MicroGen DX
Next-Gen DNA Sequencing
Superior Diagnostics. Targeted Treatments. Better Outcomes.

855-208-0019 | labportal@microgendx.com | microgendx.com
SOUTHWEST REGIONAL PCR LABORATORY, DBA MICROGEN DIAGNOSTICS, LLC

PPA PHYSICIAN PHARMACY AGREEMENT FOR SHARING PATIENT REPORTS

WHEREAS, the Parties desire to enter into this Agreement in order to comply with the privacy regulations (the "Privacy Rule") and security regulations (the "Security Rule") adopted by the U.S. Department of Health and Human Services ("HHS") at 45 C.F.R. Parts 160 and 164, as promulgated by HHS in accordance with the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA")

The purpose of this agreement is to allow the Pharmacy indicated below to provide for the delivery of patient specific customized antimicrobial solutions.

I agree to allow MicroGen DX Laboratories to provide patient specific information to the following pharmacy.

PHARMACY INFORMATION

Pharmacy Name:

Address:

City:	State:	ZIP:

Phone:	Point of Contact:

PHYSICIAN INFORMATION

Physician Name:	Physician NPI#:	Clinic Name:

☐ Please allow for all locations

PHYSICIAN LOCATION(S)

LOCATION 1

Address:

City:	State:	ZIP:

Phone:	Fax:	Point of Contact:

LOCATION 2

Address:

City:	State:	ZIP:

Phone:	Fax:	Point of Contact:

SIGNATURE

Physician Signature:

Fax Signed agreement to **407-204-1401** or email to **labportal@microgendx.com**

MICROGEN DX, LLC COPYRIGHT 2017