



Riverside County Public Health Laboratory
4065 County Circle Drive, Suite #106, Riverside, CA 92503
Phone: (951) 358-5070 Fax: (951) 358-5015
Syreeta Steele, PhD, PHLD (ABB) - Laboratory Director

FAX AGREEMENT AND FACILITY CONTACT VERIFICATION

All laboratory results are considered protected health information and are therefore subject to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). In order for Riverside County Public Health Laboratory to transmit test results to requestor agencies the fields below must be completed fully and signed by an authorized official.

The following conditions apply to this Agreement:

- The recipient (your agency) agrees to protect the confidentiality of the transmitted test result.
- The 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 HIPPA provisions.
- Your agency will comply with the following Confidentiality Notice for any transmissions made in error to your facility:

CONFIDENTIALITY NOTICE: If you are not the author's intended recipient of the transmission, be advised you received the transmission in error, and any use, dissemination, forwarding, printing, or copying of it is strictly prohibited. If you received the transmission in error, please delete/destroy all copies, electronic or otherwise, and notify the Riverside University Health System Public Health Laboratory immediately.

Facility Information		
Facility Name:		Main Phone Number:
Address:		Fax / Printer Number:
Facility NPI#:	Not applicable <input type="checkbox"/>	Facility does not have an NPI# <input type="checkbox"/>
Contact Information		
Facility Contact Name:	Facility Contact Email:	Facility Contact Phone Number:
Fiscal/Billing Contact Name:	Fiscal/Billing Contact Email:	Fiscal/Billing Contact Phone Number:
Medical or Laboratory Director Name:	Medical or Laboratory Contact Email:	Medical or Laboratory 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 <u>terms and</u> conditions in this Agreement.		
Public Health Lab Use Only		
Transmission Verified? <input type="checkbox"/> YES <input type="checkbox"/> NO	Verified By:	Date:
Entered By:	Entry/Revision Date:	
Comments:		