



PROVIDING EXCEPTIONAL CARE THROUGH CLINICAL EXCELLENCE

137 Washington Street, P.O. Box 435, Somerville, MA 02143

Business Office • 617.625.0126  
Business Fax • 617.625.0941  
24 Hour Service • 617.625.0042

www.cataldoambulance.com

## Family and Others' Request for Access to Deceased Patient's Protected Health Information (PHI)

Cataldo Ambulance Service will release PHI to family members and others who were involved in a deceased patient's care prior to death or payment for care, unless doing so would be inconsistent with any prior expressed preference of the patient. Cataldo Ambulance Service will only disclose PHI that is relevant to the requestor's involvement with the patient's care prior to death or payment for that care. **This request must include a Death Certificate with this completed form to release PHI.**

**Patient Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Requestor Information:

I am requesting a copy of PHI. Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

### PHI Description:

Please describe the PHI that you are requesting with as much specificity as possible. Specify dates of service and other details that will allow Cataldo Ambulance Service to accurately and completely fulfill your request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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**How would you like to receive the PHI?**

\_\_\_\_ **Regular Mail:** Please send a paper copy of the PHI to me at the following address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_ **Email:** Please email me a digital copy of the PHI to the following email address:

Email address: \_\_\_\_\_

\_\_\_\_ **Special Request:**

\_\_\_\_\_

**Certification**

I certify that I was involved in the care of, or payment for the care of:

\_\_\_\_\_ prior to his/her death.  
Patient Name

**Printed Name of Requestor:** \_\_\_\_\_

**Signature of Requestor:** \_\_\_\_\_ **Request Date:** \_\_\_\_\_

