Internal Use Only
Date Rec'd ______
Date Sent ______
Initials ______

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Patient Request to Access or to Disclose Protected Health Information (PHI)

In order for us to identify the requested patient PHI, please complete all information. Using the information provided, we will attempt to identify the laboratory test results and or order form.

Request Date: ________________

PATIENT INFORMATION (PLEASE PRINT IN BLUE or BLACK INK)

Patient First Name:	Patient Last Name:		Responsible Party (if other than the patient):		
DOB:	Male: ☐	Female: ☐	Relationship to Patient:		
Street:			Street:		
City:	State:	Zip:	City:	State:	Zip:
Telephone:			Telephone:		

TEST ORDER INFORMATION (PLEASE PRINT IN BLUE or BLACK INK)

Ordering Physician Name:				Approximate Date(s) of Service:
Facility Name:				Telephone:
Street:				
City:	State:	ZIP:	Country:	NPI #:

REQUESTED PHI: ☐ **Laboratory Test Results** ☐ **Order Form** ☐ **Other:** ______________________________

REQUESTOR AUTHORIZATION

I request that Iliad Neurosciences search its records and provide me or the party named below in delivery instructions with a copy of the PHI requested.

Check one of the following as applicable:

☐ I am the patient named above.
or
☐ I am: ☐ Parent of patient
☐ Guardian of patient (Provide proof such as court order or power or attorney)
☐ Representative of patient (Provide proof such as court order, healthcare proxy, power of attorney)

Name (print): ______________________________ Signature: ______________________________________

DELIVERY INSTRUCTIONS (check all that apply; please print):

☐ Patient/ Guardian/Representative Fax number ________________ Email address ______________________________
☐ Person(s) below

Name ______________________ Fax number ________________ Email address ______________________________

Name ______________________ Fax number ________________ Email address ______________________________

Please submit completed form (and any proof of representation, if required) to:

Fax: **1-610-537-5075**
Email: **lcontino@iliadneuro.com**