

CLIENT FAX AGREEMENT

All laboratory results are considered to be confidential records, and therefore, subject to statutory conditions of privacy. In order for the Los Angeles Public Health Laboratories (PHL) to transmit test results to requestor agencies via fax, the fields below must be completed fully, signed by an authorized official, and updated annually. This agreement should be completed by all clients to ensure analytical results are securely delivered by an alternative mechanism, if needed.

The following conditions apply to this Agreement:

- The recipient (your agency) agrees to protect the confidentiality of the faxed test results.
- The fax machine (or fax system) used to receive results is located in an area where the transmission of confidential records is secured for privacy and is in compliance with all Health Insurance Portability and Accountability Act (HIPAA) provisions.
- Your agency will comply with the following Confidentiality Notice that accompanies each fax:

This fax, including all attachments, from the Public Health Laboratories is intended for the official and confidential use of the recipient to whom it is addressed. It contains information that is confidential and privileged. If you are not the intended recipient, you are hereby notified that the disclosure, copying, distribution, or taking of any action in regards to the contents of this fax—except its direct delivery to the intended recipient—is strictly prohibited. If you have received this fax in error, please immediately notify the Laboratory Quality Assurance Unit at (562) 658-1330.

Please complete this form, and fax to the Public Health Laboratories at: Fax # (562) 401-5999.		
Facility Information		
Facility Name:	Main Phone Number:	
Address:		
Fax Information		
What type of fax are you using? <input type="checkbox"/> Fax Machine <input type="checkbox"/> Fax System (i.e. Online Fax Service); System Name: _____		
Fax location address if different than above: <input type="checkbox"/> Not applicable	Fax Number:	
Contact Information		
Contact Person Name:	Contact Title:	Contact Phone Number:
Medical Director Name:	Medical Director Phone Number:	
Authorized Official Information		
Authorized Official Name:	Title:	
The undersigned certifies that the forgoing information is correct, and agrees to abide by all terms and conditions contained in this Agreement.		
Authorized Official Signature:	Date:	
Public Health Lab Use Only		
Fax Number Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Verified By:	Expiration Date:
Sunquest Location Code:	Device Number:	Upload Date:
Fax Schedule:		