



SUNRISE MEDICAL LABORATORIES

A Sonic Healthcare Clinical Laboratory

Information for patients

Instructions for Obtaining Records of Laboratory Testing (PHI)

Protected health information (PHI) maintained by Sunrise Medical Laboratories consists of medical records (test result report(s)) and billing records. Sunrise maintains separate records for each patient encounter. In response to your request, we will provide copies of your requested test result report(s) and/or billing information. **Test result information is also available from your physician and billing information, from your healthcare insurer.**

The information provided on the request form will be used to search our records. The information in our records is provided by your physician at the time laboratory testing is ordered. If the information you provide does not exactly match the information in our records, we may not be able to locate and/or identify them. To protect the privacy of all of our patients, we can only release PHI to you when the patient identifying information relating to you in our records exactly matches the patient identifying information you provide on this form, or if there are discrepancies, we are able to resolve them.

We will endeavor to get you the requested information as soon as possible, and we can assure you that we will respond no later than 30 days following receipt of your request.

When the request form is completed, please submit it to Sunrise. The form must be accompanied by proof of identification (two forms, including at least one valid photo ID) and; if you are signing as a legal representative of the patient, documentation of your authority to act for the patient (for example, an authorization signed by the patient, a power of attorney, letters testamentary or letters of administration, or another official legal document). The request form and any supporting documentation should be directed to either of the following locations:

Sunrise Medical Laboratories, Inc.

250 Miller Place
Hicksville, NY 11801

Attention: Customer Service

Facsimile: 631.435.1552

Email: CustomerService@sunriselab.com

Sunrise Medical Laboratories, Inc.

4200 Pleasant Valley Road
Chantilly, VA 20151

Attention: Customer Service

Facsimile: 703.818.6453

Email: ChantillyService@sunriselab.com



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Patient Request To Access Protected Health Information (PHI*)

**Indicates REQUIRED Information*

Patient Information

First Name* _____ MI _____ Last Name* _____ Date of Birth* _____

Address (at the time the laboratory testing was performed):

Daytime Phone Number(s): _____

Health Insurance Provider: _____ Insurance ID#: _____

Records Requested

Date(s) of Service	Ordering Physician(s) Name	Ordering Physician(s) Address(es)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested Means of Delivery

- Mail Address: _____
- Email Address: _____
- Fax Number: _____
- Pick up at PSC (specify location): _____

Authorization

By signing below, you request that Sunrise Medical Laboratories search its records and provide you with a copy of the requested Protected Health Information maintained on you. See the instructions for further information regarding the documentation required to be submitted with this form.

*Signature _____ Date: _____

*Printed Name _____ Initials: _____

*Relationship: Self Parent Legal Guardian (provide proof) Personal Representative (provide proof)

Internal Use Only

Date Received: _____ ID Verified (Initials): _____

Date(s) Communicated with Requester: _____

Date Requested Records Provided/Initials: _____

Mode of Transmission: _____

Accession(s) #: _____

****Two forms of ID Must Accompany All Requests****

Sunrise Medical Laboratories | www.sunriselab.com