



Newborn Screening eReports Web Portal

Licensed Provider Registration Form

Instructions: Complete form and fax to **(404) 420-2093** or email to dph-nbs@dph.ga.gov. Contact the Georgia Department of Public Health Newborn Screening Program with questions at (404) 327-7950.

Only licensed physicians, physician assistants, and advanced professional nurse practitioners (e.g., APRN) are permitted to register. License numbers will be verified with the State of Georgia.

Name: (Last)		(First)		Professional License Number:	
Address:				Professional License Type: Physician Physician Assistant Advanced Professional Nurse Practitioner	
City:		State:	ZIP:		
Fax Number:			Phone Number:		
Email:			<i>Email address will be used to notify user about account approval status, login credentials and to reset password.</i>		
Name of Facility / Practice:				Facility Type: Hospital Primary Care Other (specify):	

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 log out 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. Approved users 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.

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

Provider Signature:	
Date:	

Fax completed form to **(404) 321-2265** or email to dph-nbs@dph.ga.gov