



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.

Request Date*: _____

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*: _____

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

Requested PHI: Laboratory Test Results Order Form Other: _____

C. Requester Authorization:

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

Check one of the following as applicable*:

I am the patient named above.

or

I am: Parent of patient
 Guardian of patient (Provide proof such as court order or power of attorney)
 Representative of patient (Provide proof such as court order, healthcare proxy, power of attorney)
Name (print): _____

D. Delivery Instructions for Laboratory Test Results or Order Form (check all that apply; **please print**)*:

Patient at address above
 Patient at alternate address, or fax number or email address: _____
 Person(s) below

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

or
Fax Number: _____ Fax Number: _____ Fax Number: _____
or
Email address: _____ Email address: _____ Email address: _____

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
Or email to:
KCNOCRequesttoAccess@questdiagnostics.com

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

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

Internal use only: Date received: _____
Tracking #: _____ Initials: _____