

NUNM TB Records Release Form

Instructions:

1. Complete parts 1 and 2 below and fax the form to the TB Coordinator, Trish Egan, at 503-210-0354. Put the original in her NUNM mailbox via inter-campus envelope. Copies of this form are located outside room 201 and on Moodle.
2. The TB Coordinator will mail, email or fax the TB results between two and seven days after receiving them.
3. By law, this authorization must be written, dated and signed by the patient.

Part 1: Patient information

Name of patient

Social security number

Home phone number

Alternative phone number

E-mail (if to be sent to patient via e-mail)

Part 2: Authorization

I hereby authorize NUNM's TB Surveillance Coordinator to release the results of my TB skin test(s) and/or x-ray to:

Name of person to receive information

Name of clinic/hospital/agency/business

Street address, city, state, zip (if to be sent via mail)

Fax number (if to be sent via fax)

By initialing the spaces below, I authorize release of the following records, if such records exist:

_____ TB Mantoux Skin Test Result for _____ (year or years)

_____ X-ray report (TB surveillance chest x-ray only)

_____ Other (please be specific): _____

I understand that the above information cannot be released without my specific consent, except in a medical emergency. I further understand that this authorization is valid for six months from the date of signing unless revoked earlier by the patient. The only exception is when the action has already occurred as instructed in this consent.

Signature of patient

Date