

**SUBMITTER AGREEMENT FOR RECEIVING
PROTECTED HEALTH INFORMATION VIA AUTO-FAX**

I request the Wisconsin State Laboratory of Hygiene to **AUTO- FAX** appropriate protected health information to the number(s) listed below.

PLEASE PRINT CLEARLY

Organization name	
Contact person (for questions)	
WSLH submitter number(s)	
Street address	
City, state, zip	
Phone number	
<p>List preferred FAX number to be used for: (check all that apply)</p> <p><input type="checkbox"/> Newborn Screening (NBS) result reports Fax #: <input type="text"/></p> <p><input type="checkbox"/> Confirmation of NBS Specimens Received reports Fax #: <input type="text"/></p>	

Note: It is strongly recommended that the fax machine be available 24/7 to ensure receipt of reports

- ✓ NBS result reports will be automatically faxed to the number provided above. Submitter copies of NBS result reports will no longer be sent by mail.
- ✓ I understand my agency's responsibilities for implementing appropriate policies and procedures, including physical safeguards, so that location, access, and use of our facsimile machine(s) and the information that is transmitted complies with State and Federal regulations for protecting the confidentiality of the patient protected health information.
- ✓ These instructions will remain in effect until I notify the Wisconsin State Laboratory of Hygiene, in writing, to discontinue or change this directive.

Authorized Signature

Title

Authorized Name Printed

Date

*Please return this completed document to the WSLH Newborn Screening Laboratory via
FAX: 608-262-5494 or EMAIL: NBSqualityreport@slh.wisc.edu*