

Mississippi Public Health Laboratory (MPHL) Web Portal User Registration/Reconfirmation

By signing this Agreement, the user agrees to the following items:

1. Use only the login credentials authorized by MPHL and not share, distribute or otherwise divulge your login and password to any other individual, including co-workers.
2. Not make any attempt to authenticate another user's login and password.
3. Only access test results required by your employer (MPHL client).
4. Report to the MPHL any discovery of information for MPHL clients other than your organization.
5. Comply with all federal, state and local laws, regulations and ordinances regarding confidentiality of information.
6. Recognize that MPHL will monitor use of the web portal by individual users and that laboratory reports can be modified solely by MPHL.
7. Not perform any operation that may result in a breach of security or disable the web portal.
8. Immediately communicate any employment status changes to the MPHL that eliminate your need for access to the web portal.

Print First Name, Last Name	User Signature	User email address
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Print First Name, Last Name	User Signature	User email address
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Print First Name, Last Name	User Signature	User email address
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Print First Name, Last Name	User Signature	User email address
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Print First Name, Last Name	User Signature	User email address
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Organization Name	Address	City, State Zip
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Lab Director or Manager Print name	Signature of Lab Director or Manager	Date
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Lab Director or Manager email address	Contact Phone number
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Email completed form to LIMSAdmin@msdh.ms.gov or fax the completed form to the attention of LIMS Administration at **601-576-7037**.

Web Portal User Registration/Reconfirmation Instructions

Purpose

This form is used to register or reconfirm the members of staff at your facility who have online access to the Apollo Web Portal used to provide test results from the Mississippi Public Health Laboratory.

Instructions

1. Each user (new or for reconfirmation) should print and sign their name where indicated and provide an email address where they will receive login information. The email address must be associated with the facility.
2. **Organization Name** - Enter name of the organization that will be receiving data which contains protected health information.
3. **Address** - Enter address of the organization.
4. **Lab Director/Manager/Supervisor/Date** - Representative of the organization should print name, sign, and date the form.
5. **Phone number of contact, including area code** - Enter voice phone number of contact. This number will serve as the primary contact regarding web portal issues.