



11110 Medical Campus Rd, #230, Hagerstown, MD 21742
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MD Access Portal User Agreement

I hereby request that a user account be established for me for the Hagerstown Medical Laboratory MD Access portal, and I agree to abide by the following conditions:

1. I will log into the portal with my own user name and password. I will not share these credentials with anyone else, nor allow anyone else to use my login to access the portal. I will be responsible for any activity performed using my portal user account.
2. I have been trained in and will abide by the HIPAA regulations regarding the privacy of protected health information.
3. My access to the information in the portal will be used only on a need-to-know basis for activities relating to my job duties, and will be used for patient treatment, diagnosis and/or billing purposes.
4. If my user account allows access to patients other than those of my practice, I understand that I will be required to enter a reason why I need access such a patient, and that the reasons entered will be recorded and audited.
5. I understand that any violations of these conditions may result in termination of my user account and could be referred to authorities for civil or criminal legal action.

Signature: _____

Date: _____

Print full name: _____

Phone: _____

Practice Name: _____

E-mail: _____

For HML use only: UserID: _____

Password: _____

Setup Date: _____

Comments: _____
