HUNTER'S AMBULANCE SERVICE, INC.

Request for Access Form

Patient Name: _____ **Date of Service:** _____

Name of Requestor: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Purpose of Request:

_____

The undersigned states that this is an Administrative Request and the information requested is relevant and material, specific and limited in scope and de-identified information cannot be used (45 CFR 164.512 (f) (l) (ii)(c))

Signature of Requestor: _____ **Request Date:** _____

Print Name: _____ **Department Name:** _____

Telephone: _____ **Fax:** _____