

Newborn Screening Report Request Form

Authorization for Disclosure of Medical Information

CHILD/PATIENT INFORMATION:

PLEASE PRINT CLEARLY

Child/patient name	First name:	Last name:
Child/patient date of birth		Sex Select One: <input type="checkbox"/> Female <input type="checkbox"/> Male
Birth facility/city		
Baby from multiple birth delivery	Select One: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, specify birth order (e.g., Twin 1, Twin B, Triplet C)
Mother's name at time of patient's birth	First name:	Last name:
Mother's alternate last name(s)		

PROVIDER INFORMATION:

Requestor's name	First name:	Last name:
Facility name/city		
Health care provider's name	First name:	Last name:
Health care provider's NPI #:	Credential: (MD, DO, NP, etc.)	Date needed by: *
Direct phone number (+ extension) of requestor/provider		
Fax number where report is to be sent		

*PLEASE NOTE: This disclosure is for the purpose of further medical care. Requests for other purposes must be submitted through WSLH Administration. Unless otherwise specified, this request is understood to be for the release of the complete newborn screening report for the patient identified by the demographics provided above. Contact WSLH Newborn Screening to arrange for the release of specified results only or indicate in addendum. Disclosure will be to the provider identified above. Date range of query will be from date of birth to the completion of the last newborn screening specimen on file at the date of request, not to exceed date of birth plus one year, unless otherwise specified. This authorization will remain in effect until the above disclosure has been completed, or the request deemed not able to be completed with the information provided.

The requested document(s) contain confidential patient health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation, or in accordance with recipient institution policy regarding protected health information. Due to archival, report format may not be available in its original state. WSLH Newborn Screening reserves the right to review all report requests for completeness and appropriate relationship for disclosure. In some circumstances, report information may not be available for release. Format of report content is at the discretion of the WSLH. Default means of report delivery is by USPS mail. Newborn screening results are sent to the submitter and primary care provider of record at the time of report release.

Incomplete or illegible information will require additional processing time.
 Please be sure **ALL FIELDS** are filled in before faxing your request to the WSLH.

Fax this form, **along with your cover page**, to: 608-262-5494.