Southeastern Idaho Public Health

Forma de Consentimiento Universal de WIC

Yo eh leído y estoy de acuerdo con las siguientes formas:

Clinic:

F#

- Notificación de Practicas Privadas
- HIPAA

_____ FECHA:_____

Firma: Adulto Responsable

_____

Nombre Escrito

……Solo Para Uso Del Personal……

_____ _____

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

rev. 1.2025

Every day, in every way, empowering & improving health!
Esta institución ofrece igualdad de oportunidades.