KUNA RURAL FIRE DISTRICT
MEDICAL RECORDS ACCESS REQUEST

You have the right to access most of the medical information about you that the Kuna Rural Fire District maintains. We will normally provide you access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

Please complete the following form. This information will be used to determine accessibility to the requested record. You will be notified in writing of the result of this request within 30 days of the receipt of the request by the KRFD HIPAA Privacy Officer.

Requestor:

Name: ______________________________ Date:

Address: ______________________________

Relationship to the Patient: ______________________________

Signature: ______________________________

If the requestor is anyone other than the patient, please attach proof of Power of Attorney or other legal documentation showing your right to access.

Requesting Records For:

Name: ______________________________

Address: ______________________________

Date of Birth: ______________________________

Incident Date: ____________________ Incident Type: __________

Incident Location: ______________________________

Access Type:

_________ View Only _________ View and Copied/Mailed

Purpose:

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For HIPAA Privacy Officer:

______________________________ ______________________________

Signature Date Received

_____ Copy of valid Photo Identification on file

_____ Access Approved ___ / ___ / ___ _____ Access Denied ___ / ___ / ___

_____ Approval Letter Sent ___ / ___ / ___ Grounds:________________________

Approval Expires ___ / ___ / ___ _____ Denial Letter Sent ___ / ___ / ___

Kuna Rural Fire District
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