



Request for Access

Effective date of this notice: 09/05/2024

Individual Name: _____

Individual Address _____

Date of Birth: _____

SSN or ID No: _____

Specimen Identification No: _____

Please consider this request an exercise of my rights under applicable federal and/or state laws to request a copy of my Personal Information (PI).

Date of Request (mm/dd/yyyy)	Describe the information you want to inspect or review	Provide the dates you would like to review

How would you like to review this information?

PLEASE PRINT LEGIBLY

☐ Copies mailed to me at the address above

☐ Copies mailed to me at this address

[Insert alternative address] →

☐ Via Secure Email to my email address at: _____

When will I receive a response?

Depending on the type of testing performed, you may be able to immediately access a copy of your test results via www.AccessMyHealth.com. You may also contact the party who ordered your testing:

- **Insurance Application:** insurance company with whom you applied for life insurance
- **Non-Regulated Workplace Drug Testing:** employer or Medical Review Officer
- **Federally Regulated Workplace Drug Testing:** Medical Review Officer, but see Code of Federal Regulations 49 CFR Part 40 (<https://www.transportation.gov/odapc/part40>) for the steps needed to make such requests
- **Employer Wellness Testing:** employer or third-party administrator of your employment wellness program
- **Court Ordered Testing:** probation officer, attorney, or court clerk

CRL may reject your request if CRL is unable to verify your identity or if the information provided on this form does not match the information previously provided to CRL.

CRL will respond to all verified requests within **30 days** from the date it receives the request, or such shorter period of time as specified in applicable law. CRL does not confirm receipt of requests or provide status updates outside of its normal response process.

I understand that my request will be reviewed and that in some circumstances I may not have the right to access all information dependent upon other applicable laws.

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.

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.