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The Privacy Rule in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows for the disclosure of protected health information, without individual client or patient authorization, to public health authorities, who are legally authorized to receive such reports for the purpose of preventing or controlling disease.

# STD REPORTING FORM

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address : \_\_\_\_\_ Phone: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic Non-Hispanic Arab Non- Arab

Specimen Submitted By (Physician or Institution): \_\_\_\_\_

Submitter Address and Phone Number: \_\_\_\_\_

Date Specimen Taken: \_\_\_\_\_ Site of Specimen: \_\_\_\_\_

Laboratory Processing Specimen: \_\_\_\_\_

Laboratory Tests Performed: \_\_\_\_\_

Date of Laboratory Results: \_\_\_\_\_

Results: Chlamydia  Negative  Positive

Gonorrhea  Negative  Positive

Syphilis  Negative

Positive:  RPR 1: \_\_\_\_\_  TPPA

USR 1: \_\_\_\_\_  FTA

VDRL 1: \_\_\_\_\_  IgG

Patient Treated?  Yes  No  Unknown If Yes, Date of Treatment \_\_\_\_\_

Specify DRUG/DOSAGE (Check all that apply)

Azithromycin (Zithromax, ZMax, Z-pak) 1gm  Azithromycin (Zithromax, ZMax, Z-pak, Other or Unknown dose

Ceftriaxone (Rochphin) 250mg  Ceftriaxone (Rocephin), Other or Unknown dose  Bicillin 2.4 MU X \_\_\_\_\_

Doxycycline (Vibramycin) x2 per day x7-10 days  Doxycycline (Vibramycin), Other or Unknown dose

Other or Unspecified Treatment (specify): \_\_\_\_\_

Is Patient Pregnant?  Yes, due date: \_\_\_\_\_  No  Not Applicable

Method of Case Detection:  Screening  Self-referred  Patient Referred Patient  Health Department Referred Partner

Has the Patient Had Sex With a Male in the Past 12 Months?  Yes  No  Refused to Answer  Did Not Ask

Has the Patient Had sex With a Female in the Past 12 Months?  Yes  No  Refused to Answer  Did Not Ask

HIV Status:  Positive  Negative  Equivocal HIV Test  Unknown  Refused to Answer  Did Not Ask

Signature of Person Completing Form

Date

Please fax the information to St. Clair County Health Department, Personal Health, Fax # (810) 987-3062