

Tobacco Screening Form

Please check the appropriate box below regarding your tobacco or nicotine replacement usage:

- I declare I currently use a nicotine replacement product (e.g. gum, patch, inhaler, lozenge) but do not use any tobacco products. Please note: Electronic cigarettes are classified as a tobacco product by MaineHealth. They are NOT a nicotine replacement product.
- I currently DO NOT use tobacco products or nicotine replacement products.

By signing below, I agree and understand that my tobacco screening will be collected and performed at a participating NorDx lab. I also understand, if my urine sample fails to activate the temperature indicator, my specimen will not be tested and I will incur the tobacco fee. If I indicate that I am a non-tobacco user and am not using nicotine replacement therapy and have a positive test result, I understand that I will be charged the tobacco fee.

Signature:
Print name:
Date of Birth:
Email (for notification by NorDx if there is a problem with your specimen or by MaineHealth Human Resources Shared Services if your result is positive):

NOTES:

- To screen for tobacco use, you must complete the HIPAA authorization on page 2.
- **If you are currently paying the tobacco fee and your 2021 screening result is not detected, the tobacco fee will be removed as soon as administratively possible.**
- The Quit For Life Program is available. Complete five phone calls with a tobacco cessation coach to have the tobacco fee removed. The tobacco fee will be removed within the calendar year the program is completed.

HIPAA Authorization for Release or Disclosure of Medical Information

In choosing to complete a tobacco screening, I understand I will complete my screening through NorDx, who is responsible for the initiation, coordination and implementation of the tobacco screening process. In order for information obtained through such screening to be communicated to and effectively used by MaineHealth Human Resources Shared Services to promote health and prevent disease, I hereby authorize NorDx, and/or their employees or agents, to release or otherwise disclose protected health information (PHI) in the form of a complete patient file generated during my tobacco screening to Maine Health Human Resources Shared Services. I acknowledge any health screening data, including tobacco results, will be uploaded at any time.

I understand that information disclosed by this authorization is subject to the protections afforded by the Health Insurance Portability and Accountability Act Privacy Rule [45 CFR Part 164], and the Privacy Act of 1974 [5 USC 552a].

I may revoke this authorization at any time by notifying MaineHealth Human Resources Shared Services in writing. If I revoke my authorization, the information described above may no longer be used or disclosed for the purposes described in this written authorization except to the extent that action has been taken in reliance on this authorization.

I have had full opportunity to read and consider the content of this authorization, and I confirm the content is consistent with my direction. I understand that by signing this form I am confirming my authorization that the persons and/or organizations named in this form may use and/or disclose the personal health information described in this form.

This authorization expires upon my written notification of withdrawal to MaineHealth Human Resources Shared Services.

For a list of frequently asked questions that explain the privacy and confidentiality of your personal health information, please visit www.mainehealth.org/wow.

Providing a false urine sample is considered a violation of the Ethics Policy. Violators will have their prior test result invalidated and will be required to pay all tobacco fees that they should have incurred for failing to have a negative test.

Signature:	Date:
Print name:	Employer:
Date of Birth:	Phone:

MaineHealth

This space reserved for labels

FOR STAFF USE ONLY

Temp OK Temp NOT OK

Staff initials: _____ Date: _____