Release of Information: Caregiver Instructions

1. Please complete the Release of Information Form
2. Email to CaregiverHealthTexas@providence.org.
3. You will receive them within 2 business days

RELEASE OF INFORMATION

Providence | Providence SWEDISH | PROVIDENCE Health & Services | CovenantHealth | KADLEC | pacific medical centers

Caregiver ID: _____ Phone Number: _____

Caregiver Information

(If in GoFormz or OHM, type in ID. If not in OHM or GoFormz, type "NONE")

Full Name: _____ Date of Birth: _____
Last First Middle (MM/DD/YYY)

☐ Employed Caregiver ☐ Volunteer ☐ Non-Employed Provider ☐ Agency ☐ Other

Ministry: _____ Department: _____

Staff Type: _____ Job Title: _____

☐ I would like to pick up the following information ☐ Today ☐ Another date (specify): _____
☐ I would like the following information to be sent to my preferred email: _____
☐ I would like the information mailed to:
Address: _____ | _____ | _____ | _____ | _____
Street Address Apt/Unit # City State Zip Code

Records

☐ **Most Recent** or ☐ **All**

☐ TB blood result
☐ TB Questionnaire
☐ Chest X-ray report
☐ Measles-Mumps-Rubella (MMR) titer(s)
☐ MMR immunization record(s)
☐ Chicken Pox (Varicella) titer(s)
☐ Varicella immunization record(s)
☐ TDaP/Td immunization record(s)
☐ Hepatitis B antibody titer
☐ Hepatitis B immunization record(s)
☐ Hepatitis A titer
☐ Hepatitis A immunization record(s)
☐ Seasonal Flu immunization records(s)
☐ N95 Fit Test
☐ PAPR/CAPR training record
☐ Pre-placement health screen

☐ Other (specify): _____

By signing this authorization, I am permitting release of this information by the method(s) indicated above in effect for one year unless terminated earlier in writing by the person giving the authorization

ELECTRONIC SIGNATURE ACKNOWLEDGMENT AND CONSENT FORM

I, _____, agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures are the **legal equivalent** of my manual/handwritten signature and I consent to be legally bound to this agreement.

Signature: _____ Date: _____

CHS OFFICE USE ONLY

Records released by: _____
CHS Location: _____
Signature: _____ Date: _____

Notes and Comments: