



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

In order for us to identify the requested patient PHI, please complete all **required** information. Using the information provided, we will attempt to identify the laboratory tests results and or order form. *Indicates REQUIRED information.

A. Patient's Information:

Name*: _____ Phone Number: (____) _____
First Name Middle Name/Initial Last Name

All other Names*: (nicknames, alternate spellings, former name, etc.): _____

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

Address*: _____

Social Security Number (last four digits) _____ Insurance ID# _____

B. Test Order Information:

Ordering Physicians' (or Office) Name(s)*: _____

Ordering Physician's Address(s)*: _____ Approximate Date(s) of Service*: (MM/DD/YY) _____

Phone Number(s): (____) _____ (____) _____

Requested PHI: Laboratory Test Results Order Form Other: _____

C. Requester Authorization:

By my signature, I request that Quest Diagnostics search its records and provide me or the individual I request in box D below, with a copy of the PHI requested.

NOTE: If you are a legal representative of the patient please provide proof of representation as requested (healthcare proxy, court order, power of attorney, etc.).

Printed Name*: _____ *Relationship: (Check One)
 Self Parent Legal Guardian Legal Representative
(Provide Proof) (Provide Proof)

Signature*: _____ Date*: _____

D. Delivery Instructions for Laboratory Test Results or Order Form:

Send to (Name)*: _____

Address (If different than above)*: _____

or
Fax Number*: _____

or
Email address: _____ (PLEASE PRINT)

For easy electronic access to your lab results, please visit www.questdiagnostics.com/MyQuest or download the MyQuest App for iPhone or Android.

E. Please submit the completed form (and any proof of representation, if required) to:

Quest Diagnostics
9601 Renner Blvd.
Lenexa, Kansas 66219
ATTN: Clinical Client Services

Or fax to: 1-855-854-9151

Quest Diagnostics will respond within 30 days of receipt of this request.

Internal use only: Date received: _____

Tracking #: _____ Initials: _____