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*Demann Pwogram pou Tibebe ak Timoun piti nan Karolin di Nò pou Restriksyon sou Itilizasyon ak Divilgasyon Enfòmasyon sou Sante*

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| Idantifikasyon | | | | | | | | | | | | | | |
| Non Timoun nan: |  | | | Dat nesans: | |  | | | Nimewo Sekirite Sosyal timoun nan (opsyonèl): | | | |  | |
|  | | | | | | *MM/JJ/AAAA* | | | | | | | | |
| Adrès Paran/Gadyen Legal: | |  | | | | | | | | | | | | |
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| Ri | | | | | Apatman # | | Vil | | | Eta | |  | | Kòd postal |
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| Nimewo telefòn lakay paran/gadyen legal la | | |  | | | | | Nimewo telefòn travay | | |  | | | |
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| Demann | | | | | | | | | | | | | | |
| **Mwen konprann mwen ka mande restriksyon sou itilizasyon ak divilgasyon espesifik enfòmasyon sou sante pitit mwen an. Se poutèt sa, mwen mande pou yo mete restriksyon sou itilizasyon ak divilgasyon enfòmasyon sante pa m oswa pitit mwen ke ajans sa a oswa founisè sa a kreye oswa konsève nan sikonstans sa yo:** | | | | | | | | | | | | | | |
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| Siyati Paran/Gadyen Legal |  | Dat |
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| Relasyon/Otorite ak Gadyen Legal |  | |

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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 | |
|  | | | | | | |