



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 _____
Provider _____
Type of Test _____
Approximate Date
Test performed _____
Signature and Date _____
If Parent or Guardian
Please Print Name _____

A parent or legal designated guardian must present identification or other documentation that establishes the right to have the patient's protected healthcare information.

Verification of Identity:

If request is mailed or faxed, provide Notary Seal, Date _____
and Signature _____

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 _____

For Office Use Only

Date Request Received _____
Date Request Mailed _____
Staff Who Completed Request _____