

- and solutions observed in practices integrating behavioral health and primary care. *J Am Board Fam Med* 2015;28(Suppl 1):S63–72.
2. Kathol RG, Degruy F, Rollman BL. Value-based financially sustainable behavioral health components in patient-centered medical homes. *Ann Fam Med* 2014;12:172–5.
 3. Peek CJ; National Integration Advisory Council. Lexicon for behavioral health and primary care integration: concepts and definitions developed by expert consensus. AHRQ publication no. AHRQ 13-IP001-EF. Rockville, MD: Agency for Healthcare Research and Quality; 2013. Available from: <http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf>. Accessed January 15, 2016.

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The authors of the original article are in agreement with the authors and declined to comment.

Re: Patient Preferences for Receiving Reports of Test Results

To the Editor: The recent report by LaRocque et al¹ titled “Patient Preferences for Receiving Reports of Test Results” is very interesting. The authors mentioned that “participants demonstrated preferences in how they received test results by non-in-person communication methods, preferring personal E-mail and password-protected websites, but they did not prefer fax.”¹ Of interest, the new information technology seems to be a useful technology for laboratory result distribution. However,

there are many concerns about the system. First, in laboratory medicine, quality control of the postanalytic phase has to cover result reporting.² There must be the system to validate the correctness of the results in the IT system. Second, privacy and data protection become important issues. We must be well prepared to prevent hackers from hacking the database and laboratory result-reporting IT system.³ Third, it should also be noted that some patients might not want to know their results, and this is their right.⁴ There must be a specific operation for not uploading the data for these cases into the IT system.

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References

1. LaRocque JR, Davis CL, Tan TP, D’Amico FJ, Merenstein DJ. Patient preferences for receiving reports of test results. *J Am Board Fam Med* 2015;28:759–66.
2. Walz SE, Darcy TP. Patient safety & post-analytical error. *Clin Lab Med* 2013;33:183–94.
3. Tisserand IN. [New risks of addiction for new populations: the example of hackers]. *Ann Med Interne (Paris)* 2000; 151(Suppl B):B49–52.
4. Wiwanitkit V. Right not to know the investigation result. *J Med Assoc Thai* 2008;91:595–6.

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