

NSSP releases

National Supplemental Screening Program

Authorization for Release of NSSP Participant Information – Former Worker Program

NSSP Participant's Name _____ Date of Birth _____

I hereby authorize Oak Ridge Associated Universities to release the results of my National Supplemental Screening Program Medical Examination to (name of Former Worker or Regional Program Principal Investigator). The name of the Principal Investigator is listed below.

Principal Investigator's Name _____

Oak Ridge Associated Universities may disclose the above named participant's NSSP examination information as described below:

Date(s) of the NSSP medical examination _____

Description of information to be released: (check all that apply)

Physical examination report Chest x-ray report Laboratory report BeLPT

This authorization is voluntary and I may rescind my authorization of this release in the future. I will personally receive a copy of the medical information that is to be disclosed to the Former Worker or Regional Program Principal Investigator. Any information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal and state privacy regulations. There is no processing fee for this service. This authorization will expire one year from the date I sign this authorization unless I specify otherwise.

I may revoke this authorization at any time by notifying Oak Ridge Associated Universities. If I revoke this authorization I must do so in writing and the written revocation must be signed and dated. The revocation will not affect any actions taken before its receipt by Oak Ridge Associated Universities.

Signature of NSSP Participant or Representative _____ Date _____

Printed Name of NSSP Participant or Representative _____

Representative Relationship to Patient _____ or _____ Legal Authority (attach supporting documentation)



**PRINCIPAL INVESTIGATORS FOR FORMER
WORKER PROGRAMS
PRODUCTION WORKERS**

DOE SITE	FORMER WORKER PROGRAM	PRINCIPAL INVESTIGATOR
GASEOUS DIFFUSION PLANTS (Portsmouth, Paducah, K25) INL MOUND Y12 ORNL FERNALD BNL	Queens College/United Steel Workers	Steven Markowitz, MD
LLNL LBNL NTS SNL - CA	Queens College/BU Program	Steven Markowitz, MD
LANL SANDIA - NM	Johns Hopkins University	Brian Schwartz, MD
IAAP AMES LAB	University of Iowa	Marek Mikulski, MD, MPH, PhD
PANTEX	Drexel University	Arthur Frank, MD
AMCHITKA	Building Trades National Medical Screening Program (BTMed)	Knut Ringen, Dr.P.H.
CONSTRUCTION WORKERS		
DOE SITE	FORMER WORKER PROGRAM	PRINCIPAL INVESTIGATOR
HANFORD SAVANNAH RIVER AMCHITKA MOUND FERNALD PINELLAS KANSAS CITY INL BNL OAK RIDGE PORTSMOUTH PADUCAH	Building Trades National Medical Screening Program (BTMed)	Knut Ringen, Dr. P.H.
LLNL LBNL NTS SNL - CA	Queens College/BU Program	Steven Markowitz, MD
IAAP AMES LAB	University of Iowa	Marek Mikulski, MD, MPH, PhD
PANTEX	Drexel University	Arthur Frank, MD

