



**PERSONAL INFORMATION**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
SSN

*Patient Rights:* As a patient, you have the right to access, copy or inspect your Protected Health Information (PHI), amend your PHI, and/or request an accounting of certain uses and disclosures of PHI for the last six (6) years prior to the date of the request from Clark County Fire & Rescue.

**NOTE: The District is not required to provide you with an accounting of uses and disclosures associated with your treatment and/or transport, billing, payment or health care operations.**

\_\_\_\_\_  
Signature

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

**List of Uses and Disclosures**

Disclosure Date	Name/Address of Recipient	Purpose and Brief Description of Disclosure	PHI Disclosed

**Clark County Fire & Rescue  
Privacy Officer – Dennis Mason**  
911 N 65<sup>th</sup> Avenue  
Ridgefield, WA 98642  
360/ 887.4609 360/ 887.0862 fax