



# Erie County Department of Health

## Erie County Public Health Laboratories

### Patient Request For Release of Completed Laboratory Results

In order to assure patient identification in compliance with the Health Insurance Portability and Accountability Act (HIPPA), Erie County Public Health Laboratories requires the completion of the following information:

*\*See reverse side for form instructions*

A. Patient Information

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Patient Phone No. \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

B. Test Order Information

Ordering Physician's Office Name: \_\_\_\_\_

Ordering Physician's Phone Number: \_\_\_\_\_

Type of Test(s): \_\_\_\_\_

Name of Physician or Provider where test was collected: \_\_\_\_\_

Approximate Date of Test(s): \_\_\_\_\_

C. Requestor Authorization

By signing this request, 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 ECPHL records will contain personal health care information and when released ECPHL is not liable for distribution beyond this signed request.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If parent, guardian, or personal representative, print name and relationship to patient:

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Note: If you are a parent, guardian or personal representative of the patient, you must provide proof of representation (*e.g.*, healthcare proxy, court order, power of attorney, etc.).

Send results by:      **MAIL**      **FAX**      Fax: \_\_\_\_\_      Phone: \_\_\_\_\_

Name and Address information if report is to be sent to an alternate address

Name:	<b>ECPHL use only:</b>
Address:	Received: ___/___/___ Staff: _____
City, State, Zip	Completed: _____ Staff: _____
	Sent: Mail    Fax

### Instructions for Requesting Completed Patient Test Results

Laboratory test results will be issued only to the person on whom testing was performed, to the person who consented to have the testing performed, or if under 18 years of age, 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. Any questions regarding interpretation of test results should be directed to the patient’s medical provider.**

In order to provide your results, we must verify your identity to ensure that we are not violating healthcare privacy laws. All requests for laboratory test results must be accompanied by one of the following means of identity verification:

1. Submit a copy of ONE of the following identification documents with this completed request 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 along with your identification documentation.

Please mail the completed form along with a copy of the appropriate identification documentation to:

Laboratory Records Request  
Erie County Public Health Laboratory  
503 Kensington Ave  
Buffalo, NY 14214

The form may also be faxed along with copy of identification to: (716) 898-6110, Attn: Records Request

For inquiries and questions regarding this process, please call ECPHL at (716) 898-6100.