



## South Salt Lake Fire Department

### Patient Authorization to Access Protected Health Information

#### Patient Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

You (or your authorized representative) have the right to inspect or obtain a copy of your protected health information ("PHI") that we maintain in a designated record set. If we maintain your PHI in electronic format, then you also have a right to obtain a copy of that information electronically. In addition, you may request that we transmit a copy of your PHI directly to another person and we will honor that request when required by law to do so. Requests to transmit PHI to another party must be in writing, signed by you (or your representative), and clearly identify the designated person to whom the PHI should be sent, and where the PHI should be sent. Generally, we will provide you (or your authorized representative) access to your PHI within ten (10) days of your request. We may verify the identity of any person who requests access to PHI, as well as the authority of the person to have access to the PHI. We may do this by asking the requestor to provide the patient's social security number, date of birth, legal authority to act on behalf of the patient (such as a power of attorney), or other information necessary to verify that the requestor has the right to access PHI. Please submit a copy of your photo ID with your request. In limited circumstances, we may deny you access to your PHI and you may appeal certain types of denials. We may also charge you a reasonable cost-based fee for providing you access to your PHI, subject to the limits of applicable state law.

Below, please describe the PHI that you are requesting access to, with as much specificity as possible. Specify dates of service and other details that will allow the South Salt Lake Fire Department to accurately and completely fulfill your request.

Date of Incident: \_\_\_\_\_ Incident #: \_\_\_\_\_  
Incident Location: \_\_\_\_\_

Which records are you asking for?

- ☐ **Medical Record**  
☐ **Billing Records**  
☐ **Other:** Please describe briefly, what you are requesting

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How would you like receive this information:

- ☐ **Standard Mail**  
☐ **Pick up in Person**  
☐ **Email**

If you want to send the PHI to a third party, please fill out the information below:

**Designated Party:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

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**I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be subject to privacy protections provided by law.**

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
If Representative, Relationship to Patient

This authorization expires on \_\_\_\_\_ (date or event). If left blank it expires in 180 days from signature date.

**You may submit your request by:**

Mail: South Salt Lake Fire Department

Attn: Records

2600 S Main St

South Salt Lake, UT 84115

Email: [firerecords@sslc.gov](mailto:firerecords@sslc.gov)

Questions: Please contact Records at: 801.483.6043