LIFETECH SCIENCES LLC, D/B/A LIFETECH DIAGNOSTICS PATIENT AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I authorize LifeTech Sciences LLC, d/b/a LifeTech Diagnostics at 2301 NW Furman Road, Ste. 100, Topeka, KS 66618, or its agent to disclose my protected health information as described below:

Patient Name _____ Previous Name _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

Phone Number _____

I authorize Lifetech Diagnostics LLC to disclose:

❒ Laboratory Report ❒ Patient History Form

❒ Requisition Form ❒ Billing Records

❒ All Records

Date Range: _____
(All available dates will be released if left blank)

Expiration of Authorization:

_____

[Note: This authorization must have an expiration date. It will expire one year from the request date unless otherwise noted).

INFORMATION RELEASED TO:

_____
Name of Entity

_____
Type of Entity: (healthcare, individual, employer, school)

_____
Street Address

_____
City State Zip

_____
Fax Number

Statement of Authorization: *I understand that:*

- This authorization is voluntary and I may refuse to sign it.
- I may revoke this authorization at any time prior to its expiration date by sending a written revocation notice to the address listed above. The revocation will not have any effect on any actions taken before the revocation notice is received.
- I have the right to inspect or obtain a copy of the health information to be disclosed.
- If the person or facility receiving this information is not a health care or medical insurance provider covered by privacy regulations, then *I authorize the release of my personal health information as defined in this Authorization.*

Signature of Patient/Legally-Authorized Representative: _____ Date: _____

Relationship to Patient *(if requester is not the patient)*: _____

[NOTE: If you are requesting records of your children, you attest that you are your child's legal guardian and your child is not an emancipated minor.]

For Office Use Only ID Verified by: _____ Date: _____ Date records were ❒ mailed ❒ faxed: _____