

# AUTHORIZATION FOR RELEASE OF PATIENT TEST RESULTS



Return to GeneDx by fax: (201) 421-2010      Attention: \_\_\_\_\_

Or email: zebras@genedx.com

Request for test results will usually be fulfilled within 30 days of receipt of this completed form. Please submit requests after testing is complete to avoid delays. If additional testing is requested, please send a completed requisition form to GeneDx.

## PATIENT INFORMATION: (\*Indicates required field)

First*	Middle*	Last*	DOB*
Street	City	State	ZIP
Home Phone*	Cell Phone	Business Phone	
Ordering Physician: _____ Date of Collection: _____ GeneDx Accession Number: _____			

## RELEASE TEST RESULTS TO: (\*Indicates required field)

**Individual 1:**

Self    Attorney    Insurance Company or Designee    Healthcare Provider    Employer    Other (specify): \_\_\_\_\_

**Preferred Method of Delivery:**    Fax    Mail    Secure Email    Un-secure Email

Name*	Email		
Street	City	State	ZIP
Phone*	Fax Number		

**Individual 2:**

Self    Attorney    Insurance Company or Designee    Healthcare Provider    Employer    Other (specify): \_\_\_\_\_

**Preferred Method of Delivery:**    Fax    Mail    Secure Email    Un-secure Email

Name*	Email		
Street	City	State	ZIP
Phone*	Fax Number		

## CONSENT (REQUIRED)

I  do  do not give GeneDx permission to discuss my genetic test results with the above named person, if different from patient. (Please select one)

I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

I may revoke this authorization by notifying the Privacy Officer of BioReference Laboratories, Inc., 481 Edward H. Ross Drive, Elmwood Park, NJ 07407 or Privacy@bioreference.com, in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

I understand that if I am authorizing the use or disclosure of HIV/AIDS-related information, the recipient(s) is prohibited from using or re-disclosing any HIV/AIDS-related information without my authorization, unless permitted to do so under federal or state law. I also understand that I have a right to request a list of people who may receive or use my HIV/AIDS-related information without authorization. If I am a resident of New York and experience discrimination because of the use or disclosure of HIV/AIDS-related information, I may contact the New York State Division of Human Rights at 212.480.2493 or the New York City Commission of Human Rights at 212.306.7450. These agencies are responsible for protecting my rights. UNLESS YOU SIGN HERE, NO INFORMATION ABOUT ALCOHOL/SUBSTANCE ABUSE, HIV/AIDS, OR MENTAL HEALTH WILL BE DISCLOSED:

YES, DISCLOSE THIS INFORMATION \*

NO, DO NOT DISCLOSE THIS INFORMATION \*

Authorized Signature of Patient: \_\_\_\_\_

My purpose/use of the information is for \_\_\_\_\_

This authorization expires on \_\_\_\_\_, 20\_\_\_\_, OR upon occurrence of the following event that relates to me or to the purpose of the intended use or disclosure of information about me: \_\_\_\_\_

By my signature below, I authorize GeneDx, Inc. to release the above individual's test results to the above address, fax number, or email address provided, or to release the above individual's exome sequence data to the above address and that I am authorized to make this request.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If other than patient, print full name: \_\_\_\_\_

Relationship to patient:    Parent    Guardian    Other (specify): \_\_\_\_\_

Power of attorney or other evidence of the person's authority to act as a personal representative of the patient is attached.

## FAQ FOR TEST RESULT REQUESTS

The Department of Health and Human Services (HHS) released an update to the HIPAA Privacy Rule which governs the rights patients have to request information from certain health care facilities. This update became effective April 7, 2014. Below are some common questions patients have when requesting reports from GeneDx, with information on how the HIPAA Privacy applies to them.

### Why is GeneDx asking me to submit a form?

GeneDx takes patient privacy seriously when we receive requests to release patient information. Accordingly, GeneDx needs to ask for certain information from the requesting individual in order to verify their identity, such as name, date of birth, and address of the individual being tested. We may require additional information, such as power of attorney, in some instances. Additionally, the form helps us to know where to send the requested information and allows us to better track your request.

### When will my results be sent?

GeneDx will act on most patient requests in a timely manner, but no later than 30 days after we receive them, as required by the Privacy Rule. In very rare circumstances, it may take more than 30 days to release certain requested information, such as archived materials held in offsite storage. In such case, GeneDx will send you, within the original 30 day timeframe, a request for a 30-day extension as allowed by the Privacy Rule.

### What if I send my request before testing is completed?

Requests received before testing is completed may not be able to be fulfilled. If the 30-day deadline is reached before testing has been completed, GeneDx will have no result report to release at the time we are required to do so. In such an instance, your request will be considered fulfilled with no report released. For this reason, we suggest submitting your request after the completion of testing.

### I asked for my results to be emailed, but I have not received them. Were they missed?

GeneDx uses a secure email system to protect patient privacy. It may not be apparent that GeneDx is the sender of these emails and therefore, a secure email may be filtered into your junk email folders. We suggest checking your junk folder if you are expecting an emailed report. If it does not arrive by the deadline, or if you are having difficulty opening the secure email, please do not hesitate to contact us by phone (301-519-2100) or email (zebras@genedx.com).

### Where can I read more about the HIPAA Privacy Rule mentioned here?

The United States Department of Health and Human Services website contains complete information concerning the Privacy Rule. Specifically, the page which concerns individuals' right to access their health information can be found at <http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/>.