

TRAINING UPDATE

Lab Location: SGMC and WAH
Department: Processing

Date Implemented: 3.22.2017
Due Date: 4.5.2017

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

Patient Requesting Results

Description of change(s):

1. Updated formatting.
2. Reminder that we must notify the ordering physician each time a patient requests copies of lab results.

Electronic Document Control System



Quest
Diagnostics

Document No.: SGAH.CS12[1]

Title: PATIENT REQUESTING RESULTS

Owner: LESLIE.X.BARRETT LESLIE BARRETT

Status RELEASED

Effective Date: 02-Feb-2015

Next Review Date: 02-Feb-2017

Implementation Date: 2/2/15 6:34 am

Review

REVIEW: DEFAULT DOCUMENT

Approver

LAURIE M ROTHSTEIN

SAMSON KHANDAGALE

NICOLAS CACCIABEVE

Status

APPROVED

APPROVED

APPROVED

Sign-off Date

12/2/14 9:58 am

12/3/14 11:49 am

12/3/14 5:00 pm

Non-Technical SOP

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

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

Review:		
Print Name	Signature	Date

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Form revised 3/31/09

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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.

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Form revised 3/31/00

- 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.

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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

None

Form revised 3/31/00

Electronic Document Control System



Document No.: AG.F223[2]

Title: Request to Access PHI and HIPAA Notification Letter SGMC

Owner: LESLIE BARRETT

Status: RELEASED

Effective Date: 10-Feb-2017

Next Review Date: 10-Feb-2019

Implementation Date: 2/10/17 10:45 am

Review

REVIEW: DEFAULT DOCUMENT

Approver

NICOLAS CACCIABEVE

STEPHANIE L CODINA

Status

APPROVED

APPROVED

Sign-off Date

2/6/17 4:40 pm

2/6/17 10:11 am

Patient Request to Access or to Disclose Protected Health Information (PHI)

In order for us to identify the requested patient PHI, please complete all required information. Using the information provided, we will attempt to identify the laboratory tests results and or order form. *Indicates REQUIRED information.

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A. Patient's Information:

Name*: _____ Phone Number: (____) _____
First Name Middle Name/Initial Last Name

All other Names*: (nicknames, alternate spellings, former name, etc.): _____

Date of Birth*: _____
(MM/DD/YYYY)

Address*: _____

Social Security Number (last four digits) _____ Insurance ID# _____

B. Test Order Information:

Ordering Physicians' (or Office) Name(s)*: _____

Ordering Physician's Address(s)*: _____ Approximate Date(s) of Service*: (MM/DD/YY)

Phone Number(s): (____) _____ (____) _____

Requested PHI: Laboratory Test Results Order Form Other: _____

C. Requester Authorization:

By my signature, I request that Quest Diagnostics search its records and provide me or the individual I request in box D below, with a copy of the PHI requested.

NOTE: If you are a legal representative of the patient please provide proof of representation as requested (healthcare proxy, court order, power of attorney, etc.).

Printed Name*: _____

*Relationship: (Check One)
 Self Parent Legal Guardian Legal Representative
(Provide Proof) (Provide Proof)

Signature*: _____ Date*: _____

D. Delivery Instructions for Laboratory Test Results or Order Form:

Send to (Name)*: _____

Address (if different than above)*: _____

or Fax Number*: _____

or Email address: _____ (PLEASE PRINT)

For easy electronic access to your lab results, please visit www.questdiagnostics.com/MyQuest or download the MyQuest App for iPhone or Android.

E. Please submit the completed form (and any proof of representation, if required) to:

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

Or fax to: (240) 826-5411

Quest Diagnostics will respond within 30 days of receipt of this request.

Internal use only: Date received: _____

Tracking #: _____ Initials: _____



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