



BEATRICE
CITY • BOARD OF PUBLIC WORKS

CITY HALL

400 Ella Street | Beatrice, NE 68310
Phone: 402.228.5200 Fax: 402.228.2312

SERVICE CENTER

500 North Commerce Street | Beatrice, NE 68310
Phone: 402.228.5211 Fax: 402.223.5181

BEATRICE FIRE AND RESCUE

PATIENT REQUEST FOR ACCESS FORM

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____

Date of Service Requested: _____

Patient Rights: As a patient, you have the right to access, copy or inspect your protected health Information, or (PHI), in accordance with federal law. You may also have the right to request an amendment to your PHI, or request that we restrict of the use and disclosure of it. These rights are further described in our Notice of Privacy Practices and in other policies which you may have upon request.

To better allow us to process your request, please indicate the type of request you are making on this form: (Check all that apply)

_____ Access to simply review my health information.

_____ Access to obtain copies of my health information and/ or ambulance bill.

_____ Access to review and potentially request restriction on the use and disclosure of my health Information.

Patient Signature: _____ Request Date: _____

Personal Representative Signature: _____

Driver's License # _____ Request Date: _____

To process your request, please list the reason (s) you are requesting access to the patient's health Information or ambulance bill.

