

Patient Enrollment Form Hepatitis C Exposure Registry



The Southern Nevada Health District (SNHD) Hepatitis C Exposure Registry has been developed to identify patients who have had medical procedures at specific clinics which may have exposed them to bloodborne pathogens. Information provided in this enrollment form and information related to the evaluation and processing of this form may be used by the Southern Nevada Health District or its agent in the investigation of clinic-related exposures, long-term effects of exposure or disease, or in the management of disease cases. Unless allowed by law, information provided cannot be disclosed to any person without your written consent, including "pursuant to any subpoena, search warrant or discovery proceeding" ([Nevada Revised Statute 441A.220](#)).

Mail completed enrollment forms to:

Southern Nevada Health District, Hepatitis C Exposure Registry, PO Box 3902, Las Vegas, NV 89127

Enrollee Information

Items marked with an asterisk (*) are required.

*Last Name

*First Name

Middle Name

Suffix

*Date of Birth

If Deceased, Date of Death

Contact Information

Items marked with an asterisk (*) are required.

*Current Address

*City

*State

*Zip Code

Phone Number

Email address

You must provide at least one procedure date from either the Endoscopy Center of Southern Nevada or the Desert Shadow Endoscopy Center. If you are unsure of the procedure date, provide the most accurate information possible (for example "September of 2006").

Endoscopy Center of Southern Nevada (700 Shadow Lane) Procedure Dates

Procedure Date

Procedure Date

Procedure Date

Procedure Date

Procedure Date

Procedure Date

Desert Shadow Endoscopy Center (4275 Burnham Ave) Procedure Dates

Procedure Date

Procedure Date

Procedure Date

Procedure Date

Procedure Date

Procedure Date

Patient Enrollment Form
Hepatitis C Exposure Registry



Recent Testing

Yes No

☐ ☐

Since your procedure, have you been tested for infection with hepatitis or HIV?

If no, why not? _____

Hepatitis C Laboratory Testing and Illness

Yes No

☐ ☐

Have you ever tested *positive* for infection with the hepatitis C virus?

If yes, on which date did you first test positive? _____

Yes No

☐ ☐

Have you ever tested *negative* for infection with the hepatitis C virus?

If yes, when was your most recent negative test? _____

Yes No

☐ ☐

Have you ever been diagnosed by a physician with *acute* hepatitis C or acute non-A, non-B hepatitis?

If yes, which physician made the diagnosis? _____

Hepatitis B Laboratory Testing and Illness

Yes No

☐ ☐

Have you ever been vaccinated against the hepatitis B virus?

Yes No

☐ ☐

Have you ever tested *positive* for infection with the hepatitis B virus?

If yes, on which date did you first test positive? _____

Yes No

☐ ☐

Have you ever tested *negative* for infection with the hepatitis B virus?

If yes, when was your most recent negative test? _____

Yes No

☐ ☐

Have you ever been diagnosed by a physician with *acute* hepatitis B?

If yes, which physician made the diagnosis? _____

Human Immunodeficiency Virus (HIV) Testing

Yes No

☐ ☐

Have you ever tested *positive* for infection with the human immunodeficiency virus (HIV)?

If yes, on which date did you first test positive? _____

Yes No

☐ ☐

Have you ever tested *negative* for infection with the human immunodeficiency virus (HIV)?

If yes, when was your most recent negative test? _____

**Patient Enrollment Form
Hepatitis C Exposure Registry**



Risk Factors

If you tested positive for hepatitis C after your clinic procedures, items marked with an asterisk (*) are required for the determination of the relatedness of your infection to procedures at the clinic.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been on long-term dialysis?* |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a blood transfusion prior to 1992?* |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an organ transplant prior to 1992?* |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive clotting factor concentrates prior to 1987?* |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever injected drugs not prescribed by a doctor, even if only once or a few times?* |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had sexual contact with a person with confirmed or suspected hepatitis C virus infection?* |

Additional Documentation

Many information sources are available to the Southern Nevada Health District which may provide documentation of procedure dates or laboratory testing, but these sources are not complete. Any additional documentation provided may simplify the processing of your enrollment forms.

Indicate which of the following documents is/are attached to your enrollment form (do not submit original documents, only copies):

- ☐ Bills from the clinic (showing your procedure date)
- ☐ Forms signed while at the clinic (showing your procedure date)
- ☐ Post-procedure reports provided by the clinic (showing your procedure date)
- ☐ Discharge instructions provided by the clinic (showing your procedure date)
- ☐ Laboratory testing results (positive or negative)
- ☐ Written documentation of a physician diagnosis of acute disease or illness
- ☐ Hepatitis B vaccination records
- ☐ A death certificate listing hepatitis C infection as a cause of death
- ☐ Some other type of documentation

Describe _____

**Patient Enrollment Form
Hepatitis C Exposure Registry**



Authorizations to Release Information

Authorizing the release of your information to a third party is optional and will not affect your enrollment in the registry. You may revoke, change, or add to any or all of your authorization(s) at any time by making such revocation, change, or addition in writing and delivering it to the Southern Nevada Health District.

Release of Information to Other Persons

I authorize SNHD to release my information provided to the registry and any information about me collected during the health district's investigative process to the following person or persons upon request.

Name of Person

Relationship

Name of Person

Relationship

Signature

Date

Release of Information to Law Enforcement

I authorize SNHD to release my information provided to the registry and any information about me collected during the health district's investigative process to any law enforcement or government regulatory agency involved in any investigation in its jurisdiction, including the prosecution of a crime or crimes, related to the medical, business, or other practices of the Endoscopy Center of Southern Nevada, the Desert Shadow Endoscopy Center, affiliated medical or surgical centers, and affiliated physicians, employees, or other parties upon request.

Signature

Date

Verification of Identify and Certification of Information

To be enrolled, you *must* verify your identity, certify the information provided, and sign and date this form. Check the box that applies (you must check one):

- ☐ I am the enrollee, and I am providing a copy of my government-issued photo identification document. I have examined this application and accompanying documentation and statements, and to the best of my knowledge and belief, certify they are true, correct, and complete.
- ☐ I am the surviving spouse of a deceased enrollee, and I am providing a copy of government-issued photo identification document and a copy of the enrollee's death certificate. I have examined this application and accompanying documentation and statements, and to the best of my knowledge and belief, certify they are true, correct, and complete.
- ☐ I am a deceased enrollee's authorized personal representative, and I am providing a copy of government-issued photo identification document, a copy of letters or order of appointment of personal representative, and a copy of the enrollee's death certificate. I have examined this application and accompanying documentation and statements, and to the best of my knowledge and belief, certify they are true, correct, and complete.

Signature

Date