Instructions for Record Request Form

- **Patient Information:**
  - Information is for the person for whom records are being requested. Name, address, date of birth and gender are required. Phone contact information and Insurance ID number will be helpful.

- **Medical Records Requested:**
  - Check the first box for results of lab tests collected or dropped off today.
  - If older records are requested, give as much detail as possible about the records. Indicate ordering physician name, city and state, as well as month and year the tests were run.

- **Method of Transmission:**
  If the records are being sent to someone other than you, please enter the name of the person to receive the records.

  The records can be sent to you in several different ways:
  - Please indicate your preferred way to receive the records.
  - Give the appropriate contact information for the format you choose.

- **Signature:**
  All requests must be signed and dated. If the person requesting the records is not the patient, please indicate what the relationship is between the requestor and the patient. Parents or legal guardians may obtain and/or authorize the release of protected health information from their child's medical record if the child is 17 years old or younger. Individuals over the age of 17 must authorize the release of their own information.
  Legal Guardians and Personal Representatives must provide written documentation to prove they have the authority to access the records.

- **Identification:**
  This form can be left at the Clinical Pathology Laboratories (CPL) Patient Service Center. Please provide a valid picture identification to expedite the process.
  Alternatively, the form may be mailed, emailed or faxed to CPL along with a copy of two forms of identification (Driver's license or State Identification card, Insurance card, Military ID, Social Security card, Passport, US Tribal or Bureau of Indian Affairs ID card, Certification of Citizenship – N560, Employee Authorization card). See bottom of form for submission information.

CLINICAL PATHOLOGY LABORATORIES

Clinical Pathology Laboratories
9200 Wall Street
Austin, TX 78754

www.cpllabs.com
P: 844.280.8484

[31678]

CLINICAL PATHOLOGY LABORATORIES
A Sonic Healthcare Clinical Laboratory

NON-PORTAL RECORD REQUEST FORM

(Instructions on reverse)

1: PATIENT INFORMATION:

Accession

*Name -Last *First MI

Other names to search (maiden name, nickname, former names, etc)

Address

Insurance ID Cell Phone or Other Primary

*Date of Birth M M - D D - Y Y Y Y *Sex

82480

Patient Record Request
9200 Wall Street
Austin, TX 78754

Internal Use Only

❑ 810 Pt Record Request for current accession (place accession label above)
❑ 815 Pt Records Request for past records
❑ Photo ID Verified
❑ 817 Standing/Future Order

RR3
Rev 2022

PSC ID
Phleb ID

2. PLEASE INDICATE THE MEDICAL RECORDS REQUESTED:

❑ Results for the laboratory tests collected or dropped off today (810)

❑ Prior results specified below (815)

Ordering Physician Name	Ordering Physician City & State	Date of Service Month & Year

❑ Other records, specify records requested and approximate date of service (815) _____

3. PLEASE SELECT ONE OF THE FOLLOWING METHODS FOR TRANSMISSION:

Send to (enter Name if different from above): _____

*By (please mark one):

❑ Email address: _____
❑ Fax Number: _____
❑ Mail *(enter address if different from above)*: _____

My signature below authorizes Clinical Pathology Laboratories (CPL) to release the records containing Protected Healthcare Information (PHI) I have requested:

4. *Signature ***Date**

*Relationship: ❑ Self ❑ Parent ❑ Legal Gaurdian (provide proof) ❑ Personal Representative (provide proof)

*Printed Name: _____ *Initials: _____

FOR INFORMATION OR TO SUBMIT FORM:

Clinical Pathology Laboratories
PO Box 144193
Austin, TX 78714-4193

phone: (844) 280-8484 (toll free)
fax: (844) 456-2264
email: patientrecords@cpllabs.com

Visit: www.cpllabs.com

For patient safety, any changes to information require a new form to be completed.
*Indicates REQUIRED Information

Patient Verification of Information

Initials _____
Date _____

For each use with 817