

MTPHL Laboratory Portal Access Authorization Form

Please fill out this form for individual user accounts for each user in your facility. By signing this form, you are authorizing the individual(s) listed below to use the MTPHL Laboratory Portal on behalf of your facility and certifying that you have the authority to grant this access on behalf of the facility. In addition, you agree to notify MTPHL if any of the individuals cease to work in a capacity that requires access to the system. This system contains information protected from disclosure under privacy and security laws including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as codified at 42 U.S.C. § 1320d-d8, and the Health Information Technology for Economic and Clinical Health Act (the HITECH Act), as codified at 42 U.S.C. §§ 300jj et seq. and §§ 17901, et seq. and the implementing regulations for the two acts at 45 CFR Parts 160, 162 and 164.. **Each user must also sign a User Attestation form. User accounts will not be activated until this form is received.**

Facility Name: _____ Acct. No: _____

Authorizing Individual: _____ Title: _____

Signature: _____ Date: _____

User Name (first and last)	Email address	Access Type (check all that apply)
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(Attach additional forms as needed)

Completed forms should be faxed to (406) 444-1802 or e-mailed to HHSLIMS@mt.gov