

Technical information should be given only by a professional. Requests of pathology tests or X-ray information should be given by designated professional only. All requests regarding ~~urine or~~ blood analyses information should be referred to the Oral Pathology Department.

Information from examination of specimens in the laboratory of the Department of Oral Pathology and Diagnosis will be released after receiving written consent from the patient from whom the specimen was obtained. The information will be given to the person or persons specified by the patient. The authorization for disclosure of information form will become a part of the patient record. Patient permission need not be obtained to report communicable disease to appropriate public health authorities as prescribed by law.

Clerical staff should release only future scheduling information. All other questions regarding treatment should be referred to either a dentist or a designated person in the clinic administration.

AUTHORIZATION FOR DISCLOSURE OF INFORMATION BY ORAL PATHOLOGIST

To Dr. _____

I authorize you to furnish to:

(Name) _____

(Address) _____

a copy of the laboratory report concerning specimens obtained from the undersigned and examined on _____ 19__.

I release you from all legal responsibility of liability that may arise from this authorization.

Signed _____

Date _____

Witness _____
