

**Wisconsin Diagnostic Laboratories  
9200 W. Wisconsin Avenue  
Milwaukee, WI 53226**

## Lifepoint/Online Orders Internet Access Request Form

- LifePoint**  
 **Online Orders**

| Demographic Information (Please Print Clearly) |                   |                      |                       |
|--|-------------------|----------------------|-----------------------|
| <b>Last Name</b>                               | <b>First Name</b> | <b>MI</b>            | <b>E-mail Address</b> |
| <b>Client Name</b>                             |                   | <b>Client Number</b> | <b>Phone Number</b>   |

| Reason for Request (Circle all appropriate answers) |                     |                       |                                   |
|---|---------------------|-----------------------|-----------------------------------|
| <b>New User</b>                                     | <b>Inactivation</b> | <b>Reset Password</b> | <b>New Name-Identify Old Name</b> |

**Please read confidentiality statement below and sign the form.**

User acknowledges that the use of and access to the Lifepoint and Online Orders applications will involve access to highly confidential information. User agrees to ensure that use of Lifepoint and all information obtained through its use by User is in compliance with all applicable laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and all regulations relating thereto and any other laws and regulations governing restricted access to and the confidentiality of patient clinical records and individually identifiable health information. User agrees that User shall not disclose, by any means, such information to any unauthorized person, business, or other entity. User agrees that User shall not permit any unauthorized person, business or entity to review or copy any such information except as provided by law. User will be responsible for violation of any applicable law and for any misuse of that information.

|                  |             |
|------------------|-------------|
| <b>Signature</b> | <b>Date</b> |
|------------------|-------------|

**Fax the Lifepoint Internet Access Form with Confidentiality Statement to 414-805-7688.**

| LIS Section – Please Do Not Write in this Section |                           |
|---|---------------------------|
| <b>Lifepoint User ID</b>                          | <b>Lifepoint Password</b> |
| <b>Security Administrator</b>                     | <b>Date</b>               |

