

Beutner Laboratories

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Facsimile Verification Form

The undersigned Client hereby authorizes Beutner Labs, Inc. (BL) to send Protected Health Information as that term is defined by HIPAA (Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Parts 160-164) to the following facsimile phone number to the extent such transmission is deemed by BL to be reasonably necessary as part of the professional business relationship between BL and Client.

Facsimile number(s): _____

Dr. NPI number: _____

(Fill in all facsimile numbers to which BL results may be transmitted)

Client acknowledges to BL that Client is solely responsible for adopting and implementing appropriate policies and procedures, including physical safeguards, so that the location, access, and use of such facsimile machine complies with all applicable HIPAA regulations. Client may revoke this authorization or change the facsimile number only by giving BL at least five (5) days prior written notice which notice must be faxed to BL at facsimile number **(716) 838-0798**.

Doctor's Name: _____

Doctor's Address: _____

Signature: _____

Printed Name: _____

Title/Position: _____

Phone: _____

NPI#: _____

PLEASE SIGN AND FAX A COPY OF THIS FORM TO:

**RICHARD PLUNKETT, Ph.D. HIPAA COORDINATOR,
(716) 838-0798**