

Toxicology Travel Site Request Form

Please remember that we will need at least 2 weeks' notice in order to accommodate your requests. If we are unable to find a test site within 20 miles of the zip code provided, this form will be forwarded to your Agreement Monitor for other possible options. Print clearly

Name: _____ (optional)

HPSP account #: _____

Phone number _____

Email address _____

Dates of Travel: _____

Zip Code(s) _____

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Zip Code(s) _____

Please fax to: 503.961.7142 or Email to: Hpsp@ibhsolutions.com

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute the patient.

IBH Health Professionals' Services Program
1220 SW Morrison St. #600
Portland, Oregon 97205-2126
1.888.802.2843
Fax: 503.961.7142
Hpspmonitoring.com