

DEPARTMENT OF PUBLIC HEALTH
GENETIC DISEASE SCREENING PROGRAM
850 MARINA BAY PARKWAY, F175
RICHMOND, CA 94804
(510) 412-1502



6.3A CONSENT FOR DISCLOSURE AND/OR RELEASE OF CONFIDENTIAL INFORMATION OR SPECIMEN FROM GDSP

The undersigned hereby authorizes the release of the following (specify):

FROM THE RECORDS OF: The Genetic Disease Screening Program

FOR NEWBORN PATIENT

Name: _____

Date of Birth: _____

Hosp. Of Birth: _____

Mother's Name: _____

Mother's Maiden Name _____

Address at Time of Birth:

FOR EXPANDED AFP PATIENT

Name: _____

Social Security #: _____

Date of Birth: _____

Blood Collection Date: _____

AFP Form # (if known): _____

FOR THE PURPOSE OF:

RELEASE TO (NAME AND ADDRESS):

This authorization will expire on (Enter Date) _____.

You have the right to retain a copy of this consent. You have the right to revoke this consent at any time by writing to Chief, Genetic Disease Screening Program at 850 Marina Bay Parkway, Richmond, CA 94804 as stated in our privacy notice. Revocation of this consent does not eliminate your responsibilities for payment for services received. The Genetic Disease Branch is not responsible for further disclosures of the information by other parties that may result from complying with this consent.

(Parent/Patient/Legal Guardian Signature) (Date)

I understand that any person who requests or obtains any record containing personal information from the Department under false pretenses will be guilty of a misdemeanor and fined up to \$5,000 or imprisoned up to one year, or both.

SEE REVERSE SIDE FOR IDENTIFICATION INFORMATION

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IDENTIFICATION INFORMATION

See attached copy of Government-Issued Identification (Driver's License, Passport, Government ID Card)

Requesting person is known to me as patient/parent of child as noted on reverse page of this document.

Signature of
Patient's/Parent's Physician: _____

Print Name/Address of Patient's/Parent's Physician:

Notary

SIGNATURE OF PATIENT/PARENT _____ DATE _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

Notary Seal/Stamp