



EMS

Issued: 04/28/2020
Revised: 11/01/2024
Reviewed: 10/10/2024

SOG 400.0.00

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Privacy Policies and Procedures

INDIVIDUAL REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION FORM #3

Privacy Compliance Officer:

Terrell Fire Department:

**Joshua McKenzie
150 9th St.
Terrell, Texas 75160**

Requester's Name & Address:

Note: City of Terrell must permit an individual to request access to inspect or to obtain a copy of the protected health information about the individual that is maintained in a designated record set. This request must be acted upon within 30 days of receipt by the Terrell Fire Department and you will be contacted in writing, describing the reason for the delay and the date it will complete action on the request.

In addition, the Terrell Fire Department may provide you with a summary of the protected health information requested, in lieu or providing access to the protected information or may provide an explanation of the protected health information to which access has been provided. Terrell Fire Department may impose a reasonable, cost-based fee, which includes cost of copying, postage, preparing an explanation or summary of the protected health information.

By signing below, I am agreeing to above conditions

Signature of Individual requesting information _____ Date _____



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Format of information:

- ☐ Paper copy
- ☐ Electronic file
- ☐ Floppy disk
- ☐ Other _____

Description of information requested: _____

- ☐ **Request Accepted**
- ☐ **Request Denied**

Copies of the records may be picked up at the business office of the Terrell Fire Department

Privacy Compliance Officer

Dated _____