

WISCONSIN BIRTH DEFECTS REGISTRY – REQUEST TO REMOVE IDENTIFIERS

Completion of this form by parents or guardians is provided for under the provisions of DHS 116.01, as of September 2017. For more information on birth defects in Wisconsin, go to the website at www.dhs.wisconsin.gov/cyshcn/birthdefects.

A. GENERAL INFORMATION

Under the provisions of DHS 116.01, identifying information and information on birth defects for children ages birth to 2 is reported to the Wisconsin Birth Defects Registry (WBDR) by physicians, specialty clinics and hospitals. Data privacy laws strictly protect the information in the WBDR.

This information is used:

- to estimate the occurrence of specific birth defects in Wisconsin children,
- to alert the Department of Health Services (DHS) to any unusual increases in birth defects statewide,
- to allow for investigation of any suspected cluster of birth defects in a defined geographic area,
- for policy and planning purposes,
- to assure referral to appropriate services for children and families, and
- to potentially find out how to prevent birth defects in the future.

A parent or guardian can choose to have identifiers (names and addresses of the child and parents/guardians) removed from the record. The reporting organization should keep these forms on file and be able to produce them if requested by the WBDR state administrator.

Fill out the form below only if you want to remove the personal identifying information from your child's WBDR report. Complete the form and return it to:

B. CHILD/PARENT INFORMATION

Remove the identifiers (names and addresses) for the child listed below:

Name of Child:	
Child's Date of Birth:	
Parent/Guardian's Full Name:	
Relationship to Child:	
Street Address:	
City/State/Zip Code	

By signing below, you acknowledge:

1. I have read the information provided on this form.
2. I have been notified of the provisions of DHS 116.01 concerning my right to have my child's and my personal identifying information removed from the WBDR.
3. I have been informed that more information on birth defects, including the statutes, is available on the DHS website at www.dhs.wisconsin.gov/cyshcn/birthdefects.
4. I understand that by removing personal identifying information, the Wisconsin DHS will not be able to inform me of information related to the prevention, treatment, or cause of a particular birth defect or refer my child to services.

SIGNATURE – Parent/Guardian

Date Signed