Release of Laboratory Results to Patients

Atrium Health Wake Forest Baptist	**DOCUMENT TYPE:** Procedure	**ORIGIN DATE:** April 2015
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APPLICABLE LABORATORY(S):

☒ North Carolina Baptist Hospital (NCBH)
☐ Lexington Medical Center (LMC)
☐ Davie Medical Center (DMC)
☐ Wilkes Medical Center (WMC)
☐ High Point Medical Center (HPMC)
☐ Westchester
☐ Clemmons

PROCEDURE STATEMENT

It is the policy of Wake Forest Baptist Medical Center Department of Pathology to provide patients or their legal representatives with copies of laboratory results within 30 day as required by HIPAA and our own Medical Center *Patient Rights and Privacy Practices Policy*.

PURPOSE

The purpose of this procedure is to provide laboratory staff with the direction needed to compliantly meet the requests of the patient or their legal representative.

SCOPE

Laboratory staff of the Department of Pathology.

DEFINITIONS

A. ***Procedure:*** A process or method for accomplishing a specific task or objective.

B. ***WFBH Lab System:*** Wake Forest Baptist Lab System is a health system that includes Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), Lexington Medical Center (LMC), Davie Medical Center (DMC), Wilkes Medical Center (WMC), High Point Medical Center (HPMC), Lab at Westchester and Lab at Clemmons.

PROCEDURE GUIDELINES

A. A request for laboratory results may be received by the laboratories via phone, electronic communications, or other reasonable forms of communication.

B. Release of Clinical results will be handled by Client Services while Anatomic Pathology (AP) results will be handled by AP Support.

C. After hours the results request will be completed by Central Processing and results can generally be picked up the next day, excluding holidays and weekends. For AP results request after hours, the telephone line is set up with automated recording with instruction for the caller to leave a voicemail and a call-back info.

D. Upon receipt of a request, the patient or legal representative is to be provided with the "*Authorization for Use or Disclosure of Protected Health Information*" form, English or Spanish, found in *Patient Rights and Privacy Practices Policy, Attachment B*. The form can be obtained on the intranet at *https://intranet.wakehealth.edu/tools/forms* or follow the path below.

    1. English or Spanish version:
        - Go to Tools
        - Select Forms
        - Scroll down to Consent Forms
        - Select "Authorization for Use and Disclosure of Protected Health Information" (English or Spanish)

E. Laboratory personnel may assist the patient or legal representative with completion of the form.

F. The laboratory MUST obtain a signed form before further assistance can be provided. The form is not considered complete unless the information is completed, signed and dated by the patient or legal representative per Atrium Health Wake Forest Baptist *Patient Rights and Privacy Practices Policy.*

G. PHI may be used or disclosed upon receipt of *Authorization for Use or Disclosure of Protected Health Information* form that has been signed by the patient or the patient's legal representative.

H. Upon receipt of a signed *Authorization for Use or Disclosure of Protected Health Information* form, the laboratory personnel provides the patient or legal representative with the requested results.

I. If the Laboratory personnel provides the results directly to the patient or legal representative, identity of the patient and legal representative must be verified:

    1. Release of result directly to the patient:

a. At least two patient identifiers are necessary for verification of patient identity. Identifiers can include other PHI, such as MRN, name, date of birth, which would reasonably establish that the requestor is who he/she claims to be (see Medical Center *Patient Identification* policy).

b. A current valid official photo identification is required and should be copied and retained by the Laboratory. The following are examples of acceptable forms of photo identification: Government issued photo identification card, Driver's license, State issued identification card, Military identification card, Passport (see Medical Center *Patient Identity Verification Procedure*).

2. Release of result to patient's legal representative:

a. There should be an authority for the request.

b. Identity of the patient must be verified. At least two patient identifiers are necessary for verification of identity. Identifiers can include other PHI, such as MRN, name, date of birth (see Medical Center *Patient Identification* policy).

c. Identity of the legal representative must be verified.

d. A current valid official photo identification of the patient and of the legal representative is required and should be copied and retained by the Laboratory. The following are examples of acceptable forms of photo identification: Government issued photo identification card, Driver's license, State issued identification card, Military identification card, Passport (see Medical Center *Patient Identity Verification Procedure*).

3. Results should only be provided directly to a patient or legal representative once properly identified.

4. The patient should be an adult (greater than or equal to 18 years of age); **pediatric results requests should be processed through Health Information Management (Medical Records).**

5. Upon verification of patient and legal representative identification, the laboratory personnel should complete the *Department of Pathology Release of Laboratory Results* form (see *Attachment A*) and provide a printed copy of the requested laboratory results to the patient or legal representative.

6. Copies of the patient's identification, legal representative identification, and the *Authorization for Use or Disclosure of Protected Health Information* form should be scanned in to the patient medical record under the media tab.

7. Send all documentation to *Laboratory Quality, Safety & Accreditation (LQS&A)* office to be held there (see *Records Retention Summary* below).

J. Records Retention Summary:

1. When providing results directly to the patient or legal representative, the Laboratory should retain copies of:

    a. Completed *Department of Pathology Release of Laboratory Results* form (see *Attachment A*).

    b. Current valid official photo identification provided by the patient and legal representative.

    c. Completed and signed "*Authorization for Use or Disclosure of Protected Health Information*" form.

2. At all times, records of information released should be readily available for regulatory inspectors, compliance, privacy office, and the LQS&A director. Therefore, copies of this information should be forwarded to the LQS&A office for storage.

K. Documentation:

1. Client Services is responsible for coordinating the documentation flow of requests for patient results including:

    a. When to provide results directly to patient or legal representative.

    b. When to refer the patient or legal representative to Health Information Management (Medical Records).

    c. Accurate completion of the *Department of Pathology Release of Laboratory Results Form* (see *Attachment A)*.

    d. Accurate completion of the *Authorization for Use or Disclosure of Protected Health Information* form.

    e. Ensuring that all completed forms are scanned in to the patient EMR to track the occurrence of the disclosure.

    f. Ensure patient's request for results are completed by the laboratory within 7 days. If it is anticipated that a request for laboratory results cannot be completed within 7 days, contact the LQS&A Director immediately, so that an exception to the request can be managed and documented.

    If the lab is not able to provide copy of the record within 30 days of departmental receipt of request, the Privacy Office must be notified prior to the expiration of the 30 day time period (see *Patient Rights and Privacy Practices Policy, section C, #2)*.

    g. Follow up with patient or legal representative if there are any anticipated delays that would prevent the lab from providing the results within 7 days.

References:
N/A

RELATED PROCEDURES/POLICIES IN NAVEX

A. Patient Rights and Privacy Practices Policy

B. Patient Identification

C. Patient Identity Verification Procedure

Attachments/Linked Documents in Title 21

A. Attachments:

1. Attachment A: Department of Pathology Release of Laboratory Results Form

B. Links:

N/A

REVISION DATES: REVIEW CHANGE SUMMARY AS REPRESENTED IN TITLE 21.

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Attachment A:

DEPARTMENT OF PATHOLOGY
RELEASE OF LABORATORY RESULTS FORM

Patient Name:	
Medical Record number:	
Date and time of request:	
Date and time results provided to patient or legal representative:	
Name of lab staff providing results to patient or legal representative:	
Signature of lab staff providing results to patient or legal representative:	
Attach copy of a current valid official photo identification provided by the patient and legal representative per policy.	
Attach completed and signed "*Authorization for Use or Disclosure of Protected Health Information*" form.	

List results released to patient:

Test Name	Test Date	Accession #