



Charlotte County Fire/EMS
26571 Airport Road
Punta Gorda, FL 33982
Phone: 941-833-5600
Fax: 941-833-5630
www.charlottecountyfl.gov

PATIENT'S REQUEST FOR MEDICAL RECORDS (Protected Health Information/PHI)

Please provide the following information about the person ("Patient") whose records are requested to be disclosed

Patient's Name: _____ Patient's Date of Birth: _____
Date(s) of Incident: _____ to _____

Please check the type of medical information you are requesting:
___ Ambulance Run Report ___ Billing Statement

Preferred Method of Delivery (please choose one):

___ Mail (please provide address): ___ Pick up in person (at Charlotte County Fire/EMS address above)

___ Fax #: _____

___ E-mail Address: _____
(e-mail will be sent encrypted for privacy)

Signature of Patient or *Representative: _____ Date Signed: _____

Please Print Name *if Representative: _____

Relationship to Patient *if Representative: _____

*If you are a legal representative of the person whose information you are requesting, you must provide documentation proving your legal authority to request this information (for example: Power of Attorney, Healthcare Surrogate form, appointment of a legal guardianship, legal order of appointing personal representative, letter of administration)

Patient Rights: As a patient, you have the right to access, copy or inspect your protected health information (PHI) in accordance with Federal Law. You may also have the right to request an amendment to your PHI or request 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.

Notary Information:

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this ___ day of _____, 20__.

Notarized by (printed name): _____

Notary's Signature: _____

SEAL/STAMP:

___ Personally known or ___ Produced Identification

Type of identification produced: _____