



Diagnostic Laboratory Services Inc. - Data Release Authorization

In consideration of Diagnostic Laboratories' willingness to permit TeamPraxis to execute, on my behalf and as my Business Associate, HL-7 Lab order transactions to Diagnostic Laboratories from Enterprise, I understand that related patient billing information from my ConnxtMD system will be transmitted to DLS LifePoint

It is also understood that the appointment of TeamPraxis as my Business Associate shall remain in effect, and may be conclusively relied upon by you, until such time as you receive cancellation thereof executed in writing either by me or by TeamPraxis.

Provider Name:	_____
Provider Lab PIN:	_____
Contact Name:	_____
Office Address:	_____ _____ _____
Provider Signature	_____
Date:	_____