Uidhinishaji wa Utoaji na Ujadiliaji wa Maelezo ya Siri

confidential information release and discussion authorization

Kujaza fomu hii kunaidhinisha (chagua yote yanayotumika):

Kutolewa kwa maelezo yaliyoelezwa katika sehemu yaa yenye mada “Maelezo Maalum ya Rekodi Zilizoidhinishwa Kutolewa”, ambayo ni maelezo kuhusu mtu (Mhusika) ambaye rekodi zake zitatolewa na kukusanywa katika Hifadhidata ya Rekodi za wakimbizi ya Wisconsin (WRPD) na/au kutumia fomu nyingine ya DCF.

Kutolewa kwa maelezo kuhusu ustahiki au huduma zingine mahususi zilizotolewa kwa Mhusika, kwa madhumuni ya kuruhusu wakala, kama vile mfadhili, jamaa au mhusika mwingine, kujadili maelezo ya kesi ya Mhusika na Wakala/Shirika lililoorodheshwa hapa chini.

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| **Mtu (Mhusika) Ambaye Rekodi Zake Zitatolewa/Maelezo ya Kesi Yatajadiliwa**  Person (Subject) Whose Records Will Be Released/Case Details Will Be Discussed | | | |
| Jina | | Tarehe ya Kuzaliwa | |
| Anwani (Anwani ya barabara au Sanduku La Posta, Jiji, Jimbo, Msimbo Posta) | | | |
| **Wakala/Shirika Lililoidhinishwa Kutoa Maelezo (m.f., shirika linalofadhiliwa na BRP, jamaa, mfadhili)**  Agency / Organization Authorized to Release Information (e.g., BRP-funded agency, relative, sponsor) | | | |
| Jina | | | |
| Anwani (Anwani ya barabara au Sanduku La Posta, Jiji, Jimbo, Msimbo Posta) | | | |
| **Maelezo Yanaweza Kutolewa Kwa (m.f., shirika linalofadhiliwa na BRP, jamaa, mfadhili)**  Information May Be Released To (e.g., BRP-funded agency, relative, sponsor) | | | |
| Jina | Wakala/Shirika (ikiwa inatumika) | | |
| Anwani (Anwani ya barabara au Sanduku La Posta, Jiji, Jimbo, Msimbo Posta) | | | |
| **Maelezo Mahususi ya Rekodi Zilizoidhinishwa Kutolewa (m.f., yoyote,rekodi za WRPD)**  Specific Description of Records Authorized for Release (e.g., any, WRPD records) | | | |
| **Madhumuni Au Hitaji la Utoaji wa Maelezo (m.f., ili kumsaidia Mhusika kupata ajira)**  Purpose Or Need for the Release of Information (e.g., to help the Subject obtain employment) | | | |
| **Vuzuizi au Vighairi vya Utoaji wa Maelezo (m.f., rekodi za afya)**  Limitations or Exceptions to the Release of Information (e.g., health records) | | | |
| **Makubaliano**  Understandings | | | |
| Maelezo ambayo ninaidhinishwa kutolewa yanaweza kufichuliwa tena na mpokeaji wa rekodi ikiwa tu imekubalika na sharia. Ikiwa maelezo yatatolewa mara kadaa, mpokeaji(wapokeaji) wa maelezo haya wanaweza kudhibitiwa na sharia tofauti. | | | |
| Ninaweza kubatilisha uidhinishaji huu, katika maandishi, wakati wowote; lakini, hii haitajumuisha maelezo yaliyotolewa tayari kutokana na uidhinishaji huu. Ubatilishaji ulioandikwa ni lazima utolewe kwa wakala/shirika nililoidhinisha kutoa maelezo hayo. | | | |
| Isipokuwa umebatilishwa, uidhinishaji huu utabaki kutumika hadi muda wa mwisho wa matumizi ulioonyeshwa hapa chini.  **Chagua Moja:**  Choose One:  Uidhinishaji utaisha mnamo       (Tarehe).  Uidhinishaji utaisha baada ya hatua zifuatazo kufanyika (taja):  Uidhinishaji hautaisha | | | |
| **Kama inavyothibitishwa na sahihi yangu, ninaidhinisha ufichuzi wa rekodi kwa na/au maelezo ya kesi yangu kujadiliwa na mtu(watu) au wakala(mawakala) niliotaja hapa juu.**  As evidenced by my signature, I hereby authorize disclosure of records to and/or the details of my case to be discussed with the person(s) or agency(s) specified above. | | | |
| **Mtu (Mhusika) Ambaye Rekodi Zake Zitatolewa/Maelezo ya Kesi Yatajadiliwa**  Person (Subject) Whose Records Will be Released / Case Details Will Be Discussed | | | |
| SAHIHI | | | Tarehe ya Kusahihi |
| **Mtu Mwingine Aliyeidhinishwa Kisheria Kuidhinisha Ufichuzi**  Other Person Legally Authorized to Consent to Disclosure | | | |
| Sifa au Uhusiano na Mhusika | | | |
| SAHIHI | | | Tarehe ya Kusahihi |