

Request for Access to the Wadsworth Center Laboratory Information Management System (CLIMS)

Health data/information originating from the CLIMS application on the Health Commerce System (HCS) is protected under state and federal confidentiality laws as well as NYSDOH policies and procedures. Employees or agents of HCS participant organizations who have acquired knowledge of personal or health data/information from the HCS shall not disclose this information to any other person, unless that person is authorized to receive such information.

Name _____ HPN/HIN/HCS User ID (if one exists) _____

Participant Organization _____

Participant Organization Address _____

Telephone _____ - _____ - _____ ext _____ Fax _____ - _____ - _____

Email _____

Signature _____

I authorize permission for the above individual to have access to request testing, and/or view Wadsworth Center laboratory reports for our facility.

Select the laboratory permissions this person is authorized to have:

MICRO/VIRLOGY reports – includes Arbovirus, Bacteriology, Diagnostic Immunology (Serology), Mycology, Mycobacteriology, Parasitology, Rabies (human testing), Viral Encephalitis, Virus Reference and Surveillance

- Clinical (human)
- Non-Human – includes food, environmental and animal (not Rabies)
- STD reports– includes Chlamydia, Gonorrhea Screening and Syphilis
- HIV/HCV reports
- Rabies reports (animal testing)
- Organic Chemistry, Inorganic Chemistry, Nuclear Chemistry, Sanitary Bacteriology and Asbestos reports
- Lead Poisoning / Toxic Metals reports
- ROE – Remote Order Entry

HPN Coordinator Name (Print) _____

HPN Coordinator Signature _____

HPN Coordinator Phone Number _____