MARYLAND PESTICIDE NETWORK

www.mdpestnet.org • info@mdpestnet.org • (410) 849-3909

SAMPLE

PATIENT CONSENT FORM FOR RELEASE OF MEDICAL INFORMATION

Patient's name (please print)____
Parent or legal guardian ____

I hereby authorize (provider's name)______________________, and/or a member of his/her staff, to share medical information regarding symptoms I (or the patient) am /have/has been experiencing that may have resulted from exposure to pesticides, with the Maryland Pesticide Network. I have been informed that the only required information (for purposes of identifying duplicate reports only) are the initials of the patient's first and last name, year of birth, zip code and county of patient's residence.

In addition:

❑ I agree to
my health care provider sharing my (the patient's) full name and contact information with the Maryland Pesticide Network, in the event they would like to contact me for further information regarding my suspected pesticide injury.

❑ I agree to
Maryland Pesticide Network sharing a suspected pesticide injury report regarding my (the patient's) symptoms, with the Maryland Department of Health and Mental Hygiene for their database on pesticide injury in Maryland.

____
(patient or guardian signature)

date________________

____
(health care provider's signature)

date________________

Note to health care provider: Please provide patient with one copy.
Keep one copy in patient's record. Report patient's suspected injury on-line at
www.mdpestnet.org/pesticide_injury_report.htm

Maryland Pesticide Network is a coalition of 27 health, consumer, labor, religious and environmental organizations in Maryland concerned about the impact of pesticides on human health and the environment. One aspect of MPN's mission is to educate health care providers about pesticide injury. MPN will publish an annual report on reported pesticide injury in Maryland to be distributed to health care providers and appropriate state agencies.