



City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH

Confidential

Referral to SFDPH 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

Demographics Information

Child's Name: _____ **DOB:** _____ **Gender:** _____
Race (circle): American Indian or Alaska Native Native Hawaiian or Pacific Islander Black or African American
Asian White Declined to self-identify Other:
Ethnicity (circle one): Hispanic Non-Hispanic
Primary Language (circle): English Spanish Cantonese Other:
Country of origin: _____

Address: _____ **Phone:** _____ **Alternate Phone:** _____

Parent/Guardian Name: _____

Medical Information

Medical Provider: _____

Contact Person: _____ **Phone:** _____

Institution: _____

Blood Lead History

Test Date: _____ **Test Result:** _____ **Test Type (circle):** Venous Capillary **Insurance:** _____
Test Date: _____ **Test Result:** _____ **Test Type (circle):** Venous Capillary **Insurance:** _____
Test Date: _____ **Test Result:** _____ **Test Type (circle):** Venous Capillary **Insurance:** _____

Family grants consent to share above information in order to receive home lead hazard investigation: Yes No

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 purpose 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.