



C S 0 0 2 0

**ANSIXINTA DIIWAANADA CAAFIMAADKA EE
SIIDEYNTA WARBIXINTA
(MEDICAL RECORDS AUTHORIZATION FOR
DISCLOSURE OF INFORMATION)**

Somali

<input type="checkbox"/> Clinic	<input type="checkbox"/> CUMC-Bergan Mercy	<input type="checkbox"/> Good Samaritan	<input type="checkbox"/> Home Care/Hospice
<input type="checkbox"/> Home Care Pharmacy	<input type="checkbox"/> Immanuel	<input type="checkbox"/> Immanuel Fontenelle Home	<input type="checkbox"/> Lakeside
<input type="checkbox"/> Mercy Corning	<input type="checkbox"/> Mercy Council Bluffs	<input type="checkbox"/> Midlands	<input type="checkbox"/> Missouri Valley
<input type="checkbox"/> Nebraska Heart	<input type="checkbox"/> Plainview	<input type="checkbox"/> Richard Young	<input type="checkbox"/> Schuyler
<input type="checkbox"/> St. Elizabeth	<input type="checkbox"/> St. Francis	<input type="checkbox"/> St. Mary's	<input type="checkbox"/> The Lighthouse
<input type="checkbox"/> The Physician Network	<input type="checkbox"/> Other _____		

Waxaan halkan ku ansixinayaa Xaruma kor lagu saxay in loo sii daayo warbixinta xigto ee diiwaanada:

Magaca Bukaanka (Patient Name)	Lambarka Bukaanka (Patient Number)
Cinwaanka (Address)	Taariikhda Dhalashada (Date of Birth)
Caasimada/Gobolka/ZIP + 4 (City/State/ZIP + 4)	Taleefonka (Phone) ()

Diiwaanada caafimaadka Xarunta La ansixiyay masuulka ama dadka loo qoonsaday sida masuulka diiwaanadaan ayaa ka baarandagaya siideynta. Warbixinta laga siideynayo Xarumaha kor lagu saxay waxaa ku jira (sax dhammaan inta quseyso):

- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Warbixinta ku tiirsanaanta kiimikada | <input type="checkbox"/> Guudmarka ka saarida | <input type="checkbox"/> Wargelinada waxbarashada/dugsiga | <input type="checkbox"/> Sheybaarka |
| <input type="checkbox"/> Qiimeynada caafimaadka maskaxda | <input type="checkbox"/> Qoraalada Dhaqancelinta | <input type="checkbox"/> Jirka iyo Taariiqda | <input type="checkbox"/> Raajada |
| <input type="checkbox"/> Qoraalada hormarka caafimaadka | <input type="checkbox"/> Magaca iyo baaritaanada kaliya | | |
| <input type="checkbox"/> Dhammaan diiwaanada caafimaad ee la xiriirto daaweynta | | | |
| <input type="checkbox"/> Waxkale | | | |

Waan fahamsannahay in tani **ay ku jireyso** warbixinta la xiriirto (sax haddii ay quseyso):

- Acquired Immunodeficiency Syndrome (AIDS) ama caabuqa Fayruskaee Human Immunodeficiency Virus (HIV)
- Warbixinta Caafimaadka Maskaxda (kaliya IOWA: Fadlan ogow in shakhsiyaadka xaq u leeyihiin in ay baaraan qoraalada la siideynayo)
- Kulamada La Talinta Wada Jirka ah ee Caafimaadka Maskaxda (Fadlan ogow waa in laga helaa Foomka Ogolaanshaha dhammaan shaqsiyaadka joogo inta lagu jiro kulamo noocaas ah.)
- Qoraalada daaweynta maskaxda (Foomka Ogolaanshaha gooniga ah waa in loo saxiixaa siideynta qoraalada daaweynta maskaxda)
- Daaweynta ku xadgudubka qamriga iyo/ama daroogada

Waxaan fahamsannahay inay tani dabooleysowarbixinta la xiriirto dhammaan taariikhaha adeega illaa aan hoos ku qeexo haddii kale: Daboolayo muddooyinka daryeelka: laga bilaabo _____ ilaa _____

Warbixintaan waxaa loo siideynayaa (Fadlan sheeg shaqsiga ku jiro iyo/ama magaca iyo cinwaanka Xaruntu):

oo ujeedada _____

Hadii aan la sheegin wax ujeedo ah, kadib ujeedada siideynta waxay noqoneysaa "sida codsigeyga".

