



Thank you for downloading the New Client Form. Below are some facts and instructions for use with this program:

Facts:

- We suggest you use CDC guidelines but Test Kit use is up to your Facility/Agency's discretion. May be used for inmates, staff, personnel or others.
- Livingston Med Lab and the nasal swab COVID-19 test are both FDA approved.
- Having these tests on hand eliminates risks such as transporting infected inmates to the hospital for testing and risking further spread to other personnel.
- Cost for the testing is FREE* through the Coronavirus Relief Bill. This is a savings of \$253 per test!
- Cost of 100 pack (including overnight shipping) of test kits is \$1199. Kits are in stock and available to ship NOW*
- Results posted on 'Results Portal' within 24-hours of received sample*
- Test kit made in USA

Instructions:

1. Download, fill-out and email 'New Client Onboarding' registration form to covidtest@command sourcing.com (This will register your facility as a user and enable you to log into the results portal when tests have been processed.)
2. Provide the direct phone number to the ordering individual at your facility on the onboarding form. We will call to process Kit order payment.
3. When kits are delivered, administer nasal swab test as needed with your qualified personnel.
4. Overnight administered tests back to the lab in the pre-paid packaging provided.
5. Log-in to portal to review results 24-hours from receipt of the sample*

***Disclaimer:** Currently, Livingston Med Lab has a 14,000 test per week capacity, turn around time for this level of testing is 24 -hours from receipt of sample, the Coronavirus Relief Bill is sponsoring the costs for conducted tests, and this service is a first come first serve program. Please refer to CDC guidelines for who should be tested and how to protect yourself and staff and limit the spread of the Coronavirus at www.cdc.gov. It is important to keep in mind that this is a new program and as the process evolves, demand for testing increases and capacities are stretched, test kits availability and response time may change. We ask that as Americans, we remain flexible and understanding that conditions are ever changing and this program will adjust to those changes as needed to ensure the highest quality of service.



LIVINGSTON MED LAB

New Client Onboarding

Requested Lab Services

COVID-19

Onboarding Information

Field Agent Name: **Command Sourcing, Inc.** Email: **covidtest@command sourcing.com**

Facility/Jail Information

Facility/Jail Name: _____ # of Inmates _____ # of Staff _____
 Street Address: _____ Suite Number _____
 City: _____ State _____ Zip _____
 Main Office # _____ Fax _____ After Hours# _____
 Office Contact: _____ Contact Email _____
 Kit Ordering Individual: Name and Direct Phone Number _____

Clinic Evaluation

Please enter the monthly number of tests you anticipate submitting for each desired test below.

Covid-19

Physician(s) Responsible for Ordering or Clinical Oversight Information

Name: _____	NPI #: _____	Signature: _____
Name: _____	NPI #: _____	Signature: _____
Name: _____	NPI #: _____	Signature: _____

Web Portal Access

Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____

Lab Use Only

Initial Contact	_____	Date	_____
Welcome Package Sent	_____	Date	_____
Supplies Sent	_____	Date	_____
Supplies Received	_____	Date	_____
First Lab Received	_____	Date	_____



LIVINGSTON MED LAB

New Client Onboarding

Livingston Med Lab, its affiliates and related organizations (collectively "LML") hereby agree to grant me, the undersigned, access to LML's online portal and access to certain medical information and data ("The Portal"), subject to and contingent upon the terms set forth below. In exchange for access, and as a continuing obligation to maintain limited access to The Portal, I, the undersigned, hereby acknowledge and agree to abide by the following terms, conditions and rules:

Confidential Information:

I acknowledge that I may obtain confidential patient, clinical, and employee-related information, and proprietary information about the business and financial interests of LML and its business partners, including access to non-public patient and business information of LML (collectively "Confidential Information"). Confidential Information also includes, but is not limited to, information concerning patients, participants of benefit plans and programs, protected health information, customers, contractors of LML, credentialing, peer review, quality review, committee records, salary and compensation information, logon and password information, health information and information related to the operations and internal business affairs of LML that are not generally available to the public. I understand that I may learn of or have access to some or all of this Confidential Information through LML's Portal or through my interactions with LML. I understand that Confidential Information is valuable and sensitive and is protected by law and by LML's Policy. The intent of these laws and policies is to ensure that Confidential Information remains confidential and will be used only by those with appropriate authority as necessary to accomplish LML's mission. I agree to comply with all existing and future Policies and Procedures concerning the security and confidentiality of Confidential Information.

