



**D. Delivery Instructions—check all that apply and print clearly\***

**I request that the PHI described in this Access Form be provided to me (the patient) or the person(s) named below:**

- Me (the patient) at CURRENT address in Section A above
- Me at this alternate address: \_\_\_\_\_

Me at fax number: (     ) \_\_\_\_\_

Me by email—**please read this important caution and select one:**

*Our standard practice is to send encrypted (secure) email, which means you will be prompted to create a free account or log in to access the message. This would be a separate account/login from any MyQuest account you may have. If you prefer, we will send you unencrypted email, but this way of communicating carries some risk that PHI in the email can be viewed or accessed by unauthorized parties.*

- Encrypted email (recommended)
- Unencrypted email—I have read and understand the caution above and accept the additional privacy risk.

Email address (if email delivery is requested): \_\_\_\_\_

Person(s) named below:

Name: \_\_\_\_\_

Address, fax number or email address: \_\_\_\_\_

Name: \_\_\_\_\_

Address, fax number or email address: \_\_\_\_\_

**E. Signature\*** \_\_\_\_\_ **Date\*:** \_\_\_\_\_

**F. Please submit this completed Access Form (and any proof of representation, if required) to:**

Quest Diagnostics  
9601 Renner Blvd  
Lenexa, Kansas 66219  
ATTN: Clinical Client Services

Or fax to: 1-855-854-9151  
Or email to: KCNOCRequesttoAccess@questdiagnostics.com  
[not recommended if unencrypted]

For office use only: *Tracking #:* \_\_\_\_\_ *Initials:* \_\_\_\_\_