

**COUNTY HEALTH DEPARTMENT**  
**PERSONAL DATA CONTINUATION SHEET**

<i>Patient Name as listed on medical record:</i> <i>(Attach current patient label)</i>
<i>Date of Birth:</i> _____
<i>Patient ID #:</i> _____

**Effective Date:** \_\_\_\_\_

Please **PRINT below alias name** you use or go by at different locations, such as work, other agencies, school, etc.:

**FOR YOUR CONSIDERATION:**

*When people use different names for health care, employment and/or insurance or provide proof of income using borrowed or purchased Social Security numbers, Medicaid cards or pay stubs, it can cause a lot of problems:*

- *The information about your health could get mixed up with somebody else’s information. This makes it hard for the doctor to take good care of you. It could also lead to the doctor sharing your private health information with someone else.*
- *If you use someone else’s name in order to get Medicaid or other health insurance it could create problems in getting your health care paid for and you could be charged with a crime.*
- *Only records dated on or after the effective date above will include the alias name listed above. Prior records will not be changed.*

**Health departments do not ask or report whether or not you are a citizen or if you are documented.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Witness Initials**