Oregon State Public Health Laboratory (OSPHL)

Laboratory Information System (Copia) Set-Up Form
Email completed form to: OSPHL.Informatics@oha.oregon.gov

Instructions

New Facilities: Complete all sections.
Facilities Adding Electronic Inbox Users: Complete all fields marked with an asterisk (*).

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*Section 1: Facility Information

Enter your facility's physical location.

*Facility Name: _____

Facility Address: _____
Street City State Zip

*Facility Phone: _____ Facility Fax: _____

Secure Fax (to receive test results): _____ *Facility* NPI Number: _____

For New Sites – this facility will ☐ Order using paper forms ☐ Enter orders in Copia

*Section 2: Medical Provider Information

Enter your facility's Medical Director or a person under whom tests may be ordered. If this provider also needs to view test results in the OSPHL Laboratory Information System, list them in Section 4 along with any other providers who will also order tests.

(Note: The Medical Provider(s) must be qualified under OAR 333-024-0370 through 333-024-0400 to order laboratory tests. Qualifying credentials include MD, DO, DPM, PA, DC, ND, NP, CNM, CRNA, CNS, DDS, DMD, OD, DEM (limited). If a medical provider does not work for your organization or is not available, a facility administrator or director may authorize employee's access.)

*Provider Name (print): _____ *Credential: _____

*Title: _____ *NPI: _____ Note: Medical provider must also sign below.

*Section 3: Medical Provider Certification

As a health care provider qualified to order laboratory tests in Oregon, I request OSPHL Laboratory Information System access for the staff listed in Section 4.

Their signature in the space provided is their attestation that they agree to the terms and conditions governing the access to and use of the protected patient information being accessed.
I further state that I am authorized to make this request on behalf of the facility listed above, and assure that the individual(s) named below has not been granted access rights in excess of those required performing their legitimate job requirements for this facility. In addition, I or my designee will notify OSPHL should said individual(s) has a change of job requirements, to assure that access rights are not given beyond the minimum requirements to perform job duties. I will immediately notify the OSPHL in writing should this individual terminate employment with this facility.

*Signature: _____

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*Section 4: Medical Providers or Staff

List all staff who will order laboratory tests or need access to view test results in Copia. To view test results, staff listed do not need to be medical providers. Only add the provider listed in Section 2 if they also need to log in to view results. If you need more space, make a copy of this page.

Staff Attestation – Read this before signing:

By signing, I certify that I will maintain the confidentiality of the records I am allowed to access, and that the information will be used only in the authorized performance of my legitimate job requirements for this facility.

	Staff Contact Information & Attestation				Access Rights (Before selecting, read explanations below)			
	Name & Credential	NPI # *(if applicable)*	E-Mail	Signature *(see above)*	Medical Provider	View Results	Email All Updates	Order Entry
1								
2								
3								
4								
5								
6								

PHL Use Only

☐ Practice set up
☐ Location set up
☐ User set up
☐ All e-mails sent

Set-Up by: _____ Date: _____

Access Rights Explained

Medical Provider: Qualified Provider under whom test orders are placed.
View Results: User profile and log-in created for users to log into Copia and view results.
Email All Updates: User receives email updates for all test results associated with their facility.
Order Entry: Available to users only if their facility has established remote order entry.