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| Quest Diagnostics Lab Authorization Form |
| **Sharing your patients’ lab results gives other providers the information they need to deliver better care while also eliminating duplicate tests and lowering healthcare costs.**  It just takes a few minutes to opt-in to allow Quest Diagnostics to share a copy of your patients’ lab results with CORHIO. Please complete the form below and submit it to your CORHIO representative.  For your reference, this form corresponds to the Lab Connectivity and Sharing of Lab Data section of our standard Participant Agreement. That section is as follows.  *Lab Connectivity and Sharing of Lab Data (applicable only to Participants that employ physicians or other persons authorized to order laboratory tests under Applicable Law). Participant agrees to authorize LabCorp and Quest Diagnostics to transmit laboratory result reports to the HIE System for delivery to Participant by executing the Provider Authorization forms in Attachment 4****.*** *Participant acknowledges that other participants will have access to such results in accordance with this Agreement and Applicable Law. Participant also understands that CORHIO will not deliver the official, chartable report of laboratory testing results that complies with applicable Law or otherwise meets the Participant’s needs.* |
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| Please complete: |
| **Quest Account Number:** <insert Account Number> |
| **Practice Name:** <insert Practice Name> |
| **Practice Address:** <insert Address> |
| **Practice City, State ZIP:** <insert City, State, ZIP> |
| **Practice Phone:** <insert Phone> |

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