



**PERSONAL INFORMATION**

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
SSN

*Patient Rights:* As a patient, you have the right to request restrictions to the uses and disclosures of your PHI. **Clark County Fire & Rescue is not required to agree to any restrictions requested by the patient, however any restrictions agreed to by the District are binding upon the District.**

Please indicate your request for restricted uses and disclosures of your PHI. Attach additional sheets if necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Request Date

**FOR EMERGENCY MEDICAL SERVICE USE ONLY**

Date Received \_\_\_\_\_

Request Accepted  Request Denied

Date \_\_\_\_\_

Reviewing Official \_\_\_\_\_

Notice to Patient  Date \_\_\_\_\_

Comments:

**Clark County Fire & Rescue**  
911 N 65<sup>th</sup> Avenue  
Ridgefield, WA 98642  
360/ 887.4609  
FAX 360/ 887.0862