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*Mpango wa Infant-Toddler wa North Carolina*

*Ombi la Vikwazo vya Matumizi na Ufichuzi wa Taarifa za Afya*

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| Utambuzi | | | | | | | | | | | | | |
| Jina la Mtoto: |  | | Tarehe ya Kuzaliwa: | | |  | | | SSN ya Mtoto (si lazima): | | | |  |
|  | | | | | | *Mwezi/Siku/Mwaka* | | | | | | | |
| Anwani ya Jina la Mzazi au Mlezi wa Kisheria: | |  | | | | | | | | | | | |
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| Mtaa | | | | Namba ya ghorofa | | | Jiji | | | Jimbo |  | Zipu | |
|  | | | | | | | | | | | | | |
| Nambari ya Simu ya Nyumbani ya Mzazi/Mlezi wa Kisheria | | | | |  | | | Nambari ya Simu ya Kazini | | | |  | |
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| Ombi | | | | | | | | | | | | | |
| **Ninaelewa kuwa ninaweza kuomba vikwazo kwa matumizi mahususi na ufichuzi wa maelezo ya afya ya mtoto wangu. Kwa hivyo, ninaomba kikwazo cha matumizi na ufichuzi wa maelezo yangu au ya mtoto wangu ya afya ambayo yameundwa au kutunzwa na wakala au mtoa huduma huyu katika hali zifuatazo:** | | | | | | | | | | | | | |
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| Saini ya Jina la Mzazi au Mlezi wa Kisheria: |  | Tarehe |
|  |  |  |
| Uhusiano/Mamlaka ya Mlezi wa Kisheria |  | |

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| ***Sehemu hii ni kwa Matumizi ya Shirika Pekee / 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 | |
|  | | | | | | |