



# TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Dr. David Lakey, Commissioner  
COMMISSIONER

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## Diabetes Mellitus Registry Pilot Program Consent Form

San Antonio Metropolitan Health District has participated in a diabetes registry since 2007 to better understand local trends in diabetes diagnosis and management. Laboratories in the public health district that serve Bexar County residents have been collecting the results of glycosylated hemoglobin tests (A1C) and submitting them to the Health District and to the Department of State Health Services as required by House Bill 2132 [80R]. Prior to November 2009, only test results have been collected.

After November 1, 2009, physicians must submit diagnosis codes along with specimens as required by House Bill 1363 [81R], unless patients opt out of including their information in the registry. This consent form is designed to give patients in Bexar County the option to withhold diagnosis codes when their blood sample is sent to the lab.

### Consent Statement/Declaration Regarding Permission to Submit Diagnosis Codes

I understand that the results of the glycosylated hemoglobin (A1C) test ordered by my treating provider/physician today will be submitted to an electronic registry mandated by state law, and that my provider/physician may or may not submit diagnosis codes along with the blood sample, depending on whether I wish to have that information included in the electronic registry.

\_\_\_\_\_  
Print Name (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Required)

\_\_\_\_\_  
Date

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### ***Complete the following section ONLY if you wish to opt out of including your information in the registry:***

I do **not** give permission to my provider/physician to submit diagnosis codes, along with my blood sample, to the electronic registry. I understand that at any time I can change my mind and make a decision to have my diagnosis codes submitted to the electronic registry. I would complete and sign a new consent form at that time.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date