

Veterinary Diagnostic Laboratory Form

Title: Authorization to Release Confidential Client Information

Authorization to Release Information

To ensure privacy of test results, the Veterinary Diagnostic Laboratory (VDL) will only release private or nonpublic data to the submitting veterinarian, veterinarian's delegate, the animal owner, the caretaker who arranges the animal's veterinary care, and/or the individuals and entities indicated below unless mandated by state or federal law. The submitting veterinarian and/or owner hereby authorize the VDL to release the information identified on this form to others by filling out this form and submitting it to the VDL.

Date: Owner/Producer Name:

Farm/Site Name:

Choose One: Single case

VDL Accession Number:

Ongoing data transfer

End Date (if relevant):

Ongoing access related to BAH program testing: (list program)

Information to be released:

Laboratory test results

Diagnostic/Test Report

Submission form

Other (specify):

Individual(s) and/or entities authorized to receive confidential client information:

Name:

Address:

City: State: Postal Code:

Phone (Ex: 6126258787): Fax: E-mail:

I the undersigned, certify that I am:

the owner of the animal or caretaker who arranges the animal's veterinary care as identified on the submission form corresponding to the information identified

the submitting veterinarian/veterinarian's delegate and I have the authority to authorize the VDL to release the information identified in this form to the entities or individuals listed above.

By signing below, I release and indemnify the VDL, the Regents of the University of Minnesota, and their employees, officers, and agents from legal responsibility and liability for release of the information identified in this form to the extent indicated and authorized herein.

Print or type Name:

Signature:

Date:

Office Use Only

Method of Release: Mail Fax E-mail Online access Data transfer* Ad hoc query*

Authorization to view cases online: Limited Access Continuing Access

Date:

VDL Authorized Signature

* VDL IT involvement is required.