

SAMPLE CLIENT AGREEMENT FORM



San Diego County Public Health Laboratory

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CLIENT AGREEMENT FORM

This agreement should be completed in full by parties who are receiving personal health information to ensure test results are sent in a secure environment. The recipient agrees to comply with the Health Insurance Portability and Accountability Act (HIPAA) provision. Additionally, the recipient will protect the confidentiality of emailed or faxed test results, use a fax machine in a secured area, and comply with the confidentiality notice below. If the recipient is in agreement, please provide the information below on an annual basis or if any changes occur to ensure accurate up-to-date communication and method of delivery.

Confidentiality notice: The documents accompanying this transmission may contain confidential health information that is privileged, confidential and exempt from disclosure under law. This information is intended only for the use of the entity or individual named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

1	Facility Information		
	Facility Name:		Phone Number:
	Address (Street, City, State, Zip):		
2	Secure Delivery Information		
	Method of Delivery: <input type="checkbox"/> Email Address <input type="checkbox"/> Fax Machine or System		
	Email (preferred) or Fax:		
	Fax location address if different than above:		
3	Contact Information		
	Name:		Title:
	Phone Number:	Email:	
4	Authorized Official Information		
	Name:		Title:
	Phone Number:	Email:	
	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:
	Once completed, email to Labs.HHSA@sdcounty.ca.gov or fax to (858) 268-4102.		
	Public Health Laboratory Administration Use Only		
	Clerical Section		
	Email or Fax Number verified? Yes No	Verified By:	Upload Date:
	LIMS Section		
Entry Date:	Client ID:	Expiration Date:	

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1. Facility Information

- a. **Facility Name** refers to the specific name given to a physical location where the specimen was obtained and sent from. The facility name must match the name used on the test requisition form.
- b. **Address** for the facility includes street name, city, state, and postal/zip code.
- c. **Phone Number** refers to the facility's general, front desk, or laboratory phone number.

2. Secure Delivery Information

- a. **Method of Delivery** refers to the preferred selection of secure environment (email or fax) to receive test results.
- b. **Email or Fax** refers to the email address or fax number - starting with area code. Email is preferred.
- c. **Fax location address if different than above** refers to a different location where the fax machine is.

3. Contact Information

- a. **Name** of the designated or primary contact for technical inquiries and notifications regarding the specimen received or test(s) requested.
- b. **Title** of position or role within facility.
- c. **Phone Number** refers to the contact's work phone number or extension, if applicable.
- d. **Email** refers to the contact's work email address.

4. Authorized Official Information

- a. **Name** of the authorized official that agrees to ensure test results are sent in a secure environment. This name will appear on the test results.
- b. **Title** of position or role within facility.
- c. **Phone Number** refers to the authorized official's work phone number or extension, if applicable.
- d. **Email** refers to the authorized official's work email address.
- e. **Authorized Official Signature** must be signed digitally via Adobe Sign or signed with black or blue ink.
- f. **Date** refers to the date the client agreement has been signed.