



Mt. Hope-Funks Grove Fire Protection District

209 S. Hamilton St. McLean, IL 61754
309.874.2532

Patient Request for Access Form

Patient Name: _____ Date of Service: _____
Address: _____ Date of Birth: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____

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 that the Mt. Hope-Funks Grove FPD restricts the use and disclosure of it. These rights are further described in our Notice of Privacy Practices and in other policies, which you may review upon request.

To better allow us to process your request, please indicate the type of request you are making on this form (check all that apply):

Obtain copies of my health information for above date of service.

Release of Records to _____ for above date of service (Release expires 30 days from request.)

I would like to electronically receive the requested information via the email address listed above.

or

I would like to pick up the requested information in person at the Mt. Hope-Funks Grove FPD (209 S. Hamilton St., McLean, Illinois, 61754).

Signature of Patient: _____ **Date:** _____

Relationship of Patient: _____