

MTPHL Laboratory Portal Access Authorization Form

Please fill out this form for individual user accounts for each user in your facility. By signing this form, you are authorizing these individuals to use the MTPHL Laboratory Portal on behalf of your facility, and that you have the authority to grant this access. In addition, you agree to notify MTPHL if any of these individuals cease to work in a capacity that requires access to the system. This system contains protected health information subject to HIPAA. **Each user must also sign a User Attestation form. User accounts will not be activated until this form is received.**

Facility Name: _____ Acct. No: _____
 Authorizing Individual: _____ Title: _____
 Signature: _____ Date: _____

User Name (first and last)	Email address	Access Type (check all that apply)
		<input type="checkbox"/> Order Entry <input type="checkbox"/> Results <input type="checkbox"/> Local Admin*
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*Local Admin access allowed for facilities with 10 or more users. Limit 1-2 local admins per facility. An additional Local Admin Attestation form is required for these users.

(Attach additional forms as needed)

Completed forms should be faxed to (406) 444-1802 or e-mailed to HSLIMS@mt.gov