

**COUNTY OF LOS ANGELES-DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH LABORATORY
FACSIMILE TEST RESULT AGREEMENT**

All Public Health Laboratory results are considered to be confidential records, and therefore, subject to statutory conditions of privacy. In order for the PHL to continue its practice of transmitting test results to requestor agencies via facsimile (fax) machine, the form below must be completed fully and signed by the appropriate agency official and/or designated representative.

The following conditions of facsimile transmission will be honored:

- *The recipient agrees to protect the confidentiality of the transmitted fax test result.*
- *The fax machine is located in an office and/or clinical area where transmission of confidential records is secured for privacy and is in compliance with all HIPAA provisions.*
- *All fax transmittals will contain the following statement:*

LOS ANGELES COUNTY PUBLIC HEALTH LABORATORY		
12750 Erickson Avenue, Downey, CA 90242		
	Administration	Misys Help Desk
Fax:	(562) 401-5999	(562) 803-4768
Phone:	(562) 658-1300	(562) 658-1340
 CONFIDENTIAL NOTICE <i>The information contained in this facsimile is privileged and confidential and is intended only for the use of the recipient listed above. If you are not the intended recipient of this information, you are hereby notified that the disclosure, copying, use or distribution of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone to arrange for the return of the transmitted documents to us or to verify their destruction.</i>		

Please provide the information requested below. This form will be kept on file as reference.

<i>Name of Agency:</i>	
<i>Location Address:</i>	
<i>Contact Person:</i>	
<i>Telephone Number:</i>	
<i>Fax Number (s):</i>	
<i>Print Name of Agency Director:</i>	
<i>Signature:</i>	<i>Date:</i>