Wisconsin State Laboratory of Hygiene
UNIVERSITY OF WISCONSIN–MADISON
NEWBORN SCREENING LABORATORY

465 Henry Mall
Madison, WI 53706-1578
Phone: 608-262-6547
Fax: 608-262-5494
www.slh.wisc.edu

PROVIDER AGREEMENT FOR RECEIVING PROTECTED HEALTH INFORMATION VIA AUTO-FAX

PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS

Provider name:	NPI#:	Credential: (MD, DO, NP, etc.)
Facility/clinic name:		
Street address:		
Please note: *Repeated failed attempts to fax requested information may require item(s) to be mailed. Include mail stop, department, or other routing identifier as indicated. Mailed reports may take 4-10 days for delivery.*		
City, state, zip:		
County:		
Phone:		
Fax all newborn screening (NBS) result reports to: ***Please note:*** *Only one fax number can be entered for a provider.*	Fax #:	
Contact person *(for questions)*:		

AUTO-FAX Note: It is strongly recommended that the fax machine be available 24/7 to ensure receipt of reports.

- ✓ All newborn screening result reports on which I have been identified as the provider will be sent to the fax number listed above.
- ✓ I understand my agency's responsibilities for implementing appropriate policies and procedures, including physical safeguards, so that location, access, and use of our facsimile machine(s) and the information that is transmitted complies with State and Federal regulations for protecting the confidentiality of the patient protected health information.
- ✓ This agreement will remain in effect until I notify the Wisconsin State Laboratory of Hygiene, in writing, to discontinue or change this directive.

____________________________________ ____________________________
Authorized Signature Title

____________________________________ ____________________________
Authorized Name Printed Date

Please return this completed document to the WSLH Newborn Screening Laboratory via
FAX: 608-262-5494 or EMAIL: NBSqualityreport@slh.wisc.edu