



Southeastern Idaho Public Health

WIC Universal Consent Form

I have read and agree to the following forms:

Clinic:

F#

- Notice of Privacy Practices
- HIPAA

DATE: _____

Signature: Responsible Adult

Printed Name

.....For Staff Use Only.....

Staff/Witness Signature

Printed Name

In the event the client *signature is not* obtained for any reason, staff should document and sign below:

The following good faith efforts were made to obtain acknowledgment:

However, acknowledgement was not obtained because:

Staff/Witness Signature

Printed Name

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