Instructions for Record Request Form

- **SonicMyAccess Patient Portal:**
  - Complete Section Patient Information and Sections 2 and 3.

- **Patient Information:**
  - Information is for the person for whom records are being requested. Name, address, date of birth and gender are required. Phone contact information and Insurance ID number will be helpful.

- **Section 2: Email Address**
  - The email address provided in Section #2 should match the one entered during online account registration.

- **Section 3: Signature:**
  All requests must be signed and dated. Please indicate what the relationship is between the requestor and the patient. Parents or legal guardians may obtain and/or authorize the release of protected health information from their child's medical record if the child is 17 years old or younger. Individuals over the age of 17 must authorize the release of their own information and may choose to create a SonicMyAccess portal account or submit a Record Request Form to receive delivery by email, mail or fax.

- **Submission of completed form and proof of identity:**
  Legal Guardians and Personal Representatives must provide written documentation to prove the authority to access the records.

  This form can be left at the Clinical Pathology Laboratories (CPL) Patient Service Center. Please provide a valid picture identification to expedite the process.

  Alternatively, the form may be mailed, emailed or faxed to CPL. Emailed, mailed or faxed request forms must be accompanied by a copy of two forms of identification (Driver's license or State Identification card, Insurance card, Military ID, Social Security card, Passport, US Tribal or Bureau of Indian Affairs ID card, Certification of Citizenship – N560, Employee Authorization card). See bottom of form for submission information.

CLINICAL PATHOLOGY LABORATORIES

Clinical Pathology Laboratories
9200 Wall Street
Austin, TX 78754

www.cpllabs.com
P: 844.280.8484

[31683]

CLINICAL PATHOLOGY LABORATORIES
A Sonic Healthcare Clinical Laboratory

MINOR PORTAL REQUEST FORM
(Instructions on reverse)

1. PATIENT INFORMATION:

Accession

*Name -Last *First MI

Other names to search (maiden name, nickname, former names, etc)

Address

Insurance ID Cell Phone or Other Primary

*Date of Birth M M - D D - Y Y Y Y *Sex

82480

Patient Record Request
9200 Wall Street
Austin, TX 78754

Internal Use Only
❑810 Pt Record Request for current accession (place accession label above)
❑815 Pt Records Request for past records
❑Photo ID Verified
❑817 Standing/Future Order

RR4
Rev 2022

PSC ID
Phleb ID

2. Complete registration for CPL SonicMyAccess portal account at cpl.luminatehealth.com (minor and/or guardian accounts):

❑ Email Address:

My signature below attests to the fact that I have the right to access the records requested.

3. *Signature ***Date**

*Relationship: ❑Self ❑Parent ❑Legal Gaurdian (provide proof) ❑Personal Representative (provide proof)

*Printed Name: *Initials:

FOR INFORMATION OR TO SUBMIT FORM:

Clinical Pathology Laboratories
PO Box 144193
Austin, TX 78714-4193

phone: (844) 280-8484 (toll free)
fax: (844) 456-2264
email: patientrecords@cpllabs.com

Visit: www.cpllabs.com

Patient Verification of Information
Initials _____
Date _____
For each use with 817

For patient safety, any changes to information require a new form to be completed.
*Indicates REQUIRED Information