



PATIENT REQUEST FOR ACCESS

Patients or their personal representative can complete this form for access to or release of protected health information (PHI) and submit it to the address or fax number above. Baylor Genetics (BG) will provide the requested PHI within 15 business days from receipt of the completed form unless an extension is requested.

PATIENT INFORMATION

____ / ____ / ____ Request Date (MM / DD / YYYY)	_____ Patient First Name		_____ Patient Last Name	
____ / ____ / ____ Birth Date (MM / DD / YYYY)	_____ Phone	_____ Fax	_____ Email	
_____ Address		_____ City	_____ State	_____ Zip

PATIENT REQUEST FOR ACCESS TO OR RELEASE OF PHI TO ANOTHER

I request that BG release the patient's PHI maintained by BG to:

The Patient or their Personal Representative

The following Person/Organization:

_____ First Name		_____ Last Name	
_____ Phone	_____ Fax	_____ Email	
_____ Address		_____ City	_____ State Zip

INFORMATION TO BE DISCLOSED, FORMAT, DELIVERY METHOD, FEES* AND EXPIRATION DATE

Test Results

Raw Data

Other (Please describe): _____

I understand the PHI requested to be disclosed may contain genetic information and by checking this box consent to its release. (If you do not check this box, BG will not be able to release any records containing genetic information.)

DATE RANGE:	To _____	From _____
FORMAT:	Paper _____	Electronic _____
DELIVERY:	Mail _____	Fax _____

EXPIRES: _____ If no date is entered this request expires one (1) year from the date signed unless written revocation is received before then.

*Fees: A reasonable, cost-based fee for copies, including postage to mail records if requested. You will be notified of the fee before the request is processed.

SIGNATURES

_____ Patient Signature	____ / ____ / ____ Date (MM / DD / YYYY)
_____ Patient's Personal Representative**: Signature	____ / ____ / ____ Date (MM / DD / YYYY)
_____ Printed Name	_____ Relationship to Patient

**Attach documents demonstrating your authority to act on behalf of the patient if you are not the parent. (e.g., A valid power of attorney letter, court order; guardianship papers)