Cures Act Preventing Harm 9090

Legacy Laboratory Services
503-413-1234
877-270-5566
360-487-1234
503-413-5048 fx
LEGACY HEALTH
www.legacyhealth.org/labservices

Provider: _____

NPI: _____

Clinic: _____

Phone: _____

Last	Last	Last
First	First	First
Last	Last	Last
First	First	First

SPECIMEN COLLECTED
DATE:
TIME:
BY:
☐ PHOTO ID CHECKED
(Red Indicates Required)

Dx CODE TO HIGHEST SPECIFICITY (REQUIRED)	SEND BILL TO (REQUIRED)	INSURANCE CO. NAME & ADDRESS (OR ATTACH COPY OF CARD)	PRE AUTHORIZATION #
1. 2. 3.	(___ CLINIC) (___ PATIENT/INS.)		
PATIENT'S LEGAL NAME (LAST, FIRST, MI)	PREVIOUS NAME	INSURANCE ID NO.	GROUP NO.
PATIENT'S SOCIAL SECURITY NUMBER (REQUESTED) ___ ___ ___ - ___ ___ - ___ ___ ___ ___	SEX / DATE OF BIRTH	MEDICAID / OMAP I.D. NO.	MEDICARE NO. & LETTER ☐ ABN SIGNED (PLEASE ATTACH)
MAILING ADDRESS (REQUIRED FOR INSURANCE & PATIENT BILLING) APT #		COMMENTS:	
CITY/STATE	ZIP / PATIENT PHONE NO. ( )		

LEGACY LABORATORY USE ONLY	SS SST TUBE	L LAVENDER	U URINE	B BLUE	R RED	GY GRAY	GN GREEN	S SERUM	P PLASMA	ROYAL BLUE	C CULTURE	Y YELLOW	F FROZEN	LCX	MISC	REC'D BY	ROE	AUDIT	EDIT

Background:

A new federal rule within the 21st Century Cures Act requires that providers and hospitals release patient notes and diagnostic results immediately after they become available. This rule is effective April 5, 2021, and Legacy is compliant as of March 31, 2021.

Results can only be held on a case by case basis and must include a documented clinician request that includes the reason for holding results. Use this requisition when it is necessary to hold or delay release of results to the patient portal.

Instructions for Ordering provider:

*A separate requisition is required for each "hold/delay test result" request
*A reason for the "hold/delay test result" must be selected from the options shown below
*Orders received on other requisitions or through an orders interface are not eligible for "hold/delay test result"
*Contact LLS to authorize the release of a "hold/delay test result" (503-413-4190/M-F 8AM-5PM)

Legacy Lab Test Name: _____ Legacy Lab Mnemonic: _____

Provider Signature: _____ Critical Value Call# _____

Reason for Exclusion:
[ ] Patient Request

Reasonable likelihood of harm:
[ ] Potential for physical harm to the patient or someone else (Example: Suicidal)
[ ] Substantial harm (including repudiation or emotional harm) to another person who is in the result (example: Abuse)
[ ] Providing the result to the patient's proxy likely would cause substantial harm (physical or verbal abuse) to the patient or someone else

Instructions for Legacy Lab Staff:

Add Critical Value call # to Order Note.

_____
Signature of Physician Authorizing Testing