Request to Inspect Protected Health Information

Individual Name: ______________________________

Individual Address: ______________________________
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Individual Date of Birth: ______________________________

Individual SSN: ______________________________

Specimen ID # (if known) or Laboratory Consent ID # ______________________________

Please consider this a request for me to exercise my rights under federal and state laws to inspect and review any protected health information. I understand that my request will be reviewed and that in some circumstances I may not have the right to access all information. I understand that my request will be acted upon within thirty (30) days if my records are on site (or ninety (90) days if off site). I further understand that I will be contacted when my records are available for inspection.

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

Tell us how you would like to review this information.

☐ I would like photocopies mailed to me.

☐ I would like to review the records in your office

I understand that the provider to whom I am making this request if permitted under certain circumstances to deny me access to my records. This includes photocopy notes, information related to civil, criminal, or administrative actions or proceedings, or information obtained from someone other than a healthcare provider under a promise of confidentiality. I understand there is a fee of $6.50 which must be submitted in certified funds (i.e. cashier's check) to Clinical Reference Laboratory, Inc. (no personal checks will be accepted.)

Signature: ______________________________ *Date:* ______________

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NOTARY PUBLIC

My Commission Expires: ______________________________

In and for the County of ______________________________
State of ______________________________
Printed Name: ______________________________

Please Mail Form to:

Clinical Reference Laboratory, Inc. Attn: Privacy Officer, 8433 Quivira Road Lenexa, KS 66215