



Diagnostic
Pathology
Medical
Group, Inc.

Phone: (916) 446-0424
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PROTECTED HEALTH INFORMATION REQUEST

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), please fill in the information below and fax back to us so we can release the requested slides and/or report to you. Please be very specific in describing the nature of the information you need, according to the "minimum necessary" requirement of the HIPAA privacy rule, section 164.502(b).

Requesting Physician: _____ Date: _____

Contact Person: _____
Name Phone Number Fax Number

Name of Patient: _____ DOB: _____ DPMG Report # _____

Send To:
Physician Name: _____ Phone Number: _____ Fax Number: _____

Facility Name: _____

Street Address: _____

City _____ State: _____ Zip _____

Shipping Account Number **Required:** _____ Shipper: _____ (Fed-ex, UPS, etc.)

Mandatory Requirement –Reason for the request – Patient appointment date: _____

If patient does not have an appointment please include the specific nature of the request:

Other: _____

Slides, Blocks or Reports forwarded to an outside facility for additional testing or consultation at the request of a physician's office will include the patient's insurance information on file. It is the responsibility of the ordering physician to obtain prior authorization for this service if required by the patient's insurance. By my signature below, I acknowledge that DPMG is not financially responsible for payment of additional consultations or testing requested by me and I accept full responsibility as the ordering physician if the patient's insurance denies payment:

Requesting Physician or Authorized Designee Printed Name: _____

Requesting Physician or Authorized Designee Signature: _____

For DPMG Use Only

DP Accession Number: _____ Date: _____ Request prepared by: _____

Pathologist

Please indicate the appropriate slides/block to send: Recuts _____ Originals _____ Slide # _____

Block _____ Block # _____

Pathologist Signature _____

Sent by: _____ Date: _____

(customer service rep name)