



Town of Lanesborough Ambulance Service

PO Box 1556
Lanesborough, MA 0127



Request for Access to Protected Health Information

Patient Information

Patient Name: _____ Date of Birth: ___/___/_____
Residential Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Phone: _____
Date(s) of Service: _____
Incident Address: _____

Authorized Party's Information

Name of Requestor: _____ Phone: _____
Company/ Agency: _____ Email: _____
Address: _____ City/ State: _____ Zip Code: _____
Relationship to Patient: Parent of Minor Legal Guardian Patient Authorized Representative
 Executor/ Administrator of Estate Power of Attorney Other: _____

**** Your MUST provide a copy of the legal authority you have to make medical decisions for the patient listed on the report.****

Law Enforcement Administrative Request, in accordance with 45 CFR 164.512(f)(1)(ii)(c), the information requested is relevant and material, specific and limited in scope, and de-identified information cannot be used.

Format of Records Release

In Person Mail Email

Authorization

By submitting this form, I authorize the Town of Richmond Fire Department to release the Patient Care Report associated with the patient, dates of service, and incident address listed above, if I am authorizing the release of my medical record to the representative noted above, I understand that the release only pertains to the disclosure of the record described herein. This authorization shall expire immediately after the disclosure. I understand and agree that request for reports in electronic form via email may not remain confidential due to the potentially insecure nature of email transmission.

Patient Signature: _____ Date: _____
Other/ Authorized Requestor: _____ Date: _____

Substantiating Information

Requests must include a good quality photo of the patient's VALID (unexpired) government issued photo ID that clearly shows the signature. In cases where the patient has not signed the request, the requestor must submit proof of relationship (e.g. minor child's birth certificate, power of attorney) or law enforcement request. If the patient is deceased, include a copy of the death certificate or letters testamentary, or letters of administration.

Submit requests with substantiating documentation and a filing fee of \$25 in the form of a check made payable to the Town of Lanesborough, to jweber@lanesborough-ma.gov or

Lanesborough Ambulance Service
Attn: Jennifer Weber, EMS Director
PO Box 1556
Lanesborough, MA 01237