



## Authorization to Release Dried Blood Spot Newborn Screening Results

Please check all boxes that apply.

- A. I agree that information about \_\_\_\_\_, born \_\_\_\_\_, obtained as a result of tests conducted for Newborn Dried Blood Spot Screening for inborn errors of metabolism and hemoglobinopathies may be released or exchanged with the following:

\_\_\_\_\_  
(Physician Name, Medical Practice Name)

\_\_\_\_\_  
(Street Address, City, State, Zip Code)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Mother and Infant Name at time of birth [if different from above])

- B. I authorize my signed form to be faxed or sent by encrypted email to the providers listed above.

I understand that my confidentiality cannot be guaranteed when sending this information by fax or encrypted email. I understand that the copy of my signature below may be treated as an original signature.

I am the client, parent, or legal guardian. I understand that I am responsible for this information if it is released to me and that my records are protected generally under state laws as well as statutes governing specific types of information and cannot be disclosed without my authorization.

\_\_\_\_\_  
(Printed Name of Patient or Parent/Legal Guardian [if patient is under 18 years of age])

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Patient or Personal Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Witness – **ONLY** if patient cannot sign or signs with an "X")

\_\_\_\_\_  
Date

**Only sign below if you want to revoke this authorization.** I also understand that I may revoke this authorization at any time by signing below, except to the extent that action has been taken on it.

\_\_\_\_\_  
(Signature of Patient or Personal Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Witness – **ONLY** if patient cannot sign or signs with an "X")

\_\_\_\_\_  
Date

### INTERNAL USE ONLY

\_\_\_\_\_  
(Signature of DPH staff)

\_\_\_\_\_  
(Specimen Accession Number)

# Authorization to Release Dried Blood Spot Newborn Screening Results

## Instructions for Completing 1878-ENG-DPH

### PURPOSE

The Information Release Form provides authorization for the Newborn Screening Program to share information obtained through Newborn Dried Blood Spot Screening. By completing this form, parents or legal guardians specify which individuals or organizations may receive the infant's screening results, ensuring that disclosures are made only to those they have formally designated.

### INSTRUCTIONS

**Section A:** Print the name and birth date of the person about whom information is being released in the appropriate spaces. Print the names and addresses of the persons to whom the information is being released or exchanged in the appropriate spaces. Check the box if it applies.

**Section B:** Check the box if it applies.

**Print Name:** The client, parent, or guardian prints their name and indicates the date in the appropriate space.

**Signature:** The client, parent, or guardian signs their name and indicates the date in the appropriate space.

**Witness:** The witness to the signature signs their name and indicates the date in the appropriate space.

**Revoked:** The client, parent, or guardian signs their name and indicates the date in the appropriate space.

### OFFICE MECHANICS & FILING

Send the original to: Newborn Screening, SC DPH Public Health Laboratory, 8231 Parklane Road, Columbia, SC 29223 or fax to (803) 898-0337. Alternatively, forms may also be sent by encrypted email to [NBS@dph.sc.gov](mailto:NBS@dph.sc.gov). One copy can be given to the parent or legal guardian. One copy is filed under consents at the health department or healthcare facility where the form was signed.

The form will be retained following DPH records retention schedule 18810, "Newborn Screening Follow-up Documentation Records," Records Group Number: 169. The form will be retained in the Public Health Laboratory (PHL) Newborn Screening Follow-up Office for nine (9) years. After this time period is met, the information will be stored at the State Records Center for an additional 10 years and then destroyed.