



Testing that Makes a Difference.

# 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

## C. Patient Authorization:

By my signature, I request that Athena 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)

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

Athena Diagnostics – ATTN Client Services  
200 Forest Street, 2<sup>nd</sup> Floor  
Marlborough, MA 01752

Or fax to: 508-802-5912

**Athena Diagnostics will respond within 30 days of receipt of this request.**  
(Athena Diagnostics is a wholly owned subsidiary of Quest Diagnostics.)

Internal use only: Date received: \_\_\_\_\_

Tracking #: \_\_\_\_\_ Initials: \_\_\_\_\_