

# Norman Regional Laboratory Services (NRLS)

## Physician Employee Access Request Agreement

- Send completed 1-page form to laboratory for employee set up.  
Fax #: 405-515-5069, Attn: Copia Admin
- New employee login and temporary password will be sent secure email address provided below.

### Completed by Applicant (Employee):

I, \_\_\_\_\_ hereby request that Norman Regional Laboratory Services (NRLS) grant me access to the NRLS web-based portal, hereafter referred to as "NRLS Network" and that I am an employee of good standing of \_\_\_\_\_ (Practice Name).

I certify that I have received the Physician and Physician Office Staff Access to Norman Regional Laboratory Services Computer Systems Policy. I hereby agree that I will limit my access to patients within the NRLS computer systems that I have a true medically appropriate reason to access said record.

I affirm that I will not divulge protected health information (HIPAA) to any unauthorized person. Neither will I directly or indirectly use, or allow the use of, NRLS data for any purpose other than that directly associated with my duties. I understand that all NRLS's Network data is confidential, and any violation of the confidentiality statement is cause for immediate termination of access to the NRLS's Network.

I understand that by violating this agreement, I may subject myself and my employer to criminal and civil penalties, fines, and court actions. I further agree to indemnify NRLS of any liability it may incur as the result of my improper use or disclosure of confidential information and the violation of this policy.

Last Name	First Name	Title/Degree/Position
Organization's Name	Mailing Address: Number/Street	City/State/Zip Code
Applicant Signature	Date	

### Completed by Provider or Designee (Employer):

I, \_\_\_\_\_ as the employee's employer, hereby request access for this employee. I understand that I, as their employer, am responsible for their actions while accessing the NRLS's Network and for their compliance to this policy.

Last Name	First Name	Title/Degree/Position
User Name & Temporary Password should be sent to: _____		
(Secure email Address)		
Provider or Designee's Signature	Date	Contact Phone Number