

D. Delivery Instructions—check all that apply and print clearly*

I request that the PHI described in this Access Form be provided to me (the patient) or the person(s) named below:

Me (the patient) at CURRENT address in Section A above

Me at this alternate address: _____

Me at fax number: () _____

Me by email—**please read this important caution and select one:**

Our standard practice is to send encrypted (secure) email, which means you will be prompted to create a free account or log in to access the message. This would be a separate account/login from any MyQuest account you may have. If you prefer, we will send you unencrypted email, but this way of communicating carries some risk that PHI in the email can be viewed or accessed by unauthorized parties.

Encrypted email (recommended)

Unencrypted email—I have read and understand the caution above and accept the additional privacy risk.

Email address (if email delivery is requested): _____

Person(s) named below:

Name: _____

Address, fax number or email address: _____

Name: _____

Address, fax number or email address: _____

E. Signature* _____ **Date*:** _____

F. Please submit this completed Access Form (and any proof of representation, if required) to:

Diagnostic Laboratory of Oklahoma

Or fax to: 405-608-6230

Attn: Client Services

Or email to: DLOCSC@questdiagnostics.com

225 NE 97th Street

Oklahoma City, OK 73114

For office use only: *Tracking #:* _____

Initials: _____