

National Children’s Study
HIPAA Authorization for the Use and
Disclosure of Health Information

Primary health care provider Facility Street address City State Zip Phone number	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES National Institutes of Health Centers for Disease Control and Prevention U.S. ENVIRONMENTAL PROTECTION AGENCY
Name of other health care provider Facility Street address City State Zip Phone number	Name of other health care provider Facility Street address City State Zip Phone number
Name of other health care provider Facility Street address City State Zip Phone number	Name of other health care provider Facility Street address City State Zip Phone number

