DEPARTMENT OF PUBLIC HEALTH
SCOTT HARRIS, M.D., M.P.H.
STATE HEALTH OFFICER

BUREAU OF CLINICAL LABORATORIES
DONALD E. WILLIAMSON, M.D. STATE HEALTH LABORATORY
Sharon P. Massingale, Ph.D., HCLD/CC(ABB)
Laboratory Director

PATIENT REQUEST FOR RELEASE OF COMPLETED LABORATORY RESULTS

(See reverse side of form for instructions.)

In order to assure patient identification in compliance with the Health Insurance Portability and Accountability Act (HIPAA), the Alabama Department of Public Health Bureau of Clinical Laboratories requires the completion of the following information:

Patient's Name	
Date of Birth	
Street Address	
City, State, Zip	
Provider	
Type of Test(s)	
Physician Office/Health Dept. of Collection	
Date(s) when specimen collected:	
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 the ADPH-BCL records will contain personal healthcare information, and when released, the ADPH-BCL is not liable for distribution beyond this signed request. If this document is not signed, the ADPH-BCL will not be able to process the request, and results will not be provided.	
Check box below and provide information to the right as to how you would like to receive results. ☐Fax ☐ Email ☐ Address	
Sign and date to the right granting permission to release results as requested.	
If you are the parent, guardian, or personal representative, please print your name and relationship in this space.	

IF REPORT IS TO BE SENT TO AN ALTERNATE NAME AND ADDRESS, PROVIDE NAME AND ADDRESS BELOW:

Name:	
Address:	
City, State, Zip:	

FOR BCL STAFF ONLY:

Received: ____/____/_____

Completed: ____/____/_____

Staff Completing Request: _____

MAILING ADDRESS: POST OFFICE BOX 1000 | PRATTVILLE, AL 36067-9901
PHYSICAL ADDRESS: 204 LEGENDS COURT | PRATTVILLE, AL 36066-7893
EMAIL ADDRESS: clab@adph.state.al.us

PHAB
Advancing public health performance
Accredited Health Department

INSTRUCTIONS FOR REQUESTING COMPLETED PATIENT TEST RESULTS

Laboratory test results are issued only to the person on whom testing was performed, to the person who consented to have the testing performed, or if under 19, to a parent/guardian, or the person authorized by the patient to receive the results. 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 result(s).

The laboratory has up to 30 days from the time the request has been received to provide laboratory test results. This allows time for the provider 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 results, contact your medical provider.)

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
   - Original or certified birth certificate

2. If you are the parent or guardian of a patient under 19 years of age for whom you are requesting a laboratory test result, please provide a copy of the minor's birth certificate or proof of adoption or guardianship in addition to your identification documentation. Be advised that this laboratory will only provide a parent with access to a minor child's health information when and to the extent it is permitted under Alabama law.

3. If you are the personal representative of the patient, please submit a copy of your healthcare or durable Power of Attorney, or other relevant legal documentation.

Submit completed form and copy of identification to:
Administration Division, ATTN: *Records Request*
Bureau of Clinical Laboratories
P.O. Box 1000
Prattville, AL 36067-9901

Or Email to: clab@adph.state.al.us

Or Fax to: 334-285-6642, ATTN: *Records Request.* If you have questions, call 334-290-6130.