

Umatilla-Morrow Head Start, Inc.
110 N.E. 4th
Hermiston, Oregon 97838
(541) 564-6878 • Fax (541) 564-6879
REFERRAL FORM

Date: _____ WIC Clinic: _____

WIC Participant: _____ DOB: _____

Primary Health Care Provider: _____

Home Address: _____ City: _____

Mailing Address: _____ City: _____

Home Telephone: _____ Message Telephone: _____

Reason for Referral: _____

Purpose: The information released to the County Health Department and/or Hermiston Community Health Clinic and its providers will be to plan for and coordinate health related services for me and my family.

Authorization for Release of Information:

- I authorize Umatilla-Morrow WIC to share and exchange information about me and/or my child with the County Health Department and/or Hermiston Community Health Clinic.
- This permission is good for up to one year past my signature date. I understand that I can cancel this Release of Information at any time.
- I understand that information about me or my child is confidential and protected by state and federal law.
- I am signing this Release of Information on my own and have not been pressured to do so.

WIC Participant **Parent/Guardian** **Legal Custody**

Signature

Date

Staff Signature

Date

Morrow County Health Dept.
PO Box 799
Heppner OR 97836
541-676-5421 Fax (541) 676-5652

Umatilla County Health Dept.
Attn: Home Visit Supervisor
200 SE 3rd Street, Pendleton OR 97801
541-278-5432 Fax (541) 278-5433

Hermiston Community Health Clinic
PO Box 934, 595 NW 11TH Street
Hermiston, OR 97838
541-567-1717 FAX 541-567-9662

