2022 Health Fair

Please use your correct **MAILING ADDRESS**!

PLEASE WRITE NEATLY INSIDE THE ADDRESS BOX BELOW. WE USE THIS FORM TO MAIL YOUR RESULTS TO YOU.

TRI VALLEY HEALTH SYSTEM

_____ NUMBER

For Tri Valley Health System Use

NAME: _____

MAILING ADDRESS:_____

CITY:_____ **STATE**:_____ **ZIP:**_____

PHONE:_____

DATE OF BIRTH:____/_____/_____

AUTHORIZATION

I, the undersigned, authorize Tri Valley Health System to perform diagnostic laboratory tests. I also understand that upon receiving the health fair results, if I have any questions or concerns, I am to contact my medical provider for an appointment.

_____ Initial **PRIVACY NOTICE WRITTEN ACKNOWLEDGEMENT:** I have received a copy of the notice. I am the patient or am authorized to act on behalf of the patient to sign this acknowledgment of receipt.

_____ Signature

_____ Witness

Documentation of Good Faith Effort

____ **Attempted** to distribute the Notice of Privacy Practices to the patient/parent/legal guardian, **but** the patient/parent/legal guardian **declines** to acknowledge the receipt of the Notice of Privacy Practices.

_____ Patient/Parent/Legal Guardian stated they had **already received** the Privacy Notice at another TVHS service location.

_____ Other

_____ Signature of TVHS Representative attempting to deliver Privacy Notice

Please select which tests you are requesting:

- ☐ Profile $35
- ☐ PSA (men) $15
- ☐ TSH (thyroid) $20
- ☐ A1C (avg. 3-month blood sugar) $25

You will receive a guide with an explanation of the "normals" with your test results.

Testing performed at Cambridge Memorial Hospital Laboratory, PO Box 488, Cambridge, Nebraska 69022

***** TVHS will NOT send your results to your Medical Provider. You *** are responsible to provide a copy to your Medical Provider if you would like them to have a copy of the results.**