

Patient Request for Protected Health Information

Please fill out this form completely. **Incomplete forms will not be processed.**

Patient Information (* = required)		
*Last Name:	*First Name:	MI:
*Date of Birth:	D#:	
*Address:		
Ordering Physician:		

Information Requested:
<p>Under the Health Insurance Portability and Accountability Act (“HIPAA”) you have the right to access the protected health information (“PHI”) Adaptive maintains about you in a Designated Record Set. A “Designated Record Set” is a group of records that comprises, among other things, the records used, in whole or in part, by or for the covered entity to make decisions about individuals.</p> <p>I am requesting (select one):</p> <p><input type="checkbox"/> My entire Designated Record Set (e.g., patient report, eligibility criteria, billing information)</p> <p><input type="checkbox"/> My Designated Record Set from (MM/DD/YYYY) _____ to _____</p> <p><input type="checkbox"/> Specific PHI (e.g., my T-Detect COVID Report): _____</p> <p>_____</p>

Form and Format:
<p>How would you like Adaptive to provide your records (select one)?</p> <p><input type="checkbox"/> By secure email as a PDF (provide email): _____</p> <p><input type="checkbox"/> By secure fax (provide fax number): _____</p> <p><input type="checkbox"/> By mail (provide address if different than address above): _____</p> <p><input type="checkbox"/> In person at Adaptive’s headquarters (see below for address)</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p>_____</p>

Questions

You can ask questions about this form by contacting us either by email at privacy@adaptivebiotech.com or by mail at the address listed below.

Completed Forms

Please return completed forms to Adaptive Biotechnologies by mail, email, or fax.

<u>Mail</u>	<u>Email</u>	<u>Fax</u>
Adaptive Biotechnologies Attn: HIPAA Privacy Officer 1165 Eastlake Avenue E Seattle, Washington 98109	privacy@adaptivebiotech.com	(206) 260-7165