

City of Thornton Fire Department | 2300 Thornton Parkway | Thornton, CO 80229 303-538-7602 | FireDept@ThorntonCO.gov | ThorntonCO.gov

Request to Access, Amend, Restrict, or Account for Protected Health Information (PHI)

Patient Name:_____

Address:_____

Requesting Party:

Address:

Which option are you requesting?

To Access existing Protected Health Information of the above patient for the time frame of ______ for the following reasons:

□ To Amend existing Protected Health Information in the following manner:

- □ To Restrict the usage and disclosure of your Protected Health Information in the following manner:
- □ To receive an accounting of the usage and disclosure of your Protected Health Information for the following time frames:

Signature:	Request Date:
Received by:	Receipt Date:

Patient Rights: As a patient, you have the right to access, copy or inspect your PHI, amend your PHI, request and accounting of the uses and disclosures of PHI for the last six (6) years prior to the date of the request from *Thornton Fire Department*, to amend your PHI and to request restrictions on the uses and disclosures of your PHI. *Thornton Fire Department* is not required to agree to any restrictions requested by the patient, however any restrictions agreed to by *Thornton Fire Department* are binding on *Thornton Fire Department*.

Thornton Fire Department must respond to your request to access PHI within 30 calendar days for PHI maintained on site, or 60 calendar days for PHI maintained at an off-site storage facility. *Thornton Fire Department* must respond within 60 calendar days of your request to amend, restrict or account for PHI. In the event that an extension for an additional 30 calendar days is warranted, you will receive written notice explaining the reasons for the delay and the date by which you can expect action to be taken on the request.