PATIENT REQUEST FOR RELEASE OF LABORATORY TEST RESULTS

Montana Department of Public Health and Human Services
Public Health Laboratory
1400 Broadway, Room B206
Helena, MT 59601
Telephone: 1-800-821-7284
Fax: 406-444-1802

The Montana Public Health Laboratory will provide test reports within 10 business days of receiving the completed test request form. A government issued photo ID which establishes the identity of the individual making the request and their legal right to obtain the test reports must be presented when bringing a request to the Laboratory Services Business Office or to a notary public prior to faxing or mailing a request. This information, as well as the information requested below are required to ensure that your private health information is protected in compliance with HIPPA guidelines.

Please provide the following information:

Patient's Name: ____

Patient's Date of Birth: ____

Street Address: ____

City, State, Zip: ____

Phone number: ____

Provider: ______________________________Phone: ______________________________

Type of Test: ____

If Sickle Cell Trait, provide mother's maiden name: ____

Approximate Date Test performed: ____

Signature and Date: ____
If patient is under 18 years old, a parent or legal designated guardian must present identification or other documentation that establishes the right to have the patient's protected healthcare information.

If Parent or Guardian, Please Print Name: ____

Verification of Identity:
If request is mailed or faxed, provide Notary Seal,

Notary Signature and Date: ______________________________________

If request made in person, identification or other documentation verified by ______________________________

If report is to be sent to an alternate address, please provide that information below:

Name: ____

Address: ______________________________City, State, Zip: ______________________________

Phone: ______________________________Fax: ______________________________

For Office Use Only

Date Request Received: ____

Date Request Mailed: ____

Staff Who Completed Request: ____