

Clinical Pathology Laboratories

CLIA Program and HIPAA Privacy Rule; Patients' Access to Test Reports

Effective Date: April 4, 2014

Implementation Date: October 6, 2014

On February 6, 2014, The Department of Health and Human Services (HHS) issued modifications to the HIPAA privacy rule, entitled "CLIA Program and HIPAA Privacy Rule; Patients' Access to Test Reports". *The rule can be viewed in its entirety at: <http://www.gpo.gov/fdsys/pkg/FR-2014-02-06/pdf/2014-02280.pdf>*

The provisions of the rule include:

- A patient or authorized patient representative has the right to receive **completed** laboratory reports **directly from any CLIA certified laboratory**.
- Patients/representatives may request current or prior reports. The duration of record retention is variable and meets the specifications of the Clinical Laboratory Improvement Amendments (CLIA), College of American Pathologists (CAP), and CMS.
- Report delivery must be in the form and format requested by the patient/representative if a copy in that form or format is readily producible.
- Report must be issued to the patient/representative within 30 days of request unless preempted by state law. In the states of Texas and Louisiana, records must be provided within 15 days of the written request. **The rule provides sufficient time to allow a treating provider to receive a test report in advance of the patient's receipt of the report and to communicate the result to and counsel the patient as necessary.**
- The laboratory is not required to provide clinical interpretation of results to patient/representative.
- **There is no routine exclusion or refusal to release "sensitive tests" to patients unless a licensed healthcare professional specifically renders a judgment that the information is "reasonably likely to endanger the life or physical safety of the individual or another person".**

CPL's responses to the provisions of the rule include:

- ✓ An authentication process for release of patient results to include a Record Request Form with instructions for completion and submission (see reverse).
- ✓ A secure method of report delivery to patients/representatives in form/format requested.
- ✓ Updated Notice of Privacy Practices (NPP) reflecting patient/representative right to access completed laboratory reports.
- ✓ **A new order code for use by providers when they believe results are "reasonably likely to endanger the life or physical safety of the individual or another person". Order code 813, Patient Record Request Review holds results from release directly to patients. The code may be ordered manually or electronically with specimen collection and submission or verbally added after specimen is submitted to the laboratory. CPL will monitor use of order code 813 to make sure it is not routinely used to prevent result release.**
- ✓ CPL will not provide clinical interpretation of laboratory results to patients or their representatives.

I welcome any questions that you have and appreciate your support.

Sincerely,

Mark A. Silberman, M.D.

Mark A. Silberman, M.D.

Laboratory Director

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Thank you for supporting



CLINICAL PATHOLOGY
LABORATORIES

A Sonic Healthcare Company

Accession

1. PATIENT INFORMATION:

*Name - Last	*First	MI	
Other names to search (maiden name, nicknames, former names, etc)			
*Address			
Insurance I.D.		Cell Phone or Other Primary Phone	
*Date of Birth		*Sex	
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	

<i>Internal Use Only</i>	<input type="checkbox"/> Photo ID Verified	RR 1	PSC ID
<input type="checkbox"/> 810 Pt Record Request for current accession (<i>place accession label above</i>)	<input type="checkbox"/> 817 Standing/Future Order	Rev 08/2014	Phleb ID
<input type="checkbox"/> 815 Pt Record Request for past records			

2. PLEASE INDICATE THE MEDICAL RECORDS REQUESTED:

- Results for the laboratory tests collected or dropped off today (810)
- Prior results specified below (815)

Ordering Physician Name	Ordering Physician City & State	Date of Service Month & Year

Other records, specify records requested and approximate date of service (815) _____

3. PLEASE SELECT ONE OF THE FOLLOWING METHODS FOR TRANSMISSION:

Send to (*enter Name if different from above*): _____

*By (*please mark one*):

- Email address: _____
- Fax Number: _____
- Mail (*enter address if different from above*): _____
- Other (*specify*): _____

My signature below authorizes Clinical Pathology Laboratories (CPL) to release the records containing Protected Healthcare Information (PHI) I have requested.

4. *Signature: _____ ***Date:** _____

*Printed Name: _____ *Relationship: Self Parent

_____ *Initials _____ Legal Guardian (provide proof) Personal Representative (provide proof)

FOR INFORMATION OR TO SUBMIT FORM:

Clinical Pathology Laboratories phone: (844) 280-8484 (toll free) Visit: www.cpllabs.com
 PO Box 144193 fax: (844) 456-2264
 Austin, TX 78714-4193 email: patientrecords@cpllabs.com

CPL will use best efforts to respond within 2 weeks of request unless testing requires extended period of time. For patient safety, any changes to information requires a new form to be completed.

*Indicates REQUIRED Information

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