CENTRAL DISTRICT HEALTH DEPARTMENT

MAIN OFFICE 707 N. Armstrong Place, Boise, ID 83704-0825 Tel. (208) 327-7450 Fax (208) 327-8580

Para mejorar la salud de nuestras comunidades por identificando soluciones sostenibles en cuestiones de salud comunitario, formando asociaciones para llevar a cabo estrategias y demostrando nuestro éxito a través de medida de resultados.

IMMUNIZATION RELEASE OF INFORMATION/AUTORIZACION PARA LIBERAR INFORMACION

Information to be released to CENTRAL DISTRICT HEALTH DEPARTMENT,
707 N ARMSTRONG PLACE, BOISE, ID 83704-0825 TEL (208) 327-7450 FAX (208) 327-8580

CLIENT'S NAME/
NOMBRE DEL CLIENTE: _____
Last/Apellido First/Nombre Middle/Inicial

DOB/FECHA DE NACIMIENTO: _____
Month/Mes Day/Dia Year/Año

NICKNAME(S) CLIENT MAY HAVE USED/OTRO(S) NOMBRE(S) QUE HAYA USADO ANTES:

_____

MAILING ADDRESS/DIRECCION: _____
Number/Numero Street/Calle Apt #/ # de Apartamento

_____
City/Ciudad State/Estado Zip Code/Codigo Postal Phone #/Numero de Telefono

LIST ALL CLINICS CLIENT HAS USED/ LISTA TODAS LAS CLINICAS QUE HAYA ESTADO EL CLIENTE:

NAME/NOMBRE: _____

ADDRESS/DIRECCION: _____

PHONE #: _____ FAX #: _____

NAME/NOMBRE: _____

ADDRESS/DIRECCION: _____

PHONE #: _____ FAX #: _____

If additional space is needed for information, use back of sheet. / Si necesita mas espacio para información, use el otro lado de la forma.

This release is in effect from _____to _____ (not to exceed one year). This release may be revoked at any time by a signed, written statement from the patient or responsible party.

SIGNATURE/FIRMA:	DATE/FECHA:

WITNESS SIGNATURE**:** _____ DATE**:** _____

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR, Part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. Federal regulations state that any person who violates any provision of this law shall be fined not more than $500 in the case of the first offense and not more than $5,000 in the case of each subsequent offense.