Patient's Request for Uses and Disclosures of Protected Health Information

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____

Patient Rights: As a patient, you have the right to access, copy or inspect your PHI, amend your PHI, request an accounting of the uses and disclosures of PHI for the last six (6) years, prior to the date of the request but no earlier than July 2003, from Catawba County EMS, and to request restrictions on the uses and disclosures of your PHI. Catawba County EMS is not required to agree to any restrictions requested by the patient, however any restrictions agreed to by Catawba County EMS are binding on Catawba County EMS.

Signature _____ *Request Date* _____

List of Uses and Disclosures

Date	Name/Address of Recipient	Brief Description of Use or Disclosure
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____