Waan fahamsannahay in Ansixinta laga laaban karaa xili walba, marka laga reebo baaxada ah in tallaabo la sameeyay marhore ee la xiriirto Ansixintaan. Waan fahamsannahay in haddii aan rabo inaan ka laabto Ansixintaan, waa in aan qoraal ahaan ku sameeyaa sidaan oo soo bandhigaa ka laabashadeyda qoraalka ah ee waaxda diiwaanada caafimaad ama masuulka xareeyay Ansixinta asalka ah.

Illaa haddii kale laga laabto, Ansixintaan waxay dhaceysaa taariikhda, dhacdada, ama xaalada soo socota, _____

Hadii aan ku guuldareysto inaan sheegin taariikhda, dhacdada, ama xaalada, Ansixintaan waxay dhaceysaa laba iyo toban bilood (12) oo ka bilaabaneyso taariikhda hoose.

Waxaan fahamsannahay in ansixinta siideynta warbixintaan caafimaadka waa ikhtiyaar. Waan diidi karaa inaan saxiixo Ansixintaan. Waxaan u baahannahay inaan saxiixo Ansixintaan si markaas loo helo daaweynta. CHI Health kuma xireyso daaweyn walba, lacag bixin walba, diiwaangelin walba, ama u qalmida faa'idooyinka ee haddii aan saxiixo ansixintaan. Waan fahamsannahay inaan baari karo ama koobiyeeyn karo in warbixinta lagu isticmaalo ama lagu siidaayo sida lagu sheegay 45 CFR 164.524. Waan fahamsannahay in siideyn walba ee warbixinta iyada la socoto filashada dib u siideyn walba ee la ansixiyay iyo warbixinta laga yaabo in aan markale lagu ilaalin sharciyada qarsoodiga faderaalka. Hadii aan su'aalo ku saabsan siideynta warbixinta caafimaadkeega, waxaan lasoo xiriiri karaa Xafiiska Arimaha Gaarka ee CHI Health (402) 717-1730.

- Warbixintaan waxaa lagaaga siidaayay diiwaanda laga yaabo inay ku illaalsanyihiin Xeerarka Qarsoodiga Faderaalka (42 CFR Qeybta 2). Xeerarka Faderaalka wuu kaa mamnuucaaa sameynta siideyn walboo dheeraad ah ee warbixintaan illaa siideyn dheeraad ah si muujin ah loogu ogolaado ogolaansho qoran ee qofka quseyso ama haddii kale loogu ogolaaday 42 CFR Qeybta 2. Ansixinta guud ee siideynta warbixinta caafimaadka ama warbixinta kale **kuma** filna ujeedadaan. Xeerarka Federaalka wuu mamnuucaaa in warbixinta oo walba dambi ahaan loo baaro ama lagu xukumo ku xadgudub walba ee daroogada iyo qamriga bukaanka.

Saxiixa Bukaanka (Signature of Patient)	Taariikhda / Saacada (Date / Time)
Saxiixa Bukaanka/Masuulka Sharciga haddii bukaanka uu yahay ilmo yar/ Awooda Qareen/Masuulka (Signature of Parent/Legal Guardian if Patient is a Minor/Power of Attorney/Guardian)	Xiriirka ka dhaxeeyo Bukaanka (Relationship to Patient)
	Taariikhda / Saacada (Date / Time)