

McGregor Memorial EMS

formerly Durham Ambulance Corps
"Committed to Compassionate Excellence"

www.mcgregorems.org
FAX: 603.862.4415
TEL: 603.862.3674

47 COLLEGE RD
DURHAM, NH 03824

Patient Request for Copy of Patient Care Report

Patient Name: _____

Date of Transport: _____

Today's Date: _____

Patient Contact Information:

Address: _____

City: _____ State: _____ Zip Code: _____

I want the patient care report (PCR) sent to me:

- by US mail at the above address
- by facsimile to the following number: _____

This form should be returned to us by mail at the above address or by facsimile at 603.862.4415.

Patient Rights:

You have the right to access, copy or inspect your protected healthcare information (PHI). You may also have the right to request that we amend your PHI, or request that we restrict access to or the use and disclosure of your PHI. These rights are further described in our Notice of Privacy Practices and in other policies which we will send to you upon request.

Please send me a copy of my patient care report.

Patient signature: _____

Parent or Legal Guardian's signature: _____
(if patient under 18 years old)