

Instructions

- The *Ordering Physician* must complete this form to register for use of the Physician Portal.
- The *Ordering Physician* is the treating physician, i.e. the doctor signing Interpace Diagnostics test requisitions.
- *Authorized Delegates* are individuals authorized by the Ordering Physician to access his/her patients' test reports or test requisitions, such as group practice partners and staff who are permitted to access and use Protected Health Information (PHI) under federal law (HIPAA).
- Return the completed form to Interpace Diagnostics Client Services via Fax # 412-224-6425
- You will be notified via Email as soon as your account has been activated.
- Contact Client Services if you need to revoke or add access permission for any *Authorized Delegate(s)*.
- Urgent requests should be made by telephone.
- You may photocopy a completed form and re-submit to add *Authorized Delegates*.

Terms and Conditions of Use of the Physician Portal are posted on the Portal. All users will be required to acknowledge that they have read and agree to the Terms and Conditions the first time they login to the Portal.

Section 1. Ordering Physician Information (Print Information, Sign, and Date)

Ordering Physician _____
Institution _____
Address _____
City, State, Zip _____
Phone Number _____
Email Address _____

This email address will be your User Name for access to the Physician Portal

Physician's Signature _____ **Date Signed** _____

Section 2. Authorized Delegates

Each delegate must provide a unique email address which will be their User Name for access to the physician portal.
Sharing accounts or passwords is prohibited.

Delegate Name (Print)	Email Address (User Name)

Fax Completed Form to Client Services – Fax # 412-224-6425