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***北卡罗来纳州婴幼儿计划***

***限制健康信息的使用和披露申请书***

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| 身份信息 | | | | | | | | | | | | | | |
| 儿童姓名： |  | | | 出生日期： | |  | | | Child’s SSN (optional): | | | |  | |
|  | | | | | | *MM/DD/YYYY* | | | | | | | | |
| 父母/法定监护人地址： | | |  | | | | | | | | | | | |
|  | | | | |  | |  | | | |  | | |  |
| 街道 | | | | | 房号 | | 城市 | | | | 州 |  | | 邮编 |
|  | | | | | | | | | | | | | | |
| 父母/法定监护人家庭电话号码 | |  | | | | | | 工作电话号码 | |  | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 申请 | | | | | | | | | | | | | | |
| **本人理解，本人可以申请对本人孩子的健康信息的特定用途和披露进行限制。因此，本人在此申请限制在以下情况下使用和披露由该机构或提供方创建或维护的本人自己或孩子的健康信息：** | | | | | | | | | | | | | | |
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|  |  |  |
| 父母/法定监护人签名 |  | 日期 |
|  |  |  |
| 法定监护人关系/授权 |  | |

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| ***This Section for Agency Use Only*** | | | | | |
| Request APPROVED | | | | | |
| Agency Requirements | Notification to staff of restrictions | | | | |
|  | Notification to other agencies, as needed | | | | |
|  |  | | | | |
| Request DENIED |  | | | | |
| Reason for Denial: | May prevent or delay effective treatment. | | | | |
|  | Disclosure required by law | | | | |
|  | Other | | | | |
|  | |  |  |  |  | |
| By Staff | |  | Title |  | Date | |
|  | | | | | | |