Request for Confidential Communications

Effective date of this notice: 05/01/2024

Individual Name: _____
Individual Address _____

_____

Date of Birth: _____
SSN or ID No: _____
Specimen Identification No: _____

Please consider this a request for the exercise of my rights under applicable federal and state laws to request confidential communications regarding my Personal Information (PI).

Please describe the PI you would like subject to alternative communication

Please check all that apply to this request. (I understand by selecting I may lose access to online access to my records which require multifactor authentication and/or passcode verification.)			
☐	Please do not call me.		
☐	Please do not call me at home.	Use this alternate phone number:	
☐	Please do not call me at work.	Use this alternate phone number:	
☐	Please do not leave a message on any answering machine or voicemail.		
☐	Please do not text me.		
☐	Please only text me at this number:		
☐	Please send my mail to this alternate address:		

Authorized Agents: You may exercise your right to know or your request for deletion of your PI, through the use of an authorized agent. A request from an authorized agent on your behalf will only be accepted if the authorized agent provides us with satisfactory written proof they are authorized to act on your behalf. We may also first require the authorized agent to verify their identity, before accepting the request. CRL may deny requests from authorized agents that fail to provide proof of their status as an authorized agent or verification of their identity.

I understand that CRL to whom I am making this request will make reasonable efforts to accommodate this request. I understand that I must provide an alternate address to receive bills and statements, if applicable. I further understand that in some emergency situations or as may be permitted or required by law, my personal information may be released. I understand that my request will be acted upon as quickly as possible but no later than the timeframes allowed by applicable law.

Signature: _____ Date: _____

Please Mail Form to:
Clinical Reference Laboratory, Inc. Attn: Privacy Officer, 8433 Quivira Road Lenexa, KS 66215
Or email to: privacy@crlcorp.com

Verification Information

Please complete this form and answer all questions accurately so that we may verify your identity and respond to your request as soon as possible. Thank you.

We may reject your request if we cannot verify your identity. Please follow the instructions and provide the requested information to allow us to adequately address your request. Please fill out your contact information, or the contact information of the individual you are submitting this request for (if submitting on behalf of another). All contact information should be consistent with information previously provided to CRL.