



Authorization for Use or Disclosure of Protected Health Information

Authorization to release the protected health information (PHI) of:			
Patient Name		OmniSeq Order ID#(s) <i>(only if known)</i>	
Current Address		City	State Zip
Phone number ()	Date of Birth ____/____/____	Email:	
This authorization is to release PHI to:			
Recipient Name or Healthcare Provider Name		Relationship (if applicable)	
Address		City	State Zip
Phone Number	Fax Number <i>(healthcare provider only)</i>	Email Address:	
Delivery (Select One): <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email (secure format)			
This authorization is to release the PHI from: OmniSeq, Inc., 700 Ellicott Street, Buffalo, New York 14203 Phone/Fax: 1-800-781-1259/ 1-888-770-4931 Email: support@omniseq.com			
The purpose for disclosing and using the authorized information: <input type="checkbox"/> Personal <input type="checkbox"/> Insurance <input type="checkbox"/> Attorney <input type="checkbox"/> Further Medical Care <input type="checkbox"/> Research <input type="checkbox"/> Other <i>(please specify)</i> _____			
Release the following information: <input type="checkbox"/> OmniSeq Test Reports <input type="checkbox"/> Other <i>(please specify)</i> : _____			
This authorization will expire 180 days from the date signed unless otherwise specified below (requests to add a healthcare provider to my record do not expire unless this authorization is revoked): <input type="checkbox"/> On the following date: _____			

By signing this authorization form, I understand that:

- Once OmniSeq discloses my health information by my request, it cannot guarantee that the recipient will not re-disclose my health information to a third party. The third party may not be required to abide by this authorization or applicable federal and state law governing the use and disclosure of my health information.
- OmniSeq relies on information provided by ordering physicians at the time that laboratory tests are ordered. The information provided by my ordering physician may not be sufficient to reasonably match the information I provide on this form. In the event that OmniSeq is not able to reasonably match such information according to their strict criteria, they will protect patient privacy by **NOT** releasing the requested information.
- Every effort will be made to fulfill my request as soon as possible, but it may take up to 30 days for OmniSeq to process my request.
- This authorization does not grant authority to the receiving designee to make changes to my test order and only allows them to receive the information that I have specified above.
- OmniSeq will not interpret my test results or the above identified release of information and all questions should be referred my healthcare provider.
- OmniSeq will not condition treatment, payment, enrollment or eligibility for benefits on whether or not I sign the authorization.
- I have a right to receive a copy of this form after I have signed it.
- If I sign this authorization, I have the right to revoke it at any time, except to the extent that the recipient has already taken action based upon my authorization. To revoke this authorization, I must write to the OmniSeq Privacy Officer, 700 Ellicott St., Buffalo, New York 14203.

Patient or Personal Representative Signature*	Date
Print Personal Representative Name <i>(please attached applicable legal documentation)</i>	Relationship to Patient

*If other than the patient's signature, a copy of legal paperwork verifying the patient's personal representative MUST accompany the request (i.e. court appointed guardian, durable power of attorney for health care). Exception: parent signing for a patient under the age of 18.

For a deceased patient: A copy of the death certificate identifying the surviving spouse is acceptable and allows the surviving spouse to sign this authorization. Other deceased patients: a court entry or order appointing a fiduciary, executor, or administrator or letters of appointment received from Probate Court must accompany an authorization signed by the named individual. If the estate has not been probated, a death certificate is required coupled with the documents naming the administrator or executor of estate.