



REQUEST TO RELEASE LABORATORY TEST RESULTS

Oklahoma State Department of Health Public Health Laboratory

4615 W. Lakeview Rd. Stillwater, Oklahoma 74075; Telephone: 405-564-7750; Fax: 405-900-7611

Patient Name:		Birth Date:	Last 4 Digits SSN: <i>(optional)</i>
Recipient's Name: <i>(if same as patient, state SAME)</i>		Relationship to Patient: <i>(if same as patient, state SAME)</i>	
Recipient's Address:		Phone #: <i>(include area code)</i>	
		Email Address: <i>(if requesting email delivery)</i>	
City:	State:	Zip:	Fax: <i>(if requesting fax delivery)</i>

How you would like to receive these test results? Paper copy Electronic media, if available (e.g., CD)
 Faxed copy Encrypted email Unencrypted email

NOTE: in the event that the OSDH is unable to provide an electronic copy as requested, an alternative format will be provided (e.g., paper copy). When receiving data via unencrypted email, there is a risk that someone could access your PHI without your consent. The OSDH will not take responsibility for any unauthorized access to your PHI contained in this format nor for any potential introduction of viruses or malware to your computer or other device when you receive electronic data from OSDH.

Information to be Used or Disclosed:

Description of Laboratory Results Requested:

Approximate Dates When Test(s) Performed: *(month/day/year)*

Submission:

The following documents must be submitted:

- **Completed Request to Release Laboratory Test Results form** *(all items must be completed and form signed)*
- **Photocopy of a valid government issued photo ID** (of patient or legal representative). Must be legible and cannot be expired. Acceptable photo IDs include driver's license, passport, military ID, tribal ID, resident alien card, or other government issued ID).

Upon completion, you may mail or fax these documents to the OSDH Public Health Laboratory using the contact information provided above. You can also personally deliver the form to the local county health department, where the patient received medical treatment. You cannot personally deliver this form to the OSDH Public Health Laboratory.

Signature:

By signing the request, you are indicating that you are the patient, a court appointed legal guardian, a custodial guardian, or an authorized agent working in the best interest of the patient.

Signature of Patient or Legal Representative Date *(month/day/year)*

FOR OPHL STAFF USE ONLY

Received on: _____ / _____ / _____	Sent on: _____ / _____ / _____
Person completing request:	Sent via: <input type="checkbox"/> US Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email

Patient Instructions for Requesting Release of Laboratory Test Results

Policy Governing Direct Patient Access to Laboratory Results

On February 6th, 2014, the Centers for Medicare & Medicaid Services (CMS) published a final rule that amended both the Clinical Laboratory Improvement Amendments (CLIA) and the Health Insurance Portability and Accountability Act (HIPAA) in order to provide patients direct access to laboratory test results. Under the final rule, laboratories that operate as covered entities under HIPAA are required to provide individual patients or their representatives with laboratory test results for those tests performed by the laboratory upon the patient's request. Laboratories are required to supply test reports to patients or their representatives within 30 days of the request; however, where 30 days is not sufficient to complete the test or prepare the report, the Privacy Rule allows for an additional 30-day extension upon notifying the patient with a description of the cause for delay. The Oklahoma State Department of Health (OSDH) Public Health Laboratory will not interpret test results for patients; patients should seek the counsel of a physician to interpret laboratory test results.

Procedure for Requesting Laboratory Test Results

It is preferred that patients or their legal representative present themselves in-person at the County Health Department clinic where the patient received care; the patient or their legal representative will be asked to complete an *Oklahoma Standard Authorization Form*, provide a photo ID and/or authorization code prior to release of laboratory test results. The OSDH Public Health Laboratory in Stillwater is unable to provide laboratory test results to individuals presenting at this location.

A patient or their legal representative may request laboratory test results performed by the OSDH Public Health Laboratory by completing the attached *Request to Release Laboratory Test Results Form* and returning it by mail or fax to:

Oklahoma State Department of Health
Public Health Laboratory
4615 W Lakeview Rd.
Stillwater, OK 74075
Tel: (405) 564-7750
Fax: (405) 900-7611

The OSDH Public Health Laboratory will attempt to provide laboratory test results in a convenient format as quickly as possible. Laboratory test results may be supplied to the patient/legal representative by mail, or fax, email or other electronic means, as requested.

Instructions for Completing the *Request to Release Laboratory Test Results Form*

Patient Information:

1. Indicate the **Patient's Name** and **Date of Birth**.
2. OPTIONAL: Indicate the patient's **Social Security #**.
3. Indicate the **Recipient's Name** and **Relationship to Patient**.
4. Indicate the **Recipient's Address, Phone #, Email Address, and Fax**.

Information to be Disclosed:

1. Indicate the way you want to receive the test results (check one box only).
2. Indicate the specific laboratory test results requested in the space provided
3. Indicate approximate dates performed, if known.

Signature:

1. The Patient or Legal Representative signs the form.
2. Indicate the **Date** that the form is signed.

The laboratory must supply test reports to patients or their representatives within 30 days of the written request, unless this time is insufficient to complete the test or prepare the report, in which case, an additional 30 days is permitted upon notifying the patient with a description of the cause for delay.