

Pleasantview Fire Protection District Freedom of Information Act Policy

FORM 9

PLEASANTVIEW FIRE PROTECTION DISTRICT
1970 PLAINFIELD ROAD
LAGRANGE HIGHLANDS, IL 60525

REQUEST FOR INSPECTION/COPY OF PROTECTED HEALTH INFORMATION

REQUEST SECTION

As required by the Health Information Portability and Accountability Act of 1996 you have a right to request the opportunity to inspect and copy health information that pertains to you. Pleasantview will evaluate your request and will either grant it or explain the reason why the request will not be granted. In the event that your inspection request is not granted you may request that the decision be reviewed by someone other than the person who originally denied the request.

_____ I, (patient name)_____ hereby request to inspect (view) the health information pertaining to me maintained at Pleasantview Fire Protection District listed below.

_____ I, (patient name)_____ hereby request to obtain a copy of the health information pertaining to me maintained at Pleasantview Fire Protection District listed below. I understand that I will need to pay the required fee established by the Pleasantview Fire Protection District before the copy of this information is released.

Note: This form must be signed by the patient or legal guardian and notarized.

Signature of Patient

Date