

Iredell County Cancer Diagnosis Survey

North Carolina General Statute 130A-209 requires all healthcare facilities and health care providers that detect, diagnose, or treat cancer to report each diagnosis of cancer to the North Carolina Central Cancer Registry.

Because of the heightened concern regarding cancer diagnosis in Iredell County, the Iredell County Health Department has created this brief survey to be forwarded, with your consent, to the North Carolina Central Cancer Registry. This survey will not replace the statutory requirement for health care provider reporting. What it will do is allow the North Carolina Central Cancer Registry to cross reference their records to ensure your provider appropriately reported your cancer diagnosis. Please complete a separate survey for each cancer diagnosis.

You may be contacted by the Iredell County Health Department to ask about any unclear or incomplete information on your survey. Pursuant to N.C.G.S. § 130A-12, it is the intent of the County that the personal identifiable health information will be treated as confidential and will only be reported directly to the North Carolina Central Cancer Registry with your consent.

Date of Survey: _____

- Patient First Name, Middle Name, Last Name: _____
- Current Street Address, City, State, Zip:

- Street Address, City, State, Zip **where you were living at the time of diagnosis**

- How many years had you been living at the above address at the time of diagnosis? _____
- If you have lived at your **current address** for less than 10 years, please list all addresses you have lived in the past 10 years with length of time at each address

- Date of Birth (Month, Date, Year): _____
- Last 4 digits of SSN: _____
- Telephone: _____
- Cancer site: _____

- Type of Cancer (cell type – preferably from pathology report if available): _____
- Date of Diagnosis: _____
- Did you visit a hospital for any care related to this cancer? If yes, which hospital? **If not in NC, include address.**

- Who was the primary physician that managed the diagnosis and treatment of your cancer?

- Physician first and last name: _____
- Physician's practice/group name: _____
- Physician's practice/group Street address, City, State, Zip

- Physician's practice/group Telephone: _____

- Did you have hormone therapy such as Levoxyl or Synthroid? If so:

- Physician first and last name: _____
- Physician's practice/group name: _____
- Physician's practice/group Street address, City, State, Zip

- Physician's practice/group Telephone: _____

- Did you have radiation therapy or Radioactive Iodine therapy? If so:

- Radiation Oncologist's first and last name: _____
- Radiation Oncologist's practice/group name: _____
- Radiation Oncologist's practice/group Street address, City, State, Zip

- Radiation Oncologist's practice/group Telephone: _____

- Family physician

- Physician first and last name: _____
- Physician's practice/group name: _____
- Physician's practice/group Street address, City, State, Zip

- Physician's practice/group Telephone: _____

Authorization to Use or Disclose Information

I, _____ (name) as the parent, legal guardian or individual diagnosed with cancer, authorize the Iredell County Health Department to use and disclose of the protected health information contained herein to the North Carolina Central Cancer Registry. The purpose of the disclosure is to ensure my healthcare facility or provider has reported my cancer diagnosis as is required by North Carolina General Statute 130A-209. This authorization shall be in force and effect for one (1) year unless sooner revoked in writing by the patient or their parent/legal guardian. I understand that I have a right to revoke this authorization in writing at any time, but that any revocation is not effective regarding any information previously disclosed. I understand that once the information is disclosed pursuant to this authorization, Iredell County is not responsible for further use or dissemination of the information; however, please note that clinical records and reports of individual patients maintained by the North Carolina Central Cancer Registry are confidential pursuant to North Carolina General Statute 130A-212.

Signature

____/____/_____
Date

Relationship to Individual with cancer: _____