Canyon County Ambulance District

6116 Graye Lane · Caldwell, ID 83607 · (208) 795-6930 · Fax (208) 795-6931

Patient Financial Services

Patient/Representative Request for Access

Patient Name:____**Date:**_______________________

Address: ____

City: __________________________ **State:**___________________ **Zip Code:**______________________

Social Security Number: __________________________________**Date of Service**: _________________

Patient Rights: As a patient or appropriate representative/guardian of the patient, you have the right to access, copy, or inspect the patients protected health information (PHI) in accordance with federal law. You may also have the right to request an amendment to the patients PHI, or request that Canyon County Ambulance District 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 obtain on request.

If you are not the patient you must complete the section below verifying your name, address, and reason for which you are requesting access to this information.

Guardian/Representative's Name:____

Address: ____

City: __________________________ **State:**___________________ **Zip Code:**______________________

Relation to Patient: ______________________________________

Reason for Request:____

Requested Deliver Method:

Pick Up at CCAD Administration Office (CMS Recommended)

U.S. Mail to: ____

Email to: ____

Proper identification (ex: Drivers License, Marriage/Death Certificate, or Legal Power of Attorney) must be submitted along with this form to be complete.

____________________________________ ________________

Patient/Guardian/Representative Signature Date

____________________________________ ________________

Authorized P.F.S Associate Date