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DEPARTMENT OF HEALTH

Pennsylvania Department of Health (Department) Authorization for Cytomegalovirus (CMV) Testing Utilizing Filter Paper Specimen

Section 1

I authorize the Department to use/disclose individual information as described below from the records of, and to perform CMV testing from, the filter paper specimen of the following child:

Child's Name:_____

Child's Date of Birth: _____

Child's Medical Record Number: _____

Child's Filter Paper Number (if available): _____

Mother's Name:_____

Telephone: _____

Address: _____

Section 2

I understand that:

a. This authorization may be revoked at any time by writing to the individual/organization identified in Section 1 except to the extent that information has already been disclosed. If information has already been disclosed in reliance on this authorization, revoking it will only prevent future disclosure.
b. The Department and its health and human services programs will not condition treatment, payment, enrollment or eligibility on the provision of this authorization.
c. Information disclosed pursuant to this authorization may be subject to re-disclosure by the individual/organization identified in Section 1 below and is no longer protected by federal privacy regulations.
d. The Department, its programs, services, employees, officers, and contractors are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized.

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Section 3

CMV testing results are to be disclosed to:

Provider/Organization Name: _____

Provider/Organization Address: _____

Provider/Organization Phone Number: _____

Provider/Organization Fax Number: _____

_____

Signature of Parent/Guardian or Personal Representative **Date**

If personal representative, state relationship to individual: _____

_____

Signature of Witness **Date**

This authorization expires once acted upon.

Pennsylvania filter paper specimens are retained by the newborn screening laboratory for one year before they are destroyed. Please return this completed form to the Department before the child's first birthday via mail or fax**:**

Pennsylvania Department of Health
Division of Newborn Screening and Genetics
625 Forster Street, 7th Floor East
Harrisburg, PA 17110
Fax: 717-724-6995