Patient Request to Access or to Disclose Protected Health Information (PHI) (Access Form)

You may use this Access Form to submit a written request to obtain PHI from Quest Diagnostics or to have us share PHI on your behalf. Information marked with an asterisk (*) is **required**. We will respond to your request within thirty (30) days of our receipt of this Access Form.

NOTE: For fast and easy electronic access to your lab results, you may visit www.questdiagnostics.com/MyQuest or download the MyQuest App for iPhone or Android.

A. Patient's Information

Name*: _____
First Name Middle Name/Initial Last Name

Name at time of service if different than above, nickname(s) or alternate spellings*:_____
_____

Date of Birth*: _____ Phone Number: ( ) _____
(MM/DD/YYYY)

Current Address*
_____

Address at time of service if different than above:*
_____

Last Four Digits of Social Security Number:_____ Insurance ID#:_____

B. Test Order Information

Ordering Physician/Office Name	Address	Phone	Approximate Dates of Service

Requested PHI*: □ Laboratory Test Results □ Order Form □ Other—please specify:_____
_____

C. Identification—Check one of the following as applicable*:

□ I am the patient named above
□ I am the parent of the patient named above
□ I am the legal guardian of patient of the patient named above (provide proof such as court order or power of attorney)
□ I am the authorized representative of the patient named above (provide proof such as court order, healthcare proxy, power of attorney)

If not the patient, **print your name** clearly: _____
First Name Middle Name/Initial Last Name

D. Delivery Instructions—check all that apply and print clearly*

I request that the PHI described in this Access Form be provided to me (the patient) or the person(s) named below:

□ Me (the patient) at CURRENT address in Section A above
□ Me at this alternate address:_____
_____
□ Me at fax number: ( ) _____
□ Me by email—**please read this important caution and select one**:
Our standard practice is to send encrypted (secure) email, which means you will be prompted to create a free account or log in to access the message. This would be a separate account/login from any MyQuest account you may have. If you prefer, we will send you unencrypted email, but this way of communicating carries some risk that PHI in the email can be viewed or accessed by unauthorized parties.

□ Encrypted email (recommended)
□ Unencrypted email—I have read and understand the caution above and accept the additional privacy risk.

Email address (if email delivery is requested):_____

□ Person(s) named below:

Name: _____

Address, fax number or email address: _____

_____

Name: _____

Address, fax number or email address: _____

_____

E. Signature*_____ **Date*:** _____

F. Please submit this completed Access Form (and any proof of representation, if required) to:

AmeriPath
2560 N.Shadeland Ave.
Indianapolis, IN 46131

Or fax to: 1.317.245.8040
Or email to: **IndyClientService@QuestDiagnostics.com**

For office use only: *Tracking #:* _____ *Initials:* _____