10385 Ironwood Road
Suite 130
Palm Beach Gardens, FL 33410
Tel: (844) 767-8522

Patient Request to Access or 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 report and or requisition form. All information in bold is required. Please legibly print all information below with a dark pen.

A. Patient's Information:

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

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

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

B. Testing Order Information:

Ordering Physician's (or Office) Name: _____

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

_____ _____

_____

Phone Number: (_____) _____

Requested PHI: ☐ **Laboratory Report** ☐ **Copy of Requisition Form**

C. Requester Authorization:

By my signature, I request that SMART Lab 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 (health proxy, court order, power of attorney, etc.). This information will be required for Legal Guardian/Representative.

Printed Name: _____

Relationship (Check One): ☐ **Self** ☐ **Parent** ☐ **Legal Guardian** ☐ **Legal Representative**

Signature: _____ **Date:** _____

D. Delivery Instructions for Laboratory Results and/or Order Form:

Send to (Name): _____

#1 Option: Address (if different than above): _____

Or

#2 Option: Fax Number: _____

Or

#3 Option: Email Address: _____

E. Please submit the completed form (and any proof of representation, if required) along with a $5 check or money order made payable to SMART Lab as a processing fee to:

10385 Ironwood Rd
Suite 130
Palm Beach Gardens, FL 33410

Internal Use Only:
Date received: _____
Preparer: _____
Date of Delivery: _____

SMART Lab will respond within 30 days of receipt of this request.