



Patient Request for Access

York County Department of Fire & Life Safety

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



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York County Department of Fire & Life Safety

Local Residents and Visitors

Local resident and visitor requests for documents must be made in person at the York County Public Safety Building, Department of Fire & Life Safety, 301 Goodwin Neck Road, Yorktown, VA 23692. Business hours are Monday – Friday, 8:30 a.m. to 4:30 p.m.

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:

Clinical Care Coordinator
York County Department of
Fire & Life Safety
P.O. Box 532
301 Goodwin Neck Road
Yorktown, VA 23690-0532

If you have any questions regarding the process to obtain a copy of your York County EMS Transport Record, please call the Clinical Care Coordinator at 757-890-3600 between 8:15 am and 5:00 pm, Monday through Friday.