

Newborn Screening eReports Web Portal Registration Form

If you wish to be registered as a user of the Georgia Department of Public Health Laboratory's Newborn Screening eReports electronic portal, you must complete all fields on this form. Please print using block lettering. Fax completed form to 404-321-2265.

Only licensed physicians are permitted to be registered users. License numbers will be verified.

By signing the form you are agreeing to the eReports privacy statement below.

Newborn Screening eReports Privacy Statement

This system allows persons authorized by the Georgia Department of Public Health (DPH) to access protected health information about individuals for reporting and treatment purposes. This information is entitled to significant privacy protections under federal and state law. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits a covered entity to use and disclose protected health information without written authorization, if the use or disclosure is for treatment, payment, or health care operations. However, HIPAA requires covered entities to have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information. The disclosure of this information to unauthorized persons or for unauthorized purposes is prohibited without the written authorization of the person who is the subject of the information, unless specifically permitted by federal or state law. Unauthorized disclosure of this information may result in significant criminal or civil penalties. Failure to properly logout of eReports can result in an unauthorized disclosure. All actions on this website can be monitored and audited. Any unauthorized use or disclosure brought to the attention of DPH or discovered via routine monitoring of this website will be investigated promptly. Physicians are required to secure their eReports password to prevent unauthorized access to the system using their password.

As an authorized user of eReports you agree to access the database only for reporting and treatment purposes related to your patient, and you acknowledge that you have received permission from the infant patient's legal guardian to view this information. As an authorized user of eReports, you agree to reasonably safeguard protected health information from any use or disclosure that is in violation of state or federal law.

Name of facility: _____

Type of facility: Hospital ___ Primary Care ___ Health Dept. ___ Other: _____
(Specify)

Name of user: _____
(Must be physician)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Physician License #: _____ **e-mail:** _____
(Will be used to notify of portal updates & password resets)

Physician Signature: _____ **Date:** _____
(Must be legible)