

# Secure Remote Viewer Registration Form

Please complete this form if you would like access to the Secure Remote Viewer (SRV), which provides newborn screening results via the web. In order to gain access to SRV you must currently be registered to receive results via mail with the State Health Laboratory.

## PLEASE PRINT

Name of Physician \_\_\_\_\_  
(first name) (last name)

Name of Facility \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Area Code/Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**REQUIRED: The registrant will receive an invitation via email.**

User name: option 1: \_\_\_\_\_ option 2: \_\_\_\_\_

Physician's State License # \_\_\_\_\_ NPI# \_\_\_\_\_

Signature of Physician \_\_\_\_\_

### Please fax or mail to:

Alabama Department of Public Health  
Bureau of Clinical Laboratories  
P.O. Box 244018  
8140 AUM Drive  
Montgomery, Alabama 36124-4018  
Fax: 334-260-3439

If you have any questions please call 334-260-3476.

**Disclaimer:** You must agree that you are a healthcare professional providing care for those infants whose records you will view and agree to keep confidential all information made available to you before gaining access to the SRV system. Any unauthorized access, use, and/or disclosure of information may result in loss of access privileges and may be subject to penalties, fines, and criminal charges in accordance to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-91.