

Patient Name: _____

Address: _____

City _____ State _____ Zip Code _____

Phone _____ Date of Birth _____

Date of Incident: _____

This is to authorize the Village of Hinsdale to release a copy of the above-referenced report.

To:

Person/Institution _____

Address _____

City _____ State _____ Zip Code _____

Purpose of Request: Review Only: _____ Obtain Copies: _____

Patient Rights: As a patient, 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. These rights are further described in our Notice of Privacy Practices and in other policies, which you have upon request.

I understand that my records are protected and cannot be disclosed without my written consent unless otherwise provided for in the law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically 90 days after signing.

Date: _____ Signed: _____
Patient

Signed: _____
Parent/Legal Guardian (circle one)

Signed: _____
Executor of Estate (if patient deceased)

Signed: _____
Witness (signature attesting to identity of above)

CERTIFICATION OF INTERPRETATION

I certify that I have read the foregoing to the signer hereof in the _____ language.

Signed: _____
Interpreter