DIAGNOSTIC LABORATORY OF OKLAHOMA

PATIENT AUTHORIZATION
TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

I authorize Diagnostic Laboratory of Oklahoma ("DLO") to use and/or disclose my protected health information (for example, my laboratory test results, billing information and/or other related medical information, including but not limited to results such as HIV, sexually transmitted infections, and alcohol and drug abuse treatment records) as specifically identified below, to the person(s) named in this request. I understand that this authorization will expire when DLO has provided the requested information.

I authorize attorney(s) and their legal staff, as well as appropriate DLO employees, to use and/or disclose my PHI in accordance with this authorization. **This use and/or disclosure of my PHI is at my own request**. I understand that the information used and/or disclosed pursuant to this authorization may be re-disclosed by the person or party receiving it; in that case, the information may no longer be protected under federal privacy law.

Notice to the Patient:
If we are requesting this authorization from you for our own use and disclosure or to allow another health care provider or health plan to disclose information to us:

- We cannot condition our provision of services to you on the receipt of this signed authorization except if you are participating in a research project;
- You may request a copy of the protected health information to be used or disclosed;
- You may refuse to sign this authorization;
- We must provide you with a copy of the signed authorization, upon request;
- This authorization only covers PHI that is used or disclosed by DLO. The information could be redisclosed by the person(s) who receive it and, in that case, your PHI will not be protected by the HIPAA privacy and security rules; and
- You have the right to revoke this authorization at any time, provided that you do so in writing, except to the extent that we have already relied on this authorization to use or disclose your information.

A. Patient's Information: _____
First Name Middle Name Last Name

Date of Birth: _____

Social Security Number (or last four digits): _____

Phone Number: _____

Patient's Address (Street, City, State, Zip): _____

Ordering Provider's Name: _____

Insurance ID Number: _____

B. PHI Type (*REQUIRED*): ☐ Laboratory Test(s) Results ☐ Laboratory Order Form(s)

Date(s) of Service: _____

C. Requester Authorization: I request that DLO search its records and provide me or the party named in box **D** below, with a copy of the PHI requested. I understand that the PHI may include records of disease.

Check one of the following as applicable:

☐ I am Patient named above
☐ I am Parent of Patient
☐ I am Guardian of Patient (Provide proof such as court order or power of attorney. Attach documentation to authorization.)
☐ I am Representative of Patient (Provide proof such as court order, healthcare proxy, power of attorney. Attach to authorization.)

For easy electronic access to your lab results, please visit www.questdiagnostics.com/MyQuest or download the MyQuest App for iPhone or Android.

Name (print): _____ Signature: _____ Date: _____

D. Delivery Instructions for Laboratory Test Results or Order Form (check all that apply; please print):

☐ Patient at address above **OR** ☐ Patient at alternate address or fax number or email address: _____

☐ Person(s) below: Select mail **OR** fax **OR** email

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

_____ _____ _____

Or Fax/Email: _____ Or Fax/Email: _____ Or Fax/Email: _____

Please return completed authorization to:
Diagnostic Laboratory of Oklahoma
Attention: Client Services
225 NE 97th Street, Oklahoma City, OK 73114
Or Fax to: 610-271-9804
Or Email to: dloclarification@questdiagnostics.com

For Internal Use Only
☐ "Copy to/Fax to" entered into Quanum (*only at time of collection*)
☐ Unable to enter in Quanum, earlier date of service or Email requested
By: _____ Location: _____
Fax authorization to 610-271-9804 AND attach original to order.

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