Permitted and required access, use and disclosure:

- I will access, use or disclose Confidential Patient Information (PHI) only for legitimate purposes of diagnosis, treatment, obtaining payment for patient care, or performing other healthcare operations functions permitted by HIPAA, including all applicable state and federal laws and regulations governing the same and I will only access, use or disclose the minimum necessary amount of information needed to carry out my job responsibilities.
- I will protect all Confidential Information to which I have access, or which I otherwise acquire, from loss, misuse, alteration or unauthorized disclosure, modification or access including: 1. making sure that paper records are not left unattended in areas where unauthorized people may view them; 2. using password protection, screensavers, automatic time-outs or other appropriate security measures to ensure that no unauthorized person may access Confidential Information from my workstation or other device; 3. appropriately disposing of Confidential Information in a manner that will prevent a breach of confidentiality and never discarding paper documents or other materials containing Confidential Information in the trash unless they have been shredded; and 4. safeguarding and protecting portable electronic devices containing Confidential Information including laptops, smartphones, PDAs, CDs, and USB thumb drives.
- I will disclose Confidential Information only to individuals, who have a need to know to fulfill their job responsibilities and business obligations.
- I will comply with LML's access and security procedures, and any other policies and procedures that reasonably apply to my use of the computer systems and/or my access to information on or related to the computer systems including off-site (remote) access using portable electronic devices.

Prohibited access, use and disclosure:

- I will not access, use or disclose Confidential Information in electronic, paper or oral forms for personal reasons, or for any purpose not permitted by LML policy, including information about co-workers, family members, friends, neighbors, celebrities, or myself. I will follow the required procedures of LML to gain access to my own PHI in medical and other records.
- If my association with LML ends, I will not subsequently access, use or disclose any Organization Confidential Information and will promptly return any security devices and other Organization property.
- I will not engage in the transmission of information which is disparaging to others based on race, national origin, sex, sexual orientation, age, disability or religion, or which is otherwise offensive, inappropriate or in violation of the mission, values, policies or procedures of LML.
- To the extent applicable, I will not utilize LML network to access Internet sites that contain content that is inconsistent with the mission, values and policies of LML.

Accountability and Sanctions:

- I will immediately notify LML if I believe that there has been improper/unauthorized access to LML's Portal or improper use or disclosure of Confidential Information.
- I understand that LML will monitor my access to, and my activity within, LML's Portal, and I have no rightful expectation of privacy regarding such access or activity.
- I understand that if I violate any of the requirements of this Acknowledgement and Agreement, I may be subject to disciplinary action, my access may be suspended or terminated and/or I may be liable for breach of contract and subject to substantial civil damages and/or criminal penalties.
- In the event my login ID, password or other information that enables access to LML's portal is compromised, I will report such information to LML.

Network:

- LML may terminate this agreement, user access and use of Confidential Information at any time for any reason or no reason. The following provisions apply to physicians / physician practices; other individual or facility providers; vendors that are not a business associate of LML or any other unaffiliated organization:
- I agree and will ensure that each employee and/or agent of my organization or practice will be required to obtain a separate login, password and I will not authorize or permit, under any circumstance, any person to utilize the logon, password or individual information of another person.
- I agree to notify LML within 2 business days if any of my employees or agents who have access to LML's portal no longer need or are eligible for access due to leaving my practice/company, changing their job duties or for any other reason.
- I understand that LML may terminate my employee and/or agent's access in their sole and absolute discretion. I also acknowledge that I may be subject to penalties or liabilities under state or federal laws. I understand that if LML prevails in any action to enforce this Agreement, LML will be entitled to collect its expenses, including reasonable attorneys' fees and court costs from me.

Facility Representative: _____ Date: _____

LML Representative: _____ Date: _____