



### Request for Health Information

The undersigned individual or individual’s personal representative hereby requests:

- To review the below-named individual’s medical record; or
- To obtain a copy of the below-named individual’s medical record.

Individual Name \_\_\_\_\_

Date of Birth/SSN \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_  
(include area code) (include area code)

For services from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

Purpose \_\_\_\_\_

Collection Agency Name \_\_\_\_\_

I understand that Abbott will attempt to provide the requested records that are maintained on-site no later than thirty (30) days from the date of Abbott’s receipt of my request. If my records are maintained off-site, Abbott will provide the records no later than sixty (60) days from the date of receipt of my request. I understand that Abbott will notify me in writing that an extension of up to thirty (30) days is needed if they are unable to provide access within the timeframe(s) listed above.

I agree to pay a fee for the copying and postage expenses associated with my request.

I understand that Abbott may not be required by law to make available all or part of the records requested. In that circumstance, Abbott will notify me of that fact in writing within thirty (30) days of receipt of my request, indicate the reason the record has not been made available, and specify my rights to a review of the denial.

Name of Individual or  
Personal Representative *(PLEASE PRINT)* \_\_\_\_\_

Signature of Individual or  
Personal Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Personal Representative, include a description of authority to act for individual)

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this form directly to:** Privacy Officer: E-mail: [ARDx\\_PrivacyOfficer@Alere.com](mailto:ARDx_PrivacyOfficer@Alere.com)  
 Toll-free: 866-943-6964 Fax: 913-234-4539, Abbott 2900 Delk Road, Suite 700, PMB 301 Marietta, GA 30067-5350. If you have any questions, please contact the Privacy Officer via email at: [ARDx\\_PrivacyOfficer@Alere.com](mailto:ARDx_PrivacyOfficer@Alere.com)

### Please check appropriate Company below:

- Alere Toxicology
- Acelis Connected Health Services
- Acelis Connected Health Supplies
- Redwood Toxicology