North Carolina Department of Health and Human Services State Laboratory of Public Health

PATIENT REQUEST FOR RELEASE OF COMPLETED LABORATORY RESULTS

See reverse side of form for instructions

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

Patient Name		
Date of Birth		
Street Address		
City, State, Zip		
Provider		
Type of Test(s)		
Name of physician office or health department where test was collected:		
Date(s) when test collected:		
I understand that this request is valid for the patient listed above and all results documented on this request will be released to the person signing this document. I understand NCSLPH records will contain personal healthcare information and when released NCSLPH is not liable for distribution beyond this signed request. If this document is not signed NCSLPH will not be able to process the request and results will not be provided.		
Signature		Date:
If parent, guardian, or personal representative: print your name and relationship:		

Send results by Mail fax Fax # _____ Phone # _____

Name and Address information <u>if report is sent to an alternate address</u>

Name Address City, State, Zip	FOR NCSLPH STAFF ONLY: Received ___/___/___ Completed ___/___/___ Sent: Fax Mail Staff completing request _____

INSTRUCTIONS FOR REQUESTING COMPLETED PATIENT TEST RESULTS

Laboratory test results 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. 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 result.

The laboratory has up to 30 days from the time the request has been received to provide laboratory test results. This allows time for the provider 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 results, contact your medical provider.

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 parent or guardian of a patient under 18 years of age for whom you are requesting a laboratory test result, please provide a copy of the minor's birth certificate or proof of adoption or guardianship in addition to your identification documentation.

3. If you are the personal representative of the patient, please submit a copy of your healthcare or durable Power of Attorney.

Mail the completed form and copy of identification to:

QA Coordinator/Records Request
NC State Laboratory of Public Health
1918 Mail Service Center
Raleigh, NC 27699-1918

Or Fax to:
919-715-8610, attention Records Request

If you have questions, call 919-733-3937