ADHS

Arizona Department of Health Services/Bureau of State Laboratory Services
Verification and Authorization Checklist for Obtaining Test Results

NAME OF PATIENT: _____
Last First Middle

Patient's Date of Birth: ____/_____/_____
mm dd yyyy

Patient's Address: _____
Street

_____
City State Zip Code

Name of Requestor: _____
(if different than patient) Last First Middle

Requestor's Address: _____
(if different than patient) Street

_____
City State Zip Code

Requestor's relationship to patient:

- ☐ Self ☐ Parent of minor child ☐ Legal Guardian ☐ Relative ☐ Spouse
- ☐ Advocate ☐ Legal representative

Method of Identification:

- ☐ Written request received Date received: _____

Documents for verification of identification (check those provided):

For child:

- ☐ Doctor, clinic, or hospital record ☐ Religious record (e.g. baptismal record) ☐ Daycare center, school record
- ☐ School ID card ☐ Birth Certificate ☐ Tribal Record ☐ Adoption record

For adult:

- ☐ Driver's license ☐ Military record ☐ Life insurance policy ☐ Passport ☐ Adoption record
- ☐ School ID card ☐ Employer ID card ☐ Marriage or divorce record
- ☐ Health insurance card (not a Medicare card) ☐ Birth Certificate ☐ Tribal Records

Authority to receive the test results for the patient (please check applicable authority):

- ☐ Patient is requesting for self
- ☐ Written authorization from recipient
- ☐ Health care decision maker for patient (example medical power of attorney)
- ☐ Legal representative of recipient's estate (if recipient is deceased)
- ☐ Parent or health care decision maker of minor patient or health care decision maker of adult patient
- ☐ Other (please explain): _____

DOCUMENTATION OF AUTHORITY TO RECEIVE PROTECTED HEALTH INFORMATION (PHI) MUST BE ATTACHED TO THIS VERIFICATION AND AUTHORIZATION CHECKLIST

Identification verified by:

_____ _____
ASPHL Employee's Name Title

_____ _____
Signature Date