



UMass Chan
MEDICAL SCHOOL

New England Newborn Screening Program

UMass Chan Medical School
Biotech 4, 2nd Floor
377 Plantation Street
Worcester, MA 01605-2300
774-455-4600 (office)
774-455-4657 (fax)

SECTION II (please print student name)

I, _____, give my permission to The New England Newborn Screening Program, UMass Chan Medical School, 377 Plantation Street, Worcester, MA 01605-2300, Phone: 774-455-4600 and Fax: 774-455-4657, to share only my newborn sickle cell screening results with the person(s) or organization that I list in Section III below.

SECTION III – Who May Receive My Information

The New England Newborn Screening Program may share my newborn sickle cell screening results with this person(s) or organization:

Name: _____

Organization: _____

Address: _____

Fax: _____ Phone: _____

I understand that the person(s) or organization listed in this section may not be covered by federal or state privacy laws, and that they may be able to further share the information that is given to them.

SECTION IV – Signature

Please sign and date this form and print your name.

Student Signature

Date

Print Student Name

If this form is being filled out by someone who has the legal authority to act for the student (such as the parent of a minor child, a court appointed guardian or executor, or health care agent), please

Print the name of the person filling out this form: _____

Signature of the person filling out this form: _____

Relationship to the student: _____

Please provide any documents setting forth the legal authority, for example copies of an official birth certificate.

SECTION V – Reason for Sharing this Information:

Participation in Athletics: _____ Other: _____

SECTION VI – How Long This Permission Lasts

This permission to share my information is good until (indicate date): _____

If I do not list a date, this permission will last for one year from the date it is signed.

I understand that I can change my mind and cancel this permission at any time. To do this, I need to write a letter to **The New England Newborn Screening Program, UMass Chan Medical School, 377 Plantation Street, Worcester, MA 01605-2300, Phone: 774-455-4600 and Fax: 774-455-4657.** If the information has already been given out by the New England Newborn Screening Program, I understand that it is too late for me to change my mind and cancel the permission.