WESTPAC LABS
A Sonic Healthcare Clinical Laboratory

Information for patients

MRR and Authorization-to-Release Form

1. Download and complete the Region, Personal Information, and Delivery Instructions sections of the Medical Records Request and Authorization-to-Release form. Ensure this form is signed and dated.

NOTE: *Authorized representatives of patients must provide supporting documentation to that effect, i.e. Patient Authorization, copies of Power of Attorney, Certificate of Conservatorship, or another official legal document.*

2. **Delivery Instructions:**
   - If the records are being sent to someone other than you, please enter the name of the person to receive the records.
   - The records can be sent in different ways:
     - **Mail, Email and Fax**
     - Please indicate the preferred way to send records
     - **Please provide the appropriate and accurate contact information for the format that you chose**

3. **Submit:**
   - In person by presenting the request form, copy of a valid photo ID and, if applicable, supporting documentation to any WestPac Labs location.
   - Via email to the email address for your region as listed on the form. Remember to include a copy of a valid photo identification and, if applicable, supporting documentation.
   - Via fax, Attn: Client Service Department to the fax number for your region as listed on the form. Remember to include a copy of a valid photo identification and, if applicable, supporting documentation.

Please note that while most requests are processed immediately upon receipt, California State law allows the laboratory 15 days in which to fulfill each request. In some cases, requests may require additional processing time in addition to the 15 days. If this occurs, you will be notified.

Advice to Patients Receiving Clinical Laboratory Results

Appropriate medical expertise is required for the correct interpretation of clinical laboratory results and is not available from laboratory personnel. Caution is urged in regard to individual interpretation of these clinical laboratory results.

Please consult your physician. Under no circumstances should any action be taken based on these values without first discussing them with your physician/practitioner.

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PLACE BARCODE HERE

MRR and Authorization-to-Release Form

Region

☐ **Bakersfield** (PAL Patients) **Fax:** 661.327.9163 **Email:** PatientRecords_BAK@westpaclab.com	☐ **California** (WPL Patients) **Fax:** 562.906.6490 **Email:** PatientRecords_SFS@westpaclab.com	☐ **San Luis Obispo** (CCPL Patients) **Fax:** 661.327.9163 **Email:** PatientRecords_SLO@westpaclab.com

Personal Information

Patient Name:	**Staff Use Only** ☐ Photo ID Verification
Date of Birth:	Phone Number:
Date(s) of Service:	Ordering Physician(s):
Comments:	

Send to (Enter name of person(s) if different from patient name above): _____

Delivery Instructions

☐ Mail Address:

☐ Email Address:

☐ Fax Number:

☐ Patient Portal (Personal Account)

☐ Patient Portal (Guardian Account)

Please note that while most requests are processed immediately upon receipt, California State law allows the laboratory 15 days in which to fulfill each request. In some cases, requests may require additional processing time in addition to the 15 days. If this occurs, you will be notified.

Consent

I hereby request WestPac Labs to release copies of my laboratory results.

Signature of Patient or Legal Guardian (if minor): _____ Date: _____

Signature of Personal Representative*: _____

Relationship to Patient: _____ Date: _____

* Must be accompanied by supporting documentation (for example, letter from the patient, Power of Attorney, Certificate of Conservatorship, or another official legal document).

State law does not permit access to a minor's sensitive lab results (for example, tests pertaining to pregnancy, HIV or other STIs [sexually transmitted infections] without authorization).

Episode Information (STAFF USE ONLY)

Episode Number(s):
(If additional space is required, attach list)

Request Received By: (Employee Name or ID)	Date:	Dept or PSC:

1st Reply Sent: / / Initials: _____ 2nd Reply Sent: / / Initials: _____

No Response, Sent to Imaging: / / Initials: _____

Results provided to patient and/or personal representative? ☐ YES ☐ NO