



# 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. Requester Authorization:

By my signature, I request that Vitalistics 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



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(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:

Vitalistics  
30 East Pima Street, Suite 232  
Tucson, AZ 85712  
ATTN: Clinical Client Services

Or fax to: 1.844.550.9971

Vitalistics will respond within 30 days of receipt of this request.

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### OFFICE USE ONLY

Date received: \_\_\_\_\_

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

