

WEB ACCESS TO TEST RESULTS

NEWBORN SCREENING

a) Access Request Information (Please print)

Facility _____
Department _____
Phone _____ Fax _____
Street Address: _____
City _____ State _____ Zip _____
Individual for whom access is being requested:
Dr./Mr./Ms. _____
Title _____
E-mail _____

b) Security Statement of Applicant

By signing I certify that I will maintain the confidentiality of the records I am allowed to access and that the information will be used only in the authorized performance of my legitimate job requirements for this facility.

(Signed) _____ (Date)
 A Facility Master Authorization (FMA) form has previously been submitted for this facility and the information is correct. We therefore **are not** submitting an FMA form.
 A new FMA form for this facility is attached/included.

c) Access Authorization Statement

By signing below, I certify that I am the Authorized Access Grantor for this facility, and assure that the individual named above has not been granted access rights in excess of those required when performing their legitimate job requirements for this facility. In addition I will notify the OSPHL should said individual have a change of job requirements, to assure that access rights are not given beyond the minimum requirements needed for job duties. I will immediately notify the OSPHL in writing should this individual terminate employment with this facility.

(Signed) _____ (Date)

(Please print name legibly)
Title _____
Facility Name _____
Department _____
E-mail Address _____

FOR OSPHL USE ONLY:

OSPHL USE ONLY

Date entered in system:

By _____

PHL Approval:

By _____

Date _____

Comments _____

Of prime concern is the security of the database.

■ Facility Master

Authorization Form:

Required for each facility when using OSPHL Web Access Test Results.

Establishes one individual as the Authorized Access Grantor, responsible for the activity of those given or applying for access to data.

■ Access Request

Information: To be completed by each person wishing access to OSPHL electronic test results.

■ Security Statement of

Applicant: To be signed by each applicant.

■ Access Authorization

Statement: The Authorized Access Grantor attests that the Access Request applicant has approval to apply for OSPHL Web Access to Test Results.

Newborn Screening Program

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Oregon
Health
Authority