



**Grand Prairie Fire Department
Request for Access to Health Information**

Patient Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Last Date of Service: _____ Date of Birth: _____

Patient Driver's License # _____ Patient SSN _____

What records are you requesting?

Below, please describe the information that you are requesting access to with as much specificity as possible. Specify dates of service and other details that will allow us to accurately and completely fulfill your request.

Specify How You Would Like Grand Prairie Fire Department to Provide Access

____ Mail to the following address: _____

____ Email to following the following email address: _____

____ Fax to the following number: _____

____ Send a copy of the information to the following party:

Designated Party: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

____ I would pick up and/or inspect a copy of the information in person at Grand Prairie Fire Department Administration Building at 1525 Arkansas Lane, Grand, Prairie, TX 75052

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

Requestor Information (if requestor is different from patient):

Name: _____

Relationship to Patient (parent, legal guardian, etc.): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____