

## UC Davis Health Department of Pathology and Laboratory Medicine SECURED FAX Transmission Verification Form

The undersigned Facility/ Client hereby authorizes UC Davis Health, Department of Pathology and Laboratory Medicine to send Protected Health Information (PHI) as that term is defined by the Health Insurance Portability and Accountability Act (HIPAA, 45 C. F.R. Parts 160-164), to the following SECURED facsimile phone number to the event such transmission is determined by UC Davis Health to be a necessary component of the professional business relationship between UC Davis Health and the Client.

Client represents to UC Davis Health, Department of Pathology and Laboratory Medicine that they have implemented the appropriate policy and procedures, including physical safeguards, to ensure that the location of, access to and the use of the Client's SECURED facsimile machine complies with State and Federal laws and regulations controlling the privacy of PHI including, but not limited to HIPAA.

This Authorization will remain valid until revoked or changed by Client. To change the facsimile number or to revoke this Authorization, Client must provide written notice to UC Davis Health at least five days prior to the implementation of the requested change or revocation. Requests maybe faxed to: UC Davis Health, Department of Pathology and Laboratory Medicine, Attention: Client Services at 916-737-1001 or mailed to UC Davis Health, Department of Pathology and Laboratory Medicine, Attention: Client Services, 3740 Business Dr. #1420, Sacramento, California 95820.

List The fax number where UC Davis Health, Department of Pathology and Laboratory Medicine results should be transmitted.

FAX NUMBER:		
Institution Name:		
Address:		
Authorized Approver:		
Printed Name:	Title/Position:	
Phone:	Email:	
Signature:	Date:	

Please sign and date this form, then fax to: UC Davis Health, Department of Pathology and Laboratory Medicine Attention: Client Services @ 916-737-1001