

**Oregon Health Authority**  
**Oregon State Public Health Laboratory**  
**P.O. Box 275**  
**Portland OR 97207-0275**  
**503-693-4100**  
**Fax 503-693-5602**



**PATIENT REQUEST FOR RELEASE OF LABORATORY TEST RESULTS**

To comply with the Health Insurance Portability and Accountability Act (HIPAA), this form is used to verify the identity of a patient (or his or her authorized representative) requesting the release of laboratory test results. If this request form is not filled out by the patient at the Oregon State Public Health Laboratory (OSPHL), it must be notarized to be considered. [Notary: Please verify the identity of the person making this request and then forward to the address above.]

Please be advised, according to Oregon Statute (ORS 438.430(3)), the OSPHL must wait at least 7 days before releasing test results at the request of a patient.

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Type of test(s): \_\_\_\_\_

Approximate date of collection: \_\_\_\_\_

Signature and date: \_\_\_\_\_

If parent / guardian of a minor, please print requestor's name: \_\_\_\_\_

For Newborn Screening results, please provide the Mother's name and Date of Birth below:

\_\_\_\_\_

**Verification of Identity:**

If request is mailed, have the notary seal and date the envelope prior to sending.

If request is made in person, present a government issued picture ID.

ID verified by OSPHL employee: \_\_\_\_\_ on \_\_\_\_\_.

**Mailing Address:** Please provide the address where you want the results sent to below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

For Notary Stamp: