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*Programme pour nourrissons et tout-petits*

*Demande de restrictions sur l'utilisation et la divulgation des informations relatives à la santé*

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|  | | | | | | | | | | | | | |
| Identification | | | | | | | | | | | | | |
| Nom de l’enfant : |  | | | Date de naissance : | |  | | Child’s SSN (optional) | | | | |  |
|  | | | | | | *MM/DD/YYYY* | | | | | | | |
| Adresse du parent/tuteur légal : | |  | | | | | | | | | | | |
|  | | | | |  | |  | | |  | |  | |
| Rue : | | | | | Numéro de l’appartement: | | Ville | | | État |  | Code postal: | |
|  | | | | | | | | | | | | | |
| Numéro de téléphone domicile du parent/tuteur légal : | | |  | | | | Téléphone du bureau : | |  | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Demande | | | | | | | | | | | | | |
| **Je comprends que je peux demander des restrictions sur des utilisations et des divulgations spécifiques concernant les informations relatives à la santé de mon enfant. En tant que tel, je demande par la présente la restriction de l'utilisation et de la divulgation des informations relatives à ma santé ou celle de mon enfant. qui sont créées ou conservées par cette agence ou ce fournisseur dans les circonstances suivantes :** | | | | | | | | | | | | | |
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| Signature du parent / tuteur légal |  | Date |
|  |  |  |
| Relation/autorité du tuteur légal |  | |

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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 |
|  | | | | | |