



Lead Poisoning Prevention Program
3901 Meadows Dr.
Indianapolis, IN 46205
317-221-2155
marionhealth.org

CONSENT TO BLOOD LEAD SCREENING AND AUTHORIZATION TO SHARE INFORMATION FORM

Patient's Information

Please print

Patient's name _____
First Middle Last

Date of birth ____/____/____
MM DD YYYY

Blood Lead Screening

I understand that a blood screening is necessary because lead poisoning can occur without symptoms. Screening requires a blood sample obtained by a fingerstick or venipuncture.

With a fingerstick, blood is taken from the finger. With a venipuncture, blood is taken from the arm.

If the fingerstick indicates that a *child's* blood level is elevated, a representative from the Marion County Lead Poison Prevention Program will contact me to schedule a confirmatory test.

Sharing Information

I understand that my/my child's test results are confidential medical information. Under Indiana law, the results of a blood lead test will be shared with other public agencies in a confidential manner. The agencies will take care to protect privacy. Sharing information will help if lead poisoning is identified.

I understand Indiana Code 16-41 -39.4-3 requires the laboratory that analyzes the blood to report the test result and all demographic information to the Indiana State Department of Health (ISDH)

I understand that lead-poisoned children need immediate medical attention. In order to provide this help, ISDH will share this information with other public agencies, which work to prevent and treat lead poisoning. The agencies include the Family and Social Services Administration, the Department of Health and Human Services, the Department of Housing and Urban Development and other housing agencies at the local, state and federal level.

Signature of Verification

By signing below I agree that I have read, understand and authorize the sharing of information regarding my/my child's blood lead screening and test results.

Patient or Parent/Legal guardian (Please print name) _____

Patient or Parent/Legal guardian signature: _____ Date: ____/____/____
MM DD YYYY

For Staff Use Only

Surveyor: _____ Date drawn: ____/____/____
MM DD YYYY