

HUNTER'S AMBULANCE

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: