Fitch-Rona EMS District
101 Lincoln Street
Verona, WI 53593

Privacy Officer
Jeff Dostalek
101 Lincoln Street
Verona, WI 53593
(608)275-7148
FAX (608) 845-2405

HIPAA Privacy Rights Request Form

PATIENT INFORMATION

Name (Last, first, middle initial) _____ Date _____

Street address, City, ST, ZIP Code _____ Social Security # or Patient ID _____

Primary phone number | Other phone number _____ Email address _____

If other than patient:

Name (Last, first, middle initial) _____

Street address, City, ST, ZIP Code _____

Relationship: _____Patient is: □ Minor □ Incompetent/Incapacitated □ Deceased

Legal Authority: □ Legal Guardian □ Parent of Minor □ Spouse of Deceased □ POA □ Police Investigation

Health Care Agent _____

Personal Representative of Deceased / Other: _____

Information to Be Disclosed:

☐ EMS Report(s) ☐ Ambulance bill(s)

Type of Request

☐ Access/copy ☐ Amendment ☐ Restriction
☐ Confidential communication ☐ Accounting of disclosures ☐ Complaint

Please describe nature of action requested (type of information requested; nature of amendment, restriction, alternative communication, or complaint, etc.) **in detail**.

_____

_____

Patient/POA Name _____

Patient / POA Signature _____

Patient or Power of Attorney (POA) must sign for release of documentation. If POA is requesting the report, a copy of the

Date of Signature _____

Notarized by _____

My commission expires on: _____

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Please list Fitch-Rona EMS District staff member(s) that were contacted regarding this matter:

Name

Date

Name

For Administrative Use Only:

Action taken

Action Taken

Signature

Privacy Official signature

Date

Attach additional documentation, if applicable.