



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

PPDA PERIO PROTECT DENTAL 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 Perio Protect indicated below access to patient reports so they can provide report results consultation via Perio Protect.

I agree to allow MicroGenDX Laboratories to provide patient specific information to Perio Protect.

PERIO PROTECT INFORMATION

Name:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	Point of Contact:

SIGNATURE

Signature: 

DENTIST INFORMATION

Dentist Name:	Dentist NPI#:	Office Name:
Address:		
City:	State:	ZIP:
Phone:	Fax:	Point of Contact:

SIGNATURE

Dentist Signature:

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