



OREGON STATE PUBLIC HEALTH LABORATORY

Patient Request for Release of Laboratory Test Results - Version: 1.0, Index: FADM 368, Printed: 18-Jun-2014 09:00

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Authorized

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PATIENT REQUEST FOR RELEASE OF LABORATORY TEST RESULTS

"No sooner than seven days after receiving a request from a patient, Oregon State Public Health Laboratory (OSPHL) shall provide the results in writing Oregon Health Authority to the patient." (ORS 438.430(3))

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

Patient Name _____

Date of birth _____

Street Address _____

City, State, Zip _____

Provider _____

Type of test _____

Approximate test date
or date of collection _____

Signature and Date _____

If parent or guardian, please print name _____

Verification of Identity:

If request mailed, Notary, Seal and Date

If request made in person, government issued picture ID verified by _____

Name and Address information if report is sent to an alternate address after the identification of the recipient has been verified by the Custodian of Records:

Name _____

Address _____

City, State, Zip _____

FOR OSPHL STAFF ONLY
Received ___/___/___
Completed ___/___/___
Sent: Fax ___ Mail ___ In Person ___
Staff who completed request _____

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