

## Patient Access to Test Result Report(s) Frequently Asked Questions

**Q: How do I obtain a copy of my or my child's Newborn Screening (Sickle Cell) laboratory test result in order to participate in college athletics?**

A: It is recommended that anyone trying to obtain a copy of their Newborn Screening results contact their current healthcare provider first. Due to federal HIPAA regulations, since the Missouri State Public Health Laboratory (MSPHL) does *not* diagnose or interpret test results, MSPHL can only provide clinical laboratory test results to a HIPAA-covered entity, unless a waiver is provided by the patient. Having your healthcare provider contact MSPHL to request your results can significantly expedite the process of obtaining your results, since the request can be verified and results sent immediately. Your healthcare provider will need to call MSPHL Newborn Screening at 573-751-2662 and provide the following information in order to locate the result:

- Patient's Date of Birth
- Biological mother's first and last name at time of birth

If you still wish to obtain copies of Newborn Screening results yourself, complete and sign the Patient Access Form and the HIPAA Authorization for Disclosure Form found at the links below:

- [Patient Access Form](#)
- [HIPAA Authorization for Disclosure Form](#)

Once completed and signed, the above forms can be emailed to [Labweb1@health.mo.gov](mailto:Labweb1@health.mo.gov), faxed to 573-522-8155, or mailed to:

Patient Access Coordinator  
Missouri State Public Health Laboratory  
101 N Chestnut St.  
PO Box 570  
Jefferson City, MO 65101

**Q: How long will it take to get my results?**

A: There is a 15-day waiting period, beginning the day the test is completed, before Patient Access requests will be processed. This waiting period was installed to allow time for your healthcare provider to obtain and interpret your test results. For Patient Access requests made after the 15-day waiting period, please allow up to 5 business days after submission for the Patient Access Form and HIPAA Authorization for Disclosure Form to be approved and the results sent to the requester.

**Q: If I am not the patient or biological parent of the patient, will additional documentation be required to obtain test results?**

A: Yes. One of the following types of documents will be required, *in addition* to the [Patient Access Form](#) and [HIPAA Authorization for Disclosure Form](#):

- Legal Guardianship
- Healthcare Power of Attorney
- Relative Caregiver Affidavit

**Q: What if I don't know the Date of Specimen Collection\* and Name of Test(s) Ordered needed to complete the Patient Access Form?**

A: Contact your healthcare provider or the clinic/hospital/facility where your sample was collected. They should be able to provide you with the appropriate information for these Patient Access Form fields.

- \* Disclaimer: Date of Specimen Collection is not required information if you are requesting Newborn Screening Sickle Cell results.

**Q: How do I complete the HIPAA Authorization for Disclosure Form?**

A: A detailed example of a completed HIPAA Authorization for Disclosure Form can be found here: [Example HIPAA Authorization for Disclosure Form](#). The highlighted sections in the example need to be filled out.

A few things to keep in mind while completing this form:

- The HIPAA Authorization for Disclosure Form *must* be signed and dated under the section titled **“My Signature Below Acknowledges That I Have Read, Understand, and Authorize the release of my PHI”** in order to be approved. Forms without the signature will be returned to the requester.
- Please do *not* sign and date the **“Notice of Revocation”** unless you intentionally intend to revoke your authorization for MSPHL to release your protected health information. If both the acknowledgement and revocation are signed and dated with the same date, the signed revocation will invalidate the signed acknowledgement and the form will be returned to the requester.
- You may leave **“Notice of Revocation”** fields blank, and the HIPAA Authorization for Disclosure Form will automatically expire 1 calendar year after the acknowledgement date. MSPHL will never release any requester's protected health information unless explicitly stated by the patient or their healthcare provider.

**Q: How do I complete the Patient Access Form?**

A: Detailed instructions on how to complete the Patient Access Form can be found on the first page of the form, located here: [Patient Access Form](#).

A few things to keep in mind while completing this form:

- The Patient Access Form *must* be signed and dated in order to be approved. Forms without the signature will be returned to the requester.
- Please indicate your preferred delivery option by checking the box next to **“Pick up”**, **“Email”**, or **“Mail”**. If all boxes are left blank, results will be mailed.
- If requesting Newborn Screening Sickle Cell results, you do not need to provide the exact date the sample was collected in the **“Date of Specimen Collection”** field.

**Q: Who do I contact with questions or concerns about the HIPAA Authorization for Disclosure Form or Patient Access form?**

A: You may call the MSPHL Patient Access Coordinator at 573-751-3334, Monday-Friday from 8:00am-5:00pm, or email [Labweb1@health.mo.gov](mailto:Labweb1@health.mo.gov)