



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Mike Beebe

Nathaniel Smith, MD, MPH, Interim Director and State Health Officer

Electronic Lab Reporting Data Transmission

Date: _____

Organization: _____
(Legal Name of Facility or Practice)

This Data Use Agreement (DUA) is effective on _____ (Effective Date) and is entered into by _____ a corporation located at _____

_____ and the Arkansas Department of Health (ADH). The purpose of this Agreement is to provide ADH with access to Protected Health Information (PHI) for use with the state of Arkansas' Communicable Disease Control processes. The Public Health reporting and analyses of the reportable disease transmitted by the corporation listed above will be conducted in accordance with the HIPAA Regulations.

The entity, _____, will transmit a reportable condition as specified by Act 96 of 1913 (Arkansas statutes, 1947, Section 82-110) Section III of Arkansas State law within the specified time frames for specific disease categories. The electronic reporting method will follow the HL7 2.5.1 format and will adhere to ADH's specification guide. To facilitate additional follow up on the reportable disease, the entity will grant ADH's public health physicians, nurses and epidemiologists electronic access to the original medical record on an ongoing bases.

Authorizing Signature: _____

Date: _____