

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

Date: March 11, 2020

To Health Care Provider:

The Department of Health Security Policy allows for the faxing of medical information in situations considered to be in the best interest of providing continuity of care to patients. Fax machines designated to transmit or receive confidential medical information must be in a secure area with limited physical and visual access.

In order to maintain patient confidentiality while meeting provider needs, the Bureau of Public Health Laboratories requests that this form be completed, signed and returned before confidential faxes of laboratory results can be initially transmitted to your facility. This form will be valid for one year from date of signature. You may change your mind at any time, just let us know.

Thank you for your cooperation.

Name: **Jackie Sayers, Systems Programmer III** Phone: **904-791-1692** Fax: **904-791-1567**

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(Please complete below and return completed form to above FAX number)

I am requesting to have my patient reports faxed versus mailed to me from LabWare.

Please turn off faxing and resume mailing reports.

CODE: \_\_\_\_\_  
(to be completed by DOH)

Provider Name: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Secure Fax Number: \_\_\_\_\_

Check the Labs To Which You Will Send Specimens:
Jacksonville
Miami
Tampa

I understand that by signing below I am confirming the security of the stated number for the facsimile machine at our facility.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title