



MISSISSIPPI STATE DEPARTMENT OF HEALTH
STATEMENT OF UNDERSTANDING

Clients Enrolling in the Automatic FAX Transmission Reporting

1. I understand that the Health Insurance Portability and Accountability Act of 1996, also known as HIPAA, requires that documents containing protected health information (PHI) transmitted or maintained in any form or medium that is electronic, oral, or written, are exchanged and managed in a secure manner.
2. I understand that the reports of patient testing performed by the Mississippi Public Health Laboratory will be sent to the identified client facility via a dedicated FAX line transmission. These reports will transmit in real time throughout the day after release of the report by the pertinent laboratory department.
3. I understand that upon conversion to a FAX transmission client, NO hard copy reports will be sent to the identified facility unless the facility's FAX machine is not operable and the MPHL has been notified of the issue.
4. The fax number provided to MPHL must be for a Secure Facsimile Machine. A Secure Facsimile Machine must meet the following requirements:
 - A) Only persons authorized to review and/or use confidential clinical laboratory test results and protected patient health information have access to incoming FAX transmissions.
 - B) The facsimile machine is in a secure location during non-business hours in the event that FAX transmittal occurs after normal business hours. The facsimile machine should always be accessible so that appropriate staff members are able to retrieve reports.
5. The FAX number provided to the MPHL is for a dedicated Facsimile Machine. A dual use phone/FAX system is not acceptable.

Date _____ Client Name _____

Client Address _____

Authorized Client

Representative Signature _____

Secure FAX System Number (include area code) _____

Contact Person Name and Phone Number for FAX transmission Problems _____

*Email completed form to LIMSadmin@msdh.ms.gov or fax completed form to the attention of LIMS Administration at 601-576-7037.

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Instruction for ISA0-13 Enrollment in Automatic Fax Transmission Reporting

Purpose: Provide instructions for the completion of Form# ISA0-13, used for application by clients requesting the use of RightFax reporting from ApolloLIMS.

Instructions:

1. The authorized person at the client facility will read all the requirements regarding the selection of an appropriate fax machine to be used for the purpose of submission of laboratory reports to the client.
2. The client will fill in all the blanks on the form.
3. The client will return the completed form by either email or fax as instructed on the form.

Office Mechanics and Filing – This form must accompany each new MPHL client’s request for fax reporting. Submitted forms are maintained at the MPHL.

Retention Period – The MSDH Laboratory will retain the original form in accordance with Clinical Laboratory Improvement Amendments (CLIA) regulations.