



Oggolaansho Aan Faasaxayo Akhbaar Caafimaad

For OMC Staff Use Only	
Chart/MR #:	_____
Released by:	_____
Date released:	_____

Fadlan Ogsoonow: Haddii qayb ka mid ah foomkan aan la dhameystirin, foomka oo dhama wuxuu noqonayaa mid aan la isticmaali Karin.

Bukaan:	Magaca _____		
	Addresska _____		
	Magaalada _____	Gobolka _____	Zip _____
	Taariikhda _____	SSN _____	Telefoon _____
Akhbaara caafimaadka waxaa laga bandhigayaa:	Waxaan awood buuxda slinayaa adeg bixiyaha inuu sii daayo xaalada caafimaadkeyga markuu dalabkaan helo:		
	Magaca _____		Xafiis qaas ah _____
	Addresska _____		Telefoon/Fakis _____
	Magaalada _____	Gobolka _____	Zip _____
Akhbaarta caafimaad waxaa loo bandhigayaa:	Waxaan fasaxayaa in xaaladda caafimaadkeyga loo quabiyo:		
	Magaca _____		Fiira gaar _____
	Addresska _____		Telefoon/Fakis _____
	Magaalada _____	Gobolka _____	Zip _____
Akhbaarta caafimaad oo la bandhigi doono:	Fadlan Xusuuso: Haddii aadan taariikh cayimin ama dhiibin, waxaoo sheegi doonaa booqashadii ugu dambaysay.		
	_____ Koobi xasuu qorka bukaan socod eegto	_____ ka (taariikh) _____	_____ ilaa (taariikh) _____
	_____ Koobi diwaangelinta isbitaalka	_____ ka (taariikh) _____	_____ ilaa (taariikh) _____
	_____ Diwaanka qaybta maskaxda	_____ ka (taariikh) _____	_____ ilaa (taariikh) _____
	_____ Warbixinta sheybaarka	_____ ka (taariikh) _____	_____ ilaa (taariikh) _____
	_____ Warbixinta Raajiyaha	_____ ka (taariikh) _____	_____ ilaa (taariikh) _____
	_____ Filimada Raajiyaha	_____ ka (taariikh) _____	_____ ilaa (taariikh) _____
	_____ Baaritaanka/Daweynta HIV/EYDS	_____ ka (taariikh) _____	_____ ilaa (taariikh) _____
	_____ Quiimeynta qofka ku xadgudba ama aad u isticmaala khamriga iyo maandooriyaha	_____ ka (taariikh) _____	_____ ilaa (taariikh) _____
_____ Iyo waxyaaba kale fadlan caddie _____			
Sababta loo bandhigayo:	_____ Shakhshi _____	_____ Cuuryaan _____	_____ Ka guuray degaanka _____
	_____ La tashi/Fikrad Labaad _____	_____ Caymis _____	_____ Caymiska oo isbeddelay _____
	_____ Daaweyn _____	_____ Sharciga _____	_____ Arrimo Kale _____
La noqosho:	Waan fahamsanahay inaan la noqon karo oggolaanshahayga mar walba. Waan fahamsanahay haddii aan la noqdo oggolaanshaheeyga inaan iyadoo qoraai ah u dhiibo qaybta u qaabilsan xogta caafimaadka. Waan fahamsanahay in la noqoshadani ayna saameyn xogtii horay loo bixiyay. Waan fahamsanahay in la noqoshadani ayna saameyn caymiskeyga xaqqa uu u leeyahay in uu dood ka keeno qodobbo la xiriiira heshiskeyga caymiska (insurance policy). Waxaan fahamsanahay in oggolaanshahan uu jirrayo 12 bilood laga bilaabo taariikhda la saxiixay haddii aanan anigu dib ula noqon qoraal ahaan waxanu ku habboon yahay keliya macluumaadka kor ku xusan. Haddii la codsado macluumaad dheeraad ah, waxa loo baahan doonaa oggolaansho cusub. OMC waxay fasaxi doonaan keliya macluumaadka ku taariikhaysan illaa taariikhda la saxiixay.		
Oggolaanscho:	Waan fahamsanahay inaan oggolaanshan ku ansixiyay in la wadaago ama la bandhigo xogteydu uu yahay mid aan cidna igu khasbin oo aan ahkiyaarkeyga ku sameeyay. Waan fahamsanahay inaan baari karo ama aan codsan karo nuqul (Koobbi) ah xogta caafimaad ee la rabo in la wadaago ama la bandhigo, sida waafaqsan sharciga CFR 164.524. Waan fahamsanahay in bandhigo ama sii deyn (release) walba ee xog caafimaad ay leedahay khatarta ah in la sii daayo akhbaar (xog) caafimaad oo oggolaansho la'aan ah, isla markaana uuna ilaalineynin sharciga dawladda dhexe ee dhowrriista xogta caafimaad. Haddii aan wax su'aala ka qabdo wadaagga ama sii deynta xogteyda caafimaad, waxaan wici karaa sarkaalka ilaalinta xogta caafimaad ee shakhsiga u qaabilsan Kawntiga Olmsted. Waan fahamsanahay inaan saxiixeyga oggolaansho uun saameyn ku laheyn go'aanka Kawntiga Olmsted ee ku wajahan in la daaweeyo, bixitaanka kharashka, ka qaybgalka barnaamijyada ama inaan xaq u yeelan karo adeegyo kale. Fadlan oggoloow 30 maalmood si loo fuliyo codsiga sii deynta xogta caafimaad.		
	Saxiixa Bukaanka/Waalidka/Qofka Mas'uulka ka ah _____		Taariikh _____
	(da'da 18 iyo ka waynba waa inay xasiixaan)		
	Xiriirka aad la leedahay bukaanka/Awooddaada (fadlan soo gudbi dukumentiga sharciyeynta)		

Xafiisyada Rugta caafimaadka ee Olmsted

Rochester – Xarunta Bukaan Socodka 210 Ninth Street SE Rochester, MN 55904 507.288.3443	Rochester – Ibitaalka 1650 Fourth Street SE Rochester, MN 55904 507.529.6600	Byron Chatfield Northwest (Rochester) Pine Island	Plainview Preston St. Charles	Spring Valley Stewartville Wanamingo
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Translated Versions: Consent – Authorization for Release of Information: 2033103 – English 2080403 – Spanish 2080503 - Somali