

SEPA Labs – Off-Site HIPAA Request Form

Section A: Patient Information (Please Print)

Name: (Last, First, Middle Initial, Last, Title [Sr., Jr., III.])

Date of Birth: (Month/Day/Year)

Address: (Please include Street, City, State, and ZIP Code)

Social Security Number

Telephone:

Section B: Place where health information is to be sent: (Last, First, Middle Initial, Last, Title [Sr., Jr., III.] or Health Provider Information)

Telephone:

Address: (Please include Street, City, State, and ZIP Code)

Relationship to Patient:

Section C: Documentation (Attach supporting documentation confirming your identity and describe the type of documentation you have enclosed. For example: Drivers License or other government issued identification.)

Type of Documentation:

Section D: Signature of Patient

I hereby swear that I am the Patient listed above. I am confirming that SEPA Labs may disclose my protected health information for the matter or purpose described in this form.

Signature:

Date:

Patient

(MUST complete form before signing; Sign in front of Notary)

To safeguard your privacy and insure no one other than the person you designate receives your Individually Identifiable Health Information, this request must be notarized. (Notary services can often be provided free of charge at a bank with whom you maintain an account).

Date: _____ Notary Public Signature:

Notary Public Printed: _____

My Commission expires on: _____

Notary Public Seal:

Please forward this completed form to:

SEPA Labs
Privacy & Security Office attn: Jane Drury
203 Indigo Drive
Brunswick, GA 31525

PLEASE KEEP A COPY OF THIS REQUEST