

Patient Completed Laboratory Results Request

How Patients Can Request Copies of Test Results

Starting October 1, 2014, we can provide test results to patients or to their legally authorized representative for specimens tested at the MPHL Laboratory. Please follow the steps below to ask for your test results.

- Complete ASO-1, Patient Request for Release of Completed Laboratory Results form. All fields are required. If all fields are not filled in, you may not get your results. If you have questions about the form, call the MPHL at (601) 576-7582.
- Mail or fax your completed ASO-1, Patient Request for Release of Completed Laboratory Results form to the below address or fax number. Include a copy of one (1) of the following: a valid Driver's license; ID card issued by federal, state, or local government; Passport; School ID card with photograph.

**Lab Document Controller/Records Request
Mississippi Public Health Laboratory
Thompson Facility
570 East Woodrow Wilson
Jackson, MS 39216
Fax: 601-576-7037, Attention: Records Request**

- Please allow up to 30 days for the MPHL to review and reply to your request. If we have questions, we will contact you.



Patient Request for Release of Completed Laboratory Results See page 2 for complete instructions

In order to assure patient identification in compliance with the Health Insurance Portability and Accountability Act (HIPAA), the Mississippi Public Health Laboratory (MPHL) requires the completion of the following information:

Patient Name		
Date of Birth		
Street Address		
City, State, Zip		
Provider		
Type of Test(s)		
Name of physician office, hospital or health department where test was collected:		
Date(s) when test collected:		
A copy of one of the documents listed below must be included with the completed form: a valid Driver's license; ID card issued by federal, state, or local government; Passport; School ID card with photograph; original or certified birth certificate		
I understand that this request is valid for the patient listed above and all results documented on this request will be released to the person signing this document. I understand MPHL records will contain personal healthcare information and when released MPHL is not liable for distribution beyond this signed request. If this document is not signed MPHL will not be able to process the request and results will not be provided. By signing below, I hereby swear and affirm that the above statements are true and correct to the best of my knowledge.		
Print Name	Signature	Date:
If parent, guardian, or personal representative: print your name and relationship: Submit a copy of your healthcare or durable Power of Attorney.		
Print Name	Signature	Relationship to patient
Send results by: Mail ___ Fax ___ Fax # _____ Phone # _____		

Name and Address information if report is sent to an alternate address

Name

Address

City, State, Zip

FOR MPHL STAFF ONLY: Received ___/___/___ Completed ___/___/___ Sent: Fax Mail Staff completing request _____
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Patient Request for Release of Completed Laboratory Results

Final laboratory test reports are issued only to the person on whom testing was performed, to the person who consented to have the testing performed, or if under 18, to a parent/guardian, or the person authorized by the patient to receive the results.

Only laboratory reports performed in the Mississippi Public Health Laboratory (MPHL) will be released to the appropriate person after review and approval of the required documents as part of this request. A request for laboratory reports performed in the MPHL should not be considered a request for a complete patient's medical records file.

The laboratory reserves the right to contact the ordering provider/submitter as needed to verify the authority and identity of the person requesting the laboratory test report.

The laboratory has up to 30 days from the time the request has been received to provide laboratory test reports directly to the patient. This allows time for the ordering provider/submitter to review the results and provide treatment, if required.

THE LABORATORY IS NOT RESPONSIBLE FOR INTERPRETING LABORATORY TEST RESULTS. If you have questions about the test results, please contact your medical provider.

Instructions: In order to provide your results, we must verify your identity to ensure that we are not violating healthcare privacy laws.

1. Submit a copy of one of the following identification documents with this completed form:
 - Driver's license
 - ID card issued by federal, state, or local government
 - Passport
 - School ID card with photograph
 - Original or certified birth certificate
2. If you are the parent or guardian of a patient under 18 years of age for whom you are requesting a laboratory test result, please provide proof of adoption or guardianship in addition to your identification documentation.
3. If you are the personal representative of the patient, please submit a copy of your healthcare or durable Power of Attorney.
4. Mail the completed forms and required documents to:

Lab Document Controller/Records Request
Mississippi Public Health Laboratory
Thompson Facility
570 East Woodrow Wilson
Jackson, MS 39216

Or Fax to:
601-576-7037, Attention: Records Request

Please allow 30 days for the request to be processed and returned to you. If you have questions, call 601-576-7582.