

## TRAINING UPDATE

**Lab Location:** SGAH & WAH  
**Department:** Client Service

**Date Distributed:** 1/5/2015  
**Due Date:** 2/1/2015  
**Implementation:** 2/2/2015

### DESCRIPTION OF PROCEDURE REVISION

<b>Name of procedure:</b>
<b>Patient Requesting Results SGAH / WAH.CS12 v1</b> <b>Request to Access PHI and HIPAA Notification Letter</b> <b>AG.F223.1 (SG) and AG.F224.1 (WAH)</b>
<b>Description of change(s):</b>
Section 5: add phone number as level one identifier Section 6: added updated PHI forms  Updated forms to match Corporate versions  <b>The revised SOP and forms will be implemented on February 2, 2015</b>

**Document your compliance with this training update by taking the quiz in the MTS system.**

**Approved draft for training (version 1)**

Non-Technical SOP

<b>Title</b>	<b>Patient Requesting Results</b>	
<b>Prepared by</b>	Leslie Barrett	Date: 10/27/2009
<b>Owner</b>	Samson Khandagale	Date: 10/27/2009

<b>Laboratory Approval</b>		
<b>Print Name and Title</b>	<b>Signature</b>	<b>Date</b>
<i>Refer to the electronic signature page for approval and approval dates.</i>		
Local Issue Date:		Local Effective Date:

<b>Review:</b>		
<b>Print Name</b>	<b>Signature</b>	<b>Date</b>

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**1. PURPOSE**

This procedure defines the process for providing test results to patients.

**2. SCOPE**

This procedure applies to all Laboratory staff.

**3. RESPONSIBILITY**

All staff must comply with all applicable laws and regulations that govern our business operations, including but not limited to those laws, rules and regulations governing test reimbursement under the Medicare and Medicaid programs.

All employees are required to complete compliance training on an annual basis.

**4. DEFINITIONS**

**Protected Health Information (PHI):** All individually identifiable patient health information obtained, maintained, used or disclosed, regardless of its format (oral, electronic, and paper). PHI is the patient health information we use every day to do our job – the personal and medical information that relates to specific patients. Examples include completed requisitions, patient reports, and completed insurance claim forms.

**5. PROCEDURE**

**A. Patient Rights**

1. Patients have certain rights concerning their PHI and how it is used, disclosed, obtained and or maintained by Quest Diagnostics.
2. If the report contains results relating to drug and alcohol abuse, AIDS, and sexually transmitted diseases, physician approval is required before releasing to the patient.

- B. Process when a patient requests test results:
1. Instruct the patient that they must appear in person and bring valid identification.
  2. Provide the patient with a PHI form to complete. Forms are maintained in the Laboratory client service area.
  3. Patient returns completed PHI form and provides valid identification.
  4. Staff verifies ID with information on PHI form and information in LIS.

Ensure that the records match. Information requested by the patient is considered a match to the retrieved record if both of the following two criteria are met.

**The record must match A TOTAL OF 4 DIFFERENT ITEMS.**

- ◆ **Patient name (last name and first name)**

**AND**

**Two of the Level One Identifiers and One of Level Two Identifier, OR One Level One and Two Level Two.**

**LEVEL ONE Identifiers:**

- ◆ Patient date of birth
- ◆ Patient phone number
- ◆ Patient social security number (or last four digits of patient social security number)

**LEVEL TWO Identifiers:**

- ◆ Patient address of record (the most recent address we have)
- ◆ Patient insurance ID number
- ◆ Ordering physician's name (or practice name)
- ◆ Ordering physician's address
- ◆ Ordering physician's phone number. The business unit or function can call the practice to confirm the phone number if it is different from the number in the system.

**Note:** If positive identification is NOT obtained as specified above, results are NOT to be given to the patient.

5. Print lab reports using the appropriate LIS function.
6. Give the patient the printed results.
7. If the patient designates an alternate address for mailing or a fax number, then the report should be faxed and/or mailed as indicated.
8. The state of Maryland requires that the physician be notified when results are provided to his/her patient. Complete the HIPAA notification letter and mail/fax to the physician's office.
9. The completed PHI form:  
At SGAH - form is attached to the patient's initial test requisition, filed and held for 3 months in case any issues that arise. After 3 months the information is sent to Iron Mountain storage.

At WAH – form is filed alphabetically by patient name in the PHI section of the file cabinet. After 3 months the information is sent to Iron Mountain storage.

C. Requests by someone other than the patient

1. If the request is made by a parent/guardian of the patient –  
 Check the patient’s date of birth to ensure that the patient is under the age of 18  
 Verify with the parent/guardian that he/she is the parent/guardian of the patient  
 and/or has the right to the records (i.e., the requestor is the custodial parent and  
 the patient is not an emancipated minor).
  
2. If the request is made on behalf of a patient by the patient's personal  
 representative –  
 Obtain personal identification and valid written documentation (proof) that the  
 requestor is authorized to represent the patient, for example, a health proxy, court  
 order, legal guardianship, or living will that clearly establishes the authority of the  
 personal representative.
  
3. If the request indicates that the report will be picked up by a personal  
 representative –  
 The person picking up the record must present a picture ID and, in addition, the  
 personal representative must provide proof that he or she is authorized to  
 represent the patient (see 2 above).

6. **RELATED DOCUMENTS**

HIPAA Policy, Laboratory policy manual  
 Request to Access PHI and HIPAA Notification Letter (AG.F223, AG.F224)

7. **REFERENCES**

Quest Diagnostics Incorporated Corporate SOP 703A Patient Access Requests

8. **REVISION HISTORY**

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP L052.000		
000	12/1/2014	Section 5: add phone number as level one identifier Section 6: added updated PHI forms Section 9: removed outdated documents Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13	L Barrett	S Khandagale

9. **ADDENDA AND APPENDICES**

- ~~A. Request to Access PHI form (example attached to this document, see Attachment Tab of Infocard for actual form)~~  
~~B. HIPAA Notification Letter (see Attachment Tab of Infocard)~~

Form revised 3/31/00





Quest Diagnostics at  
Shady Grove Medical Center  
9901 Medical Center Drive  
Rockville, MD 20850

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Doctor Name*

\_\_\_\_\_  
*Address*

Re: Release of Patient's Medical Records

Dear \_\_\_\_\_:

Maryland COMAR 10.10.06.04 requires that we inform you that your patient has submitted to us a written request for a copy of their records. This form is to notify you that we have forwarded a copy of those records as requested by the patient. No further action is required by your office.

This is to notify you that your patient \_\_\_\_\_ has requested their laboratory results for the following date(s) of service: \_\_\_\_\_.

In accordance with the request, a copy of the report (s) has been provided to:

\_\_\_\_\_  
*Patient name*

\_\_\_\_\_  
*Patient address*

Sincerely,

Laboratory Services  
240-826-6085







Quest Diagnostics at  
Washington Adventist Hospital  
7600 Carroll Ave  
Takoma Park, MD 20912

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Doctor Name*

\_\_\_\_\_  
*Address*

Re: Release of Patient's Medical Records

Dear \_\_\_\_\_:

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In accordance with the request, a copy of the report (s) has been provided to:

\_\_\_\_\_  
*Patient name*

\_\_\_\_\_  
*Patient address*

Sincerely,

Laboratory Services  
301-891-5142