Oregon State Public Health Laboratory (OSPHL)

Laboratory Information System (Copia) Set-Up Form

Email completed form to: OSPHL.Informatics@oha.oregon.gov

Instructions

New Facilities: Complete all sections.

Facilities Adding Electronic Inbox Users: Complete all fields marked with an asterisk (*).

Section 1: Facility Information

Enter your facility's physical location.

*Facility Name:_____

Facility Address: _____
Street   City   State   Zip

*Facility Phone: _____   Facility Fax: _____

Secure Fax (to receive test results): _____ *Facility* NPI Number: _____

*Section 2: Medical Provider Information

Enter your facility's Medical Director, or the person under whom laboratory tests are ordered. If additional providers will also order tests, you may indicate this in Section 4.

(Note: The Medical Provider(s) must be qualified under OAR 333-024-0370 through 333-024-0400 to order laboratory tests. Qualifying credentials include MD, DO, DPM, PA, DC, ND, NP, CNM, CRNA, CNS, DDS, DMD, OD, DEM (limited).)

*Provider Name (print): _____ *Credential: _____

*Title: _____   *NPI: _____   Note: Medical provider must also sign below.

*Section 3: Medical Provider Certification

As a health care provider qualified to order laboratory tests in Oregon, I request OSPHL Laboratory Information System access for the staff listed in Section 4.

Their signature in the space provided is their attestation that they agree to the terms and conditions governing the access to and use of the protected patient information being accessed.
I further state that I am authorized to make this request on behalf of the facility listed below, and assure that the individual(s) named below has not been granted access rights in excess of those required performing their legitimate job requirements for this facility. In addition, I or my designee will notify OSPHL should said individual(s) has a change of job requirements, to assure that access rights are not given beyond the minimum requirements to perform job duties. I will immediately notify the OSPHL in writing should this individual terminate employment with this facility.

*Signature: _____

(See page 2 to add additional staff members.)

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*Section 4: Additional Medical Providers or Staff

Please list the additional staff that will order laboratory tests and/or need access to view test results in Copia. Staff members listed do not need to be medical providers in order to gain access to test results. If you need additional space, attach a second copy of this section.

To add users to an existing OSPHL account, please also complete the fields marked with an asterisk (*) on page 1.

Staff Attestation – <u>Read this before signing</u>:

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.

	Staff Contact Information & Attestation				Notify	Access Rights	
	Name & Credential	NPI # *(if applicable)*	E-Mail	Signature *(see above)*	E-mail me when results are available	Medical Provider	View Results
1					☐	☐	☐
2					☐	☐	☐
3					☐	☐	☐
4					☐	☐	☐
5					☐	☐	☐

PHL Use Only
☐ Practice set up
☐ Facility set up
☐ All credentials verified
☐ Medical Provider Username: _____ #: _____
☐ User 1 / Username: _____ #: _____
☐ User 2 / Username: _____ #: _____

☐ User 3 / Username: _____ #: _____
☐ User 4 / Username: _____ #: _____
☐ User 5 / Username: _____ #: _____
☐ All e-mails sent
Set Up by: _____ Date: _____