FLORIDA HIE



LabCorp & Quest Data Release Form

By signing this document, the Florida HIE participating Organization listed below authorizes the release of its lab results ordered from Quest and LabCorp into the Florida Health Information Exchange. All Florida HIE policies and procedures, privacy and security policies apply to this data transfer. Please Fill out all fields, sign at the bottom, and email to info@flhie.org.

Participating Organization Legal Name: _____

Participating Organization DBA Name: _____

LabCorp Account Number: _____

Quest Account Number: _____

Organization Address: _____

Organization City: _____

Organization State: _____

Organization ZIP: _____

Organization Phone: _____

Primary Contact Name: _____

Primary Contact E-mail: _____

Participant: _____	Florida Health Information Exchange
Signature: _____	Signature: _____
Printed Name: _____	Printed Name: _____
Title: _____	Title: _____
Date Signed: _____	Date Signed: _____