Clifford Consulting & Research Inc.
CLIA 06D0669295

4775 Centennial Blvd.
Suite 112
Colorado Springs, CO 80919-3309
USA
Phone: (719) 550-0008
Fax:(719) 550-0009

Records Request

In exercising my rights under the U.S. Health Insurance Portability and Accountability Act to obtain a copy of my personal health records and protected data, I hereby authorize Clifford Consulting & Research, Inc., (hereinafter referred to as CCR) to prepare a copy of my test findings and forward it to me to the address I have specified below. I agree to indemnify and hold CCR harmless for any subsequent usage or handling of the copy of the report and protected information which I have requested after it is delivered to the address I have specified below.

I further acknowledge that I am aware and accept that CCR does not provide interpretive commentary, diagnostic evaluation nor explanatory discussion of my protected information and health care record.

Name of Patient as submitted on the testing order

Name of ordering healthcare professional
(to assist in identifying the correct patient record)

Approximate date specimen was sent

Patient or Guardian name, PRINTED

X
Patient or Guardian SIGNATURE

Date of Request

Name and address where report is to be sent:
(If UPS Delivery is requested this address must be a physical address where United Parcel Service (UPS) can deliver (no PO Boxes).

( )
Phone

Email address

Name

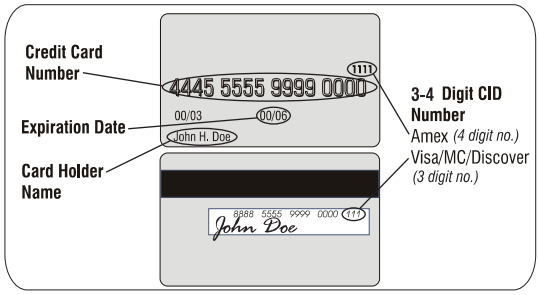
Street Address

City, State/Province, Postal Code or Zip

Please choose one of the following:

Standard US$25.00 and USPS will be assumed if there is no selection.

- ◯ Email- PDF file via downloadable link
- ◯ US$25.00 - US Postal Service (USPS) delivery or email
- ◯ US$40.00 - 2nd Day Air UPS Delivery
- ◯ US$50.00 - Standard Overnight UPS Delivery



PLEASE CHECK FORM OF PAYMENT

- ◯ MASTER CARD / MAESTRO / EUROCARD
- ◯ VISA / ELECTRON
- ◯ DISCOVER / NOVUS
- ◯ JCB
- ◯ CHECK / MONEY ORDER
  Made payable to Clifford Consulting and Research, Inc.

MANDATORY INFORMATION WHEN PAYING BY CREDIT CARD

Credit Card Number | **CID Number** | **Expiration Date** (mm/yy)

Card Holder Name (As it appears on the credit card)

Credit Card Address (Address where card holder receives statement, for AVS)

I hereby authorize Clifford Consulting and Research Inc. Colorado Springs CO USA to charge my account as payment for report copying and agree to pay the charge when billed by the card issuer.

X
Card Holder Signature

CCR Accession Assigned