



San Diego County Public Health Laboratory

CLIENT SECURE FAX OR EMAIL AGREEMENT

This agreement should be completed in full by parties who are receiving personal health information to ensure 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 faxed results, use a fax machine that is located in an area that is in a secure location and is in compliance with HIPAA, and comply with the confidentiality notice below. If the recipient is in agreement, please supply the information below and email it to labs.hhsa@sdcounty.ca.gov or fax back to 619-692-8558.

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Is the Fax Number or Email Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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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.			
Signature:		Date:	
Public Health Lab Use Only			
Fax or Email Number Verified?	Yes	No	Date:
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