

**Myriad Genetic Laboratories, Inc.
Requests Regarding Patient Information**

As a provider of health care services, Myriad Genetic Laboratories, Inc. (MGL) is required by federal law to allow patient access to protected health information that is maintained in “designated record sets”. In order to process your request, please complete this form and return it to the Customer Service Department. When this form has been received by the Customer Service Department, all the information shall be verified in order to confirm your identity. If you have any questions regarding this form, please contact the MGL Customer Service Department at:

Myriad Genetic Laboratories, Inc.
c/o Customer Service Department
320 Wakara Way
Salt Lake City, UT 84108

Phone: (800) 469-7423

Required Patient Information

Date of Request: _____

Patient Name: _____

Birth Date: _____

Social Security Number: _____

Address: _____
Street City State Zip Code

Please check the appropriate box(es) for all the request type(s) that you desire.

- I request to view my protected health information in person. In order to view my information, I understand I must call ahead in order to schedule an appointment. I understand that a representative from Myriad may sit with me while I view my health information.
- I request to receive a copy of my protected health information. I understand that Myriad Genetic Laboratories may deny my request based on applicable local, state and federal laws and regulations.
- I request to restrict the uses and disclosures of my protected health information for routine uses and disclosures. I understand that Myriad is not required to agree to any

Appendix A

restriction and in the event that a restriction is granted, the only way the restriction may be removed is that I request it orally or in writing.

Examples concerning this type of request include requests to restrict protected health information from being disclosed to insurers or health care providers.

Please specify what specific protected health information you want restricted:

- I request that my protected health information be sent to me by alternate means and/or to an alternate address. I understand that Myriad Genetic Laboratories must agree to my request so long as my protected health information can be provided in the format requested.

Examples concerning this type of request include requests to have phone calls routed to an alternate phone number other than your home phone.

Please specify by what alternate means and/or alternate address you want your protected health information supplied:

- I request to have an accounting of disclosures of my protected health information supplied to me. I understand that the right to receive this information is subject to certain exceptions, restrictions and limitations. I further understand that the accounting of disclosures only applies to disclosures that have occurred after April 14, 2003.

Please read and sign:

I understand that it may take up to thirty-days for Myriad Genetic Laboratories to process my request, up to sixty-days for information that is stored off-site from the Salt Lake City, UT facility and that these timelines can be extended by thirty-days if I am notified in writing of the extension*. I further understand that these requests are subject to approval and that my rights may be limited as defined in the Code of Federal Regulations Parts 160 and 164.

*Timelines may differ based on state law governing access to medical records.

Signature: _____
Patient or Authorized Legal Representative

Date: _____