

LigoLab Connect Service Privacy Agreement and Sign-Up Form

PLEASE COMPLETE ONLY ONE FORM PER USER

YOUR ORGANIZATION AGREES TO:

- ✓ Initiate a grant-access request only for individuals who have an express need to view online reports.
- ✓ Immediately initiate a revoke-access request for individuals who no longer have an express need for access to online reports.
- ✓ Electronically assign reports only to the individual(s) who has an express need to view them, in accordance with HIPAA's "minimum necessary" use standard.
- ✓ Implement policies that address the following security practices; at minimum:
 - Keep all login information private.
 - Never leave a computer/mobile device unattended while logged in to the service.
 - Log out as soon as you have finished reviewing results.
 - Use the service in a location where onlookers cannot view the computer/mobile device screen.
- ✓ Take responsibility for any breaches of privacy that occur via any user ID's and passwords that have been granted at your organization's request, regardless of whether or not they are related to HIPAA compliance.
- ✓ Hold the Laboratory harmless for any breaches of privacy which occur as a result of inappropriate use of protected health information via any user ID's and passwords that have been granted at your organization's request, regardless of whether or not they are related to HIPAA compliance.
- ✓ Utilize this service in compliance with all applicable HIPAA regulations.

ACKNOWLEDGEMENT OF RESPONSIBILITY

Practice Name:

Representative Signature:

Representative Printed Name:

Date of Sign:

USER'S NAME (FIRST AND LAST): PLEASE PRINT

USER'S TITLE: PLEASE PRINT

USER'S EMAIL ADDRESS: PLEASE PRINT

PHYSICIAN NAME(S):

PPS Office Use Only:

*Date User Activation and
Initials:*

*Date User Deactivation
and Initials:*

*Database
Updated:*