



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CLIENT SERVICES
EARLY INTERVENTION & PRE-EXPOSURE PROPHYLAXIS PROGRAM

APPENDIX B (Additional Contacts) – PAGE 2

ADDITIONAL CONTACT INFORMATION			
Additional Contact Name:			
Position/ Title:			
Phone Number:		Fax Number:	
Email Address(s):			

Additional Contact Name:			
Position/ Title:			
Phone Number:		Fax Number:	
Email Address(s):			

Additional Contact Name:			
Position/ Title:			
Phone Number:		Fax Number:	
Email Address(s):			

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Email Address(s):			

Additional Contact Name:			
Position/ Title:			
Phone Number:		Fax Number:	
Email Address(s):			

Please note this information is not shared with clients. It is only used by program staff for contact.

DOH 410-062 January 2024

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