



**Oggolaanshaha loogu talagalay u Fasaxa Ka Wada Hadalka Afka ah ee Xogta Caafimaadka Dhowran**

For OMC Staff Use Only: Patient MR#: _____
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Daabac Magaca Sharciga ah ee Bukaanka

\_\_\_\_\_  
Taariikhda Dhalashada

\_\_\_\_\_  
Cinwaan Waddo

\_\_\_\_\_  
Lambar Teleefan

\_\_\_\_\_  
Magaalo, Gobol, Sumad Boosto

Waxaan u fasaxayaa Olmsted Medical Center, dhakhaatiirtooda, kalkaaliyayaasha, iyo shaqaalaha kale ("Bixiyayaasha OMC Healthcare") si ay ugala hadlaan macluumaadka caafimaadka, qof ahaan, ama taleefan, iyada oo qofka soo socdaa ku lug leeyahay daryeelka caafimaadkayga :

\_\_\_\_\_  
Magaca iyo Xiriirka

\_\_\_\_\_  
Lambar Teleefan

Oggolaantani waxay ku xadaysan tahay KA WADAHADALLADA ku saabsan xaaladda(aha) caafimaad ee soo socda:

\_\_\_\_\_

(Haddii aan xadayn meesha lagu qorin, ka wada hadallada ayaa loo oggolaan doonaa markay ku saabsan tahay xaalad kasta oo caafimaad iyo/ama biilasha u bukaanku ka helay daryeelka Olmsted Medical Center.)

Waxaan fahamsanahay in oggolaantani ay ansaxsan tahay muddo hal sano ah laga bilaabo taariikhda la saxiixay, ama muddada waqtiga halkan ku cayiman:

Laga bilaabo \_\_\_\_\_ Illaa: \_\_\_\_\_ (Taariikhaha dhabta ayaa 10oo bahaan yahay).

**Siidaynta macluumaadka hoos yimaad dukumentigan ayaa ku xadaysan ka wada hadallada afka ah ee lala yeesho Bixiyayaashayda OMC Healthcare. Dukumantigani ma fasaxayo u siidayn kasta oo macluumaad caafimaad qoran shaqsiyaad ku magacaaban idmashada.**

Haddii, waqti kasta ha noqotee, aanan rabin in wada hadallada afka ah in loo fasaxo markay u dhexeyso Bixiyayaashayda OMC Healthcare iyo qofka ku qoran oggolaantan, waa inaan ugu wargaliyo bixiyahayga OMC Healthcare qoraal ahaan.

**Saxiixa Bukaanka:** \_\_\_\_\_ **Taariikhda:** \_\_\_\_\_

Haddii oggolaanshahan u buuxiyo wakiil oo ku hadlaya magaca bukaanka, fadlan buuxi waxa soo socda:

Magaca DAABACAN ee wakiilka: \_\_\_\_\_

Xiriirka u la leeyahay Bukaanka/Oggolaadaha: \_\_\_\_\_

Saxiixa: \_\_\_\_\_ Taariikhda La Saxiixay: \_\_\_\_\_

**TILMAAMAHA: Fadlan daabac, saxiix oo ku soo celi foomka:  
Olmsted Medical Center**

Attn: Release of Information  
1650 Fourth Street SE, Rochester, MN 55904  
Fax: 507.287.2777

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