



Request for access to the San Joaquin County Public Health Laboratory Outreach (PHL OUTREACH) Web Portal

PLEASE PRINT CLEARLY AND COMPLETE ITEMS IN BOLD

Provider hereby requests authorization to place electronic orders, view status of tests in progress, view completed lab reports in the PHL OUTREACH web portal system and to receive the required orientation and training.

Provider/Agency Name _____

Site/Location Name _____

Clinic/School (if applicable) _____

Street Address _____ **City** _____ **State** _____ **ZIP** _____

Phone (_____) - ext. _____ **Secure Fax** (_____) - ext. _____

Access requested for

User: _____ | _____ | _____ | _____
 (First Name) **(Middle Name)** **(Last Name)** **(Suffix)**

User Credentials: **MD** **DM** **NP** **PA** **Other**

NPI# (if applicable): _____

Office Phone (_____) - ext. _____ **Office Email** _____

Type of access requested (Check one):

- Order Entry**
- View Results ONLY**
- Print/Deliver Results**

The person named above agrees:

1. To access the PHL OUTREACH web portal only through use of approved access procedures.
2. Not to browse the PHL OUTREACH web portal.
3. Not to disclose PHL OUTREACH web portal access codes or protocols to unauthorized persons.
4. Passwords and accounts are not to be stored electronically (i.e., by a web browser), written down, or shared with any other person or system.
5. The User access privilege and roles associated with it are managed by the system administrator. Changes to add any roles to that user must be submitted to the PHL system administrator.
6. To be responsible for ensuring that only authorized personnel have access to PHL OUTREACH web portal data; any lapse in enforcing security by the provider results in the provider being disqualified from participation in the System.
7. To use the information obtained from the PHL OUTREACH web portal only to provide appropriate outreach to providers or other purposes lawfully allowed.

8. To maintain the confidentiality of patient information obtained from the system as required of medical records, including HIPAA guidelines. I/ Provider/Agency understand(s) that inappropriate disclosures of this information will subject me/ him/her to civil and criminal penalties including but not limited to sections 56.35, 56.36, 1798.53 and 1798.57 of the California Civil Code.
9. To report any suspected or confirmed breach of security or confidentiality which has occurred to San Joaquin County Public Health Laboratory Services immediately upon discovery.
10. That PHL OUTREACH web portal data on any removable storage media shall be rendered unrecoverable before discarding or disposing of the storage media.
11. That any hard copy produced by the PHL OUTREACH web portal that contains confidentiality data will be shredded before disposal.

I have read and understand my responsibilities as stated above. I also understand that if I violate any of these policies, I will be held personally responsible and my rights to the Registry may be suspended.

User Signature _____ Title _____ Date ____/____/____

Supervisor Authorization	
The agency representative named below agrees to monitor the staff member to ensure compliance with guidelines for use of the PHL OUTREACH web portal.	
Supervisor Name (please print)	Title (please print)
Signature	Phone
	Fax
PHL OUTREACH Web portal System Administrator's Approval (PLEASE DO NOT WRITE IN THIS SPACE):	
Login assigned: _____	
Roles assigned <input type="checkbox"/> Order Entry <input type="checkbox"/> View Results only <input type="checkbox"/> Print/Deliver Results <input type="checkbox"/> Other _____	
Group(s) granted: _____	
Signature _____ Title _____ Date ____/____/____	

When completed and signed, return this form by

Fax: 209-468-0639 OR Email to: phlcopiaoutreach@sjcphs.org

Support:

If you have questions, please call the San Joaquin PHL at: 1-209-468-3460.