



Capital Health

Physician Agreement to receive patient test reports transmitted by facsimile (FAX) from the Department of Pathology and Laboratory Medicine, Capital Health

1. This is to confirm that participation in the transmission of patient test results from the Department of Pathology and Laboratory Medicine, Capital Health by FAX has been agreed to by the undersigned.
2. The security of the confidential information being transmitted by FAX will be ensured by the undersigned. This will be achieved by placing the receiving FAX unit in a secure location, where information received will be accessible **ONLY** to the undersigned or appropriately designated persons. The fax unit must produce plain paper copies (not thermal paper) for permanent filing.
3. The fax unit must remain on at all times, including overnight when report transmission occurs, and be stocked with paper according to the office or clinic's volume of work. Dual use fax/phone devices are not recommended by Capital Health.
4. It is understood that the Department of Pathology and Laboratory Medicine is unable to phone the receiving facility immediately prior to transmission nor immediately after transmission for confirmation of receipt of information.
5. Clients will be notified by phone of failed or incomplete transmissions and appropriate arrangements made to receive reports.
6. **It is understood that the facsimile copy received is the final and only copy of results that will be provided.** Results requested as STAT or PHONE/FAX will have additional copies faxed as each test is completed.

Name of physician (or physician group) making request: _____
(Please print)

Fax Make: _____ Fax Model: _____

FAX number: _____ PHONE number: _____

Signature of physician making request: _____

Date of request: _____ Physician PMB #: _____

| Please FAX completed form to: 902-473-2100 (Pathology Informatics)