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| *Mpango wa Infant-Toddler wa North Carolina* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| *Idhini ya Kufichua Maelezo ya Afya* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jina la Mtoto: | |  | | | | | | | | | | | | | | Tarehe ya Kuzaliwa: | | | | | | | | |  | | | | | |
| Nambari ya Rekodi ya Matibabu ya Mtoto: | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | |
| Nina |  | | | | | | | | | | | | | | | Idhinisha | | |  | | | | | | | | | | | |
| *(Mzazi/Mlezi Kisheria au Mwakilishi wa Bibinafsi)* | | | | | | | | | | | | | | | | | *(Jina la Mto Hhuduma/Shirika/Mtu Binafsi)* | | | | | | | | | | | | | |
| Kufichua na kubadilisha maelezo mahususi ya afya kutoka kwenye rekodi (maneno, maandishi na/au elektroniki) ya mtoto aliyetajwa hapo juu kwenda/kutoka | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Jina la Mpokeaji (Wapokeaji)* | | | | | | | | *Anwani* | | | | | | | | | | | | | |  | | *Simu* | | |  | | | *Faksi (si lazima)* |
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| *Jina la Mpokeaji (Wapokeaji)* | | | | | | | | *Anwani* | | | | | | | | | | | | | |  | | *Simu* | | |  | | | *Faksi (si lazima)* |
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| *Jina la Mpokeaji (Wapokeaji)* | | | | | | | | *Anwani* | | | | | | | | | | | | | |  | | *Simu* | | |  | | | *Faksi (si lazima)* |
| Kwa madhumuni yafuatayo: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maelezo mahususi yatakayofichuliwa/kubadilishwa (teua yote yanayotumika): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rekodi/Historia za Kuzaliwa | | | | | | | Uchunguzi wa Tiba ya Mwili | | | | | | | | Uchunguzi wa Vitengo Mbalimbali | | | | | | | | | | | | | | | |
| Rekodi za Afya na Matibabu | | | | | | | Uchunguzi wa Tiba ya Utendaji | | | | | | | | Mipango ya Huduma ya Familia Iliyobinafsishwa [IFSP] | | | | | | | | | | | | | | | |
| Matokeo ya Maabara | | | | | | | Tathmini ya Usemi na Lugha | | | | | | | | Hali ya Ustahiki | | | | | | | | | | | | | | | |
| Mihtasari ya Kulazwa au Kuruhusiwa kurudi nyumbani | | | | | | | Tathmini ya Ukuaji | | | | | | | | Ripoti ka Hatua/Maandishi ya Hatua | | | | | | | | | | | | | | | |
| Uchunguzi wa Macho | | | | | | | Uchunguzi wa Lishe | | | | | | | | Nyingine [bainisha] | | | | | | | | | | |  | | | | |
| Uchunguzi wa Masikio | | | | | | | Tathmini ya Elimu | | | | | | | | Nyingine [bainisha] | | | | | | | | | | |  | | | | |
| Historia ya Jamii | | | | | | | Uchunguzi wa Kisaikolojia | | | | | | | | Nyingine [bainisha] | | | | | | | | | | |  | | | | |
| Historia ya Ukuaji | | | | | | | Uchunguzi wa Matibabu | | | | | | | | MASHARTI Angalia Ombi Maalum | | | | | | | | | | | | | | | |
| Ninaelewa kuwa muda wa idhini hii utaisha tarehe, tukio au katika hali ifuatayo: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **(USIZIDI MWAKA MMOJA)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ninaelewa kuwa nikikosa kubainisha tarehe au hali ya mwisho ya matumizi, idhini hii itatumika kwa muda unaohitajika ili kutimiza madhumuni yake kwa hadi mwaka mmoja, isipokuwa kwa ufichuzi wa miamala ya kifedha, ambapo idhini hii itatumika kwa muda usiojulikana. Pia ninaelewa kuwa ninaweza kubatilisha idhini hii wakati wowote kwa kutia saini kwenye *Sehemu ya Kubatilisha* iliyo chini ya fomu hii. Ninaelewa pia kwamba hatua yoyote iliyochukuliwa kwenye idhini hii kabla ya tarehe ya kufutwa ni ya kisheria na ya lazima.  Ninaelewa kuwa maelezo yangu hayawezi kulindwa dhidi ya kufichuliwa upya na mwombaji wa maelezo hayo; hata hivyo, ikiwa maelezo haya yanalindwa na Kanuni za Federal Substance Abuse Confidentiality, mpokeaji hawezi kufichua tena maelezo kama hayo bila idhini yangu ya kuandika isipokuwa kama imetolewa vinginevyo na sheria ya serikali au jimbo.  Ninaelewa kwamba ikiwa rekodi yangu ina maelezo yanayohusiana na maambukizi ya VVU, UKIMWI au hali zinazohusiana na UKIMWI, matumizi mabaya ya pombe, matumizi ya dawa za kulevya, hali ya kisaikolojia au kiakili, au uchunguzi wa kinasaba, ufichuzi huu unaweza kujumuisha maelezo hayo. Ninaelewa kuwa ninaweza kuomba kwamba ufichuzi wa maelezo haya uzuiliwe. Pia ninaelewa kuwa ninaweza kukataa kutia saini kwenye idhini hii. Pia ninaelewa kuwa Mpango wa Infant Toddler hauwezi kunyima au kukataa kutoa matibabu au manufaa ya ustahiki nikikataa kutia saini kwenye idhini hii. (Kumbuka, hata hivyo, ikiwa matibabu yanahusiana na utafiti, matibabu yanaweza kukataliwa ikiwa idhini haijatolewa.)  Ninaelewa kwamba nitapewa nakala ya idhini hii niliyoweka saini. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Saini ya Mzazi, Mlezi Kisheria, Mwakilishi wa Binafsi* | | | | | | | | | | |  | | *Tarehe* | | | | | | |  | *Uhusiano au Mamlaka* | | | | | | | | | |
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| *Saini ya shahidi* | | | | | | | | | | |  | | *Tarehe* | | | | | | |  | *Uhusiano au Mamlaka* | | | | | | | | | |
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| **IDHINI YA KUFICHUA MAELEZO YA AFYA – SEHEMU YA UBATILISHAJI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ninaomba idhini hii ya kubadilisha au kifichua maelezo ya afya ya | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | *Jina la Mtoto* | | | | | | | | | | | | |
| Imetiwa saini na: | | |  | | | | | | | | | | | | | | | Tarehe | | | | |  | | | | | | | |
|  | | | *Jina la Mtu Aliyetia Saini kwenye Idhini* | | | | | | | | | | | | | | |  | | | | | *Tarehe ya Kutia Saini* | | | | | | | |
| Itaondolewa, kuanzia | | | |  | | | | | | *(Tarehe)* | | | | | | | | | | | | | | | | | | | | |
| Ninaelewa pia kwamba hatua yoyote iliyochukuliwa kwenye idhini hii kabla ya tarehe ya kuondolewa ni ya kisheria na ya kushurutisha. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Saini ya mzazi, mteja, mlezi wa kisheria, mwakilishi wa kibinafsi* | | | | | | | | | | | |  | | *Tarehe* | | | | | |  | *Uhusiano au Mamlaka* | | | | | | | | | |
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| *Saini ya shahidi* | | | | | | | | | | | |  | | *Tarehe* | | | | | |  | *Uhusiano au Mamlaka* | | | | | | | | | |