



Wren Laboratories Privacy Policies

- According to state and federal laws, Wren Laboratories, LLC is required to protect the privacy of our patients.
- As you are aware, your medical history and personal information are kept in our facility. However, it is our priority to keep your information safe.
- Wren Laboratories, LLC will not misuse or abuse your personal information, medical diagnosis, or test results and will only use them as it is seen fit. This includes but is not limited to:
 - Consultation with your physician regarding your test results
 - Billing to your insurance company
 - Monthly reports – only medical information, no personal or identifying information
 - Manuscripts for publication- only medical information, no personal or identifying information (research use only)
- As a research facility, Wren Laboratories, LLC may use your specimen or parts of your specimen for research purposes.
 - Any identifying information will be removed from your specimen, but the specimen will be linked back to your medical records for validation of results.
- No personal or medical information will be released without your written or authorized consent unless for the use of law enforcement, abuse, or mental health issues, as stated by HIPAA law.
- If you feel your information is being misused or solicited in any way you can contact Wren Laboratories, LLC's Compliance Committee at 855-295-8410 at any time.



Patient Informed Consent

I, _____ as a patient or research subject of Wren Laboratories, LLC, understand that my personal information or medical information and diagnosis can be used under certain circumstances. These can include, but are not limited to, consultations with my physician, research manuscripts for publication (no identifiable information), monthly reports (no identifiable information), and billing and insurance purposes (only information necessary to obtain payment). Other circumstances in which my information may be used are for law enforcement, abuse and neglect enforcement, or mental health situations. I understand that Wren Laboratories, LLC will, according to federal and state law, adhere to all HIPAA policies at all times, and respect my privacy unless I have given my written authorization to release any information. I have been informed that, if at any time I feel my information is being used inappropriately, I may contact Wren Laboratories, LLC's Compliance Committee at 855-295-8410. HIPAA compliance information can be accessed any time directly at the office of Wren Laboratories, LLC, or through Wren Laboratories, LLC's website.

I have received a copy of the Wren Laboratories Privacy Policy.

Date: _____

Patient Signature

Date: _____

Wren Laboratories, LLC

In addition to the above, I hereby allow the following individuals access to my medical information, if needed.

1. _____

2. _____

Please return completed form to
Wren Laboratories, LLC
35 East Industrial Road, Suite B100
Branford CT 06405
nancy@wrenlaboratories.com



Patient Authorized Information Release

Date: _____

Patient Name: _____

Patient Address: _____

Patient Phone: _____

I hereby authorize the release of my personal information, medical records, or diagnosis to the company or individual listed below for the following reasons.

Information may be released to:

Reason for release:

Patient Signature

Date _____

Wren Laboratories, LLC

Date _____

Please return completed form to
Wren Laboratories, LLC
35 East Industrial Road, Suite B100
Branford CT 06405
nancy@wrenlaboratories.com