



## Patient Request for Access

**Abingdon Volunteer Fire and Rescue, Inc.**

### Patient Request for Access to Protected Health Information

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Secure Fax Number: \_\_\_\_\_

*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 may have upon request.

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.

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

Copy of Identification Provided or Seal of Notary Public Applied.

\_\_\_\_\_  
Notary Signature



## **Patient Request for access to Protected Health Information**

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### **Local Residents and Visitors**

Local resident and visitor requests for documents must be made in person at AVFR's Station 3, 2676 Hayes Road, Hayes, VA 23072. Business hours are Monday – Thursday, 8:00 a.m. to 4:30 p.m. Please call 804-642-2360 if alternative dates/times are necessary.

**Patient must provide proof of Identification with photo ID.**

### **Out of State and Other Requests**

If you are not a local resident and are requesting a copy of your documents, please complete page 1 of the request form. You must also have the request signed by a Notary Public with an official Seal applied on page 1. Mail the completed request form to:

Abingdon Volunteer Fire and Rescue, Inc.  
PO Box 9  
Bena, VA 23018

If you have any questions regarding the process to obtain a copy of your Abingdon Volunteer Fire and Rescue, Inc. transport record, please call admin at 804-642-2360 between 8:00 am and 5:00 pm, Monday through Thursday.