PROTECTED HEALTH INFORMATION REQUEST

PinPoint Testing Laboratory

All sections of the form must be completed in order for PinPoint Testing-Florida to fulfill the request.

REQUESTED PHI ☐ LABORATORY TEST RESULTS ☐ ORDER FORM ☐ OTHER:_____ ☐ TOX

I, _____, request that PinPoint Testing-Florida provide a copy of the item selected above for the specimen sent on _____ to PinPoint Testing-Florida for testing. I understand that PinPoint Testing-Florida will not provide interpretation of results of the testing that has been ordered.

*Please complete the section below **ONLY** if you are the patient's designated representative.* ***DOCUMENTATION WILL BE REQUIRED**

I _____, the personal representative for_____ (patient name) have the authority under applicable law to make health care decisions for the individual listed above. I have provided copies of the following documents along with this request to support that authority (health care proxy, court order, power of attorney etc.).

By my signature, I request that PinPoint Testing-Florida search its records and provide me or the individual I request in the "Delivery Instructions" box 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.).

RELATIONSHIP (CHECK ONE): ☐ SELF ☐ PARENT ☐ LEGAL GUARDIAN* ☐ LEGAL REPRESENTATIVE*

PRINTED NAME

SIGNATURE DATE

PATIENT INFORMATION

FULL NAME PHONE NUMBER DATE OF BIRTH

ADDRESS CITY

STATE ZIP CODE INSURANCE ID # DATE OF SERVICE

TEST ORDER INFORMATION

ORDERING PROVIDER NAME FACILITY/PRACTICE NAME

ORDERING PROVIDER ADDRESS CITY STATE ZIP CODE

ORDERING PROVIDER PHONE NUMBER PINPOINT ACCOUNT NUMBER

DELIVERY INSTRUCTIONS FOR LABORATORY TEST RESULTS OR ORDER FORM

SEND TO (NAME) FAX NUMBER

ADDRESS (IF DIFFERENT THAN ABOVE) CITY STATE ZIP CODE

Please submit the completed form (and any proof of representation, if required) to:
PinPoint Testing-Florida
4201 Vineland Road, Suite I-12
Orlando, Florida 32811
ATTN: Client Services
or fax to: 844.965.9703

Internal use only:

Date received:_____ Tracking #:_____

Date sent:_____ Initials: _____

Account #:_____ Req #: _____

PinPoint Testing-Florida will respond within 30 days of receipt of this request.