



PATIENT REQUEST FOR RESULTS

FIRST NAME: _____

LAST NAME: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

CLINIC/FACILITY NAME: _____

COLLECTION DATE OF SAMPLE: _____

Patient Signature and Date

Patient Representative/Guardian and Date

Please email this request along with a copy of your driver's license so Westox may provide your requested results.

I would prefer the lab results be: Mailed Emailed

Provide mailing address or email address: _____

Policy

A change to the HIPAA Privacy rule published on February 6, 2014 at 45 CFR 164, amended the CLIA regulations at 42CFR 493.1291 to specify that upon the request of a patient (or the patient's personal representative), laboratories subject to CLIA may provide the patient, the patient's personal representative, or a person designated by the patient, as applicable, with copies of completed test reports that, using the laboratory's authentication process, can be identified as belonging to that patient. It is Westox Labs' policy, to provide a complete, signed out report to patient or patient representative upon request.

Procedure

Results will be provided within 30 days of the request. If complete test results are not available within 30 days, the lab will notify the individual requesting the result, in writing, of the reason for the delay. Results will be provided to the patient or personal representative in the format that the individual requests, if readily available. If not readily available in the requested format, the copy must be either a readable hard copy or other format agreed upon by the individual and the laboratory.

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