



THE PATHOLOGY LABORATORY
830 BAYOU PINES DRIVE
LAKE CHARLES, LA. 70601
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**AUTHORIZATION FOR
DISCLOSURE OF
HEALTH INFORMATION**

I hereby authorize **THE PATHOLOGY LABORATORY** to disclose the following information from the health records of:

Patient Name: _____ **Date of Birth:** _____ **SSN (last 4)** _____
Address: _____ **Telephone:** _____
City, State, Zip: _____ **Accession Number:** _____

This information is to be disclosed to: _____,
Covering the period(s) of health care from: _____ to: _____,

Send via: **(initials required)**

_____ **mail:** _____ City/St/Zip _____
_____ **fax:** () _____
_____ **Front office pickup**
_____ **E-mail address:** _____ (please read disclaimer and initial)

Disclaimer: By choosing this email option, you are authorizing The Pathology Laboratory to disclosure of you PHI via electronic transmission. Please be aware that there are possible risk with using unencrypted emails. Therefore, The Pathology Laboratory accepts no responsibility for any unintentional disclosures transmitting your PHI to your provided email. See HIPAA Privacy and Security Rules (45 C.F.R.164.530C) (45 C.F.R 164.522B) (45 CFR 164C).

Information to be disclosed:

___ All medical records ___ Billing **only** ___ Lab Results (bloodwork)
___ Pathology Reports ___ Pathology slides and/or Paraffin Blocks

Check if not to be disclosed:

___ Alcohol/Drug screen /Psych notes ___ STD ___ HIV/AIDS Status and/or info.

I understand that my records (including alcohol, drug abuse or mental status information) are protected by Federal Regulations, This consent to disclose information may be revoked by me at any time. This consent (unless expressly revoked earlier in writing) **expires in 365 days**. I understand that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy laws.

Signed: _____
(Patient) (Date)

Or Legal Personal Representative _____ **Relationship** _____ **Date** _____

Parent, Legal Guardian, Power of Atty. (circle one)