



Saint Francis Memorial Hospital

A member of CHW

RELEASE OF INFORMATION CONSENT

公開信息同意書

- I acknowledge that I have had the opportunity to receive and review a copy of the HIPAA Privacy Practices.

我確認我已經有機會得到和閱讀一份隱私權保護措施通知書的副本。

- I give permission to CHW/Saint Francis Memorial Hospital/St. Mary's Medical Center to forward my hepatitis B test results to the San Francisco Department of Public Health and NICOS for data collection purposes only. I understand that all information regarding my hepatitis B status will remain confidential.

我允許天主教西保健 / 聖法蘭西紀念醫院 / 聖瑪麗醫療中心把我B型肝炎測試結果給予三藩市公共健康部門及華人健康組織聯會僅僅作為資料收集的需
要。我明白所有關於我B型肝炎的狀況將會被保密。

Client's Name (please print)

客戶姓名（請寫正楷）

Client's Signature

客戶簽名

Date

日期

Staff Name (please print)

工作人員姓名（請寫正楷）

Staff Signature

工作人員簽名

Date

日期

