

PRIVACY FORM 2.1
Anacortes Fire Department

REQUEST FOR ACCESS TO RECORDS

Notice to Patient: You may use this form to request to inspect or copy information maintained about you by or on behalf of the Anacortes Fire Department (the "Department"). This type of request is described in the Notice of Privacy Practices.

Patient Name: _____
[print or type your name]

Description of Records Requested:

(Please describe the records or types of records requested. Please also let us know how far back in time you want access to records.)

Scope of Request:

(Please let us know if you want: (1) to inspect records; (2) to copy records; or (3) both.)

_____ I would like to *inspect* the requested records.

_____ I would like to obtain a *copy* of the requested records.

Format: ___ Paper ___ Electronic

_____ I would like to *both inspect and copy* the requested records.

Format: ___ Paper ___ Electronic

Fee for Copying Requested Records

The Department may charge a reasonable fee for the cost of copying your requested records. We may also charge you for postage if you ask us to mail your requested records.

Contact Person

Please contact the Department's Privacy Officer if you have any questions relating to requests to inspect or copy records.

City of Anacortes Privacy Officer
Attention: Heiko Miles
PO Box 547 (904 6th Street)
Anacortes WA 98221
360-299-1947
PrivacyOfficer@cityofanacortes.org

Patient Information and Authorization

Print Name: _____

Signature: _____

Date: _____

Date of Birth (for identification purposes): _____

For Personal Representative of the Patient (if applicable)

Print Name of Personal Representative: _____

Describe Personal Representative Relationship: _____

(e.g. parent, guardian, power of attorney)

I hereby certify that I have the legal authority under applicable law to make this request on behalf of the patient identified above.

Signature of Personal Representative: _____

Date: _____