

# CCPLAB E-REPORTING SERVICE USER ACCESS AGREEMENT AND AUTHORIZATION

CCPLAB [Capital Choice Pathology Laboratory] provides access to patient report results by authorized clinicians and their staff through an internet-based service called "CCPLAB E-Reporting." Patient information and results displayed are protected by Federal and State regulations (e.g., HIPAA) and are limited to the patient's healthcare provider(s) through a unique and secret UserID and password.

The person listed below is requesting access to the CCPLAB E-Reporting service, and agrees to the following:

1. The use of the CCPLAB E-Reporting service will be limited to officially-sanctioned inquiries pertaining to patients with whom the requestor has a direct healthcare provider relationship.
2. The UserID and password will be kept secret; the password will not be displayed, attached to monitors, etc.
3. In the event that a password's secrecy has been compromised or an authorized staff member is no longer employed, CCPLAB must be contacted immediately to effect a password change.
4. CCPLAB E-Reports are provided as a convenience to our valued clients to view the most recent CCPLAB-printed patient report, which is delivered by normal courier/mail methods.

It is important to note that *notification* of any subsequent corrections, additions, amendments, etc. of a patient report will only be made through CCPLAB-printed hard-copy reports delivered to the appropriate requesting clinician. The new report containing any changes will be available via the CCPLAB E-reporting service, but must be specifically requested and viewed—it will not appear in the Recent Cases search.

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| <b>For Specimens Submitted From:</b>   |                       |      |
| CLINICAL LOCATION  |                       |      |
| STREET ADDRESS   |                       |      |
| CITY, STATE, ZIP   |                       |      |
| <b>Grant permission to view cases submitted by:</b>  |                       |      |
| <input type="checkbox"/> <b>All clinicians at this practice</b> –or– <input type="checkbox"/> <b>Only the clinician(s) listed below:</b> |                       |      |
| CLINICIANS SUBMITTING SPECIMENS FROM THIS LOCATION:  |                       |      |
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| USER'S FULL NAME:  | USER'S EMAIL ADDRESS: |      |
| <b>I Request UserID/Password Access to these cases via CCPLAB E-Reporting Service:</b>   |                       |      |
|  |                       |      |
| DIRECTOR/ADMINISTRATOR PRINTED NAME  | SIGNATURE             | DATE |
| RETURN OR FAX TO CCPLAB — FAX: 240-471-3401 • PHONE: 240-471-3400  |                       |      |