Greenwood Genetic Center

Request For Access to Protected Health Information Date of Request: _____

The person requesting this information is:

- ☐ A healthcare provider
- ☐ The patient
- ☐ Family member
- ☐ Other: _____

Name of person/institution requesting PHI: _____

Address of person requesting PHI: _____

Phone number of person requesting PHI: _____

Fax number of person requesting PHI: _____

Patient Name: _____

Date of Birth (MM/DD/YYYY):_____

I authorize the Greenwood Genetic Center's Diagnostic Laboratories to release the following potentially sensitive information:

- ☐ Laboratory Reports
- ☐ Consultations
- ☐ Other: _____

The purpose of the disclosure is

☐ Continuation of Care ☐ Legal ☐ Insurance ☐ Patient Request ☐ Other_____

This section should be filled out if this is a patient or a non-healthcare provider request.

(Healthcare providers requesting records as part of continuation of care do not need to complete this section.)

- ☐ Please notify me when the information is ready to be picked up at_____
- ☐ Please send the copies of the records to above address.
- ☐ Please send the copies of my record to me at the following address_____

_____

This authorization remains in effect for one year. I understand that I have a right to cancel or revoke this authorization at any time by contacting the GGC Diagnostic Laboratories in writing at the address below.

I understand that authorizing the disclosure of protected health information is voluntary. Information used or disclosed in response to this authorization may be subject to redisclosure by the recipient and may no longer be protected by the Greenwood Genetic Center's Privacy Policies.

Signature of Patient or Representative _____Date _____

Relationship to patient (if representative) _____

***A copy of the patient's identification must be attached to this authorization.**

Send completed form to: **The Greenwood Genetic Center Diagnostic Lab**
106 Gregor Mendel Circle
Greenwood, SC 29646
Fax Number: (864) 941-8141

Contact us with questions at 1-800-473-9411