



**Confidential**

**Referral to SDPH Childhood Lead Prevention Program for blood lead level detected or family request for home lead hazard investigation**

**Please fax completed form to Childhood Lead Prevention Program at FAX 415-252-3889**

<b>Demographic Information</b>			
<b>Child's Name:</b>			
<b>DOB:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Child's Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Declined to self-identify <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American		<b>Primary Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Other _____	
<b>Child's Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<b>Country of origin:</b>	
<b>Address:</b>			
<b>Parent/Guardian Name:</b>		<b>Cell/Home Phone:</b>	
		<b>Alternate Phone:</b>	
<b>Medical Information</b>			
<b>Medical Provider:</b>			
<b>Contact Person:</b>		<b>Phone:</b>	
<b>Institution:</b>		<b>Fax:</b>	
<input type="checkbox"/> <b>Blood Lead History</b>			
<b>Test Result</b>	<b>Test Date</b>	<b>Test Type</b>	<b>Insurance</b>
		<input type="checkbox"/> Venous <input type="checkbox"/> Capillary	
		<input type="checkbox"/> Venous <input type="checkbox"/> Capillary	
		<input type="checkbox"/> Venous <input type="checkbox"/> Capillary	
<input type="checkbox"/> <b>Family requests home lead hazard investigation</b>			

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 authorizes San Francisco Department of Public Health to have access to medical information. The HIPAA section for privacy rules regarding disclosures to Public Health Agencies, states that covered entities may disclose protected health information (PHI), without individual authorization, to a public health authority legally authorized to collect or receive the information for the purpose of preventing or controlling disease, injury or disability, reference 45 CFR 164.512(b). Further, the Privacy Rule permits covered entities to make disclosures that are required by other laws, including laws that require disclosures for public health purposes. Without individual authorization, a covered entity may disclose PHI to a public health authority (or an entity working under a grant of authority) that is legally authorized to collect or receive the information for the purposes of preventing or controlling disease, injury, or disability including, but not limited to: (a) Reporting of disease, injury, and vital events (e.g., birth or death); (b) Conducting public health surveillance, investigations, and interventions.