

Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

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

Date: August 8, 2025

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 complete another one of these forms to let us know.

Thank you for your cooperation.

Name: **Jackie Sayers, Systems Programmer III**

Phone: **904-791-1692**

(Please complete below and email completed form to DLBOLMIS@flhealth.gov "Attn: Jackie Sayers".)

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

Please turn off faxing and resume mailing all reports.

CODE: _____

(to be completed by BPHL IT)

Practitioner Name: _____

Practitioner NPI: _____

Facility Name: _____

Address: _____

(this address must be the one where you want the reports mailed if ever there are fax problems)

Telephone: _____

Secure Fax Number: _____

<p>Circle the Labs to Which You Will Send Specimens:</p> <p>Jacksonville</p> <p>Miami</p> <p>Tampa</p>
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I understand that by signing below I am confirming the security of the stated number for the fax machine at our facility.

Signature

_____/_____/_____
Date

Print Name

Print Title

