

PATIENT REQUEST FOR RELEASE OF COMPLETED LABORATORY RESULTS See page 2 for complete instructions

In order to assure patient identification in compliance with the Health Insurance Portability and Accountability Act (HIPAA), the Mississippi Public Health Laboratory (MPHL) requires the completion of the following information:

completion of the follow	wing info	ormation:			
Patient Name					
Date of Birth					
Street Address					
City, State, Zip					
Provider					
Type of Test(s)					
Name of physician office,	hospital	or health department w	here test was	collected:	
Date(s) when test collecte	d:				
A copy of one of the docum a valid Driver's license; ID care original or certified birth certified	d issued by			npleted form: ; School ID card with photograph;	
person signing this document. I	understand ion beyond	MPHL records will contain this signed request. If this de	personal healthc	nted on this request will be released to care information and when released igned MPHL will not be able to process	
Print Name	Signa	ture		Date:	
If parent, guardian, or per healthcare or durable			ame and rela	tionship: Submit a copy of you	r
Print Name		Signature		Relationship to patient	
Send results by: Mail Fax Fax #		Phone #	-		
Name and Address inform	ation <u>if r</u>	eport is sent to an alter	nate address		
Name				IPHL STAFF ONLY:	
Address			Comple Sent:		
City, State, Zip				ompleting request	-

PATIENT REQUEST FOR RELEASE OF COMPLETED LABORATORY RESULTS

Final laboratory test reports are issued only to the person on whom testing was performed, to the person who consented to have the testing performed, or if under 18, to a parent/guardian, or the person authorized by the patient to receive the results.

Only laboratory reports performed in the Mississippi Public Health Laboratory (MPHL) will be released to the appropriate person after review and approval of the required documents as part of this request. A request for laboratory reports performed in the MPHL should not be considered a request for a complete patient's medical records file.

The laboratory reserves the right to contact the ordering provider/submitter as needed to verify the authority and identity of the person requesting the laboratory test report.

The laboratory has up to 30 days from the time the request has been received to provide laboratory test reports directly to the patient. This allows time for the ordering provider/submitter to review the results and provide treatment, if required.

THE LABORATORY IS NOT RESPONSIBLE FOR INTERPRETING LABORATORY TEST RESULTS. If you have questions about the test results, please contact your medical provider.

Instructions: In order to provide your results, we must verify your identity to ensure that we are not violating healthcare privacy laws.

- 1. Submit a copy of one of the following identification documents with this completed form:
 - Driver's license
 - ID card issued by federal, state, or local government
 - Passport
 - School ID card with photograph
 - Original or certified birth certificate
- 2. If you are the <u>parent or guardian</u> of a patient under 18 years of age for whom you are requesting a laboratory test result, please provide proof of adoption or guardianship in addition to your identification documentation.
- 3. If you are the <u>personal representative</u> of the patient, please submit a copy of your healthcare or durable Power of Attorney.
- 4. Mail the completed forms and required documents to:

Lab Document Controller/Records Request Mississippi Public Health Laboratory 570 East Woodrow Wilson, U-234 Jackson, MS 39216

Or Fax to:

601-576-7037, Attention: Records Request

Please allow 30 days for the request to be processed and returned to you. If you have questions, call 601-576-7582.