

Patient Request to Access or to Disclose Protected Health Information (PHI)

You may use this Access Form to submit a written request to obtain PHI from Blueprint Genetics or to have us share PHI on your behalf. Information marked with an asterisk (*) is required. We will respond to your request within thirty (30) days of our receipt of this Access Form.

A. Patient's Information

Name*:	
Name at time of service if different than above, nickname(s) or alternate spellings*:	
Date of Birth*: Month / Day / Year	Phone Number: ()
Current Address*:	
Address at time of service if different than above*:	
Insurance ID#:	

B. Test Order Information

Ordering Physician /Office Name	Address	Phone	Approximate Dates of Service	Order ID

Requested PHI*: **Laboratory Test Results** **Order Form** **Other—please specify:** _____

C. Identification—Check one of the following as applicable*:

<p>I am the patient named above</p> <p>I am the parent of the patient named above</p> <p>I am the legal guardian of patient of the patient named above (provide proof such as court order or power of attorney)</p> <p>I am the authorized representative of the patient named above (provide proof such as court order, healthcare proxy, power of attorney)</p> <p>If not the patient, print your name clearly: _____ First Name Middle Name/Initial Last Name</p>
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D. Delivery Instructions—check all that apply and print clearly*

I request that the PHI described in this Access Form be provided to me (the patient) or the person(s) named below

Me (the patient) at CURRENT address in Section A above
Me at this alternate address: _____

Me at fax number: _____

Me by email—please read this important caution and select one:

Our standard practice is to send encrypted (secure) email, which means you will be prompted to log in to access the message. If you prefer, we will send you unencrypted email, but this way of communicating carries some risk that PHI in the email can be viewed or accessed by unauthorized parties.

Send an encrypted (secure) email (recommended)
Send you an unencrypted email—I have read and understand the caution above and accept the additional privacy risk.

Email address (if email delivery is requested): _____

Person(s) named below:

Name:
Address or fax number:
Name:
Address or fax number:

E. Signature*:

Signature*:	Date*:
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F. Please submit this completed Access Form (and any proof of representation, if required) to:

Blueprint Genetics **Or fax to: + 1 650 446 7790**
200 Forest St, 2nd Fl **Or email to: support.us@blueprintgenetics.com (US) [not recommended if unencrypted]**
Marlborough, MA 01752 **support.ca@blueprintgenetics.com (CAN) [not recommended if unencrypted]**

For office use only: Tracking #: _____ Initials: _____