



**Ogolaashaha Dadka Waaweyn ee
Gudbinta Macluumaadka
Caafimaadka ee OMC MyChart
(diwaanka caafimaadka)**

For OMC Staff Use Only:

Patient MRN: _____

Proxy Create Date/By: _____

Magaca Bukaanka: _____

Cinwaanka: _____ **Lambarka Qolka #:** _____
(Wadada)

Taariikhda
Dhalashada: _____ **Telefoonka:** _____

[Magaalada, Gobolka, Nawaaxiga (Zip)]

Waxa aan u ogolaaday Xarunta Caafimaadka ee Olmsted (Olmsted Medical Center) in ay sii gudbin karta macluumaadkeyga caafimaadka ee ku jira OMC MyChart ee qofka aan u wakiishay, _____ (qor magaca cidda aad siineyso ogolaashaha) gelitaanka OMC MyChart. Foomka Wakiilashada ma ogolaanayo in macluumaadka loogu diro cidda aan wakiishay hab ama nidaam kale. Waxa aan fahamsanahay in foomkan ay ka mid noqon karaan diwaanka caafimaadka ee la xiriira qiimeynta ama daweynta dabecadda ama cudurada dhimirka, khamriga iyo isticmaalka maandooriyayaasha iyo HIV/AIDS.

Wakiilashadan waxa ay dhaqangal tahay muddo laba sano ah laga bilaabo taariikhda la saxiixay ama muddo kale oo sharcigu ogol yahay ama taariikhda/dhacdadada halkan lagu caddeeyo: _____.

Waxa aan fahamsanahay in aan xaq u leeyahay in aan ka noqon karo wakiilashadan markii aan doono. Waxa aan fahamsanahay haddii aan ka noqdo wakiilashadan, in ay waajib ugu tahay in aan buuxiyo foomka *Ka Noqoshada Wakiilashada Sii Gudbinta Macluumaadka ee OMC* ama aan codsiga ka noqoshada oo qoraal ah u soo diro Xarunta Caafimaadka ee Olmsted, kuna soo hagaajiyo: Health Information Management, 210 Ninth Street SE, Rochester, MN 55904. Waxa aan fahamsanahay in ka noqoshadan aanay saameyn ku laheyn macluumaadka horey loo gudbiyey marka loo eego wakiilashadan. Waxa aan fahamsanahay haddii aan ka noqdo ogolaashahan, gelitaanka OMC MyChart ee qofka an wakiishay la joojinayo.

Waxa aan fahamsanahay qof u wakiilashada OMC MyChart waa mid aan khasab igu aheyn. Waxa kale oo aan fahamsanahay in aan la iga dooneyn in aan qof wakiisho iyo sidoo kale in aan la iga dooneyn in aan wakiilashadan bixiyo. Haddii aanan bixin wakiilashadan, Waxa aan fahamsanahay in OMC aanay ogolaasho u heysan in qofka aan wakiishay loo ogolaado macluumaadkeyga caafimaadka ee OMC MyChart. Waxa aan fahamsanahay wixii macluumaad ah ee lagu bixiyey ogolaashahan haddii ogolaasho la'aan lala wadaago meelo kale in sharciyada qarsoodi ka dhigista ee dawladda dhexe aanay qabaneyn. Haddii aan wax su'aal ah ka qabo gudbinta macluumaadka caafimaadka, waxa aan la soo xiriirayaa sarkaalka qarsoodi ka dhigista macluumaadka ee OMC. Waxa aan fahamsanahay in sixiixitaanka wakiilashadan aysan aheyn shuruuda ay OMCKu xirtay daaweyntayda, bixinta kharashka, is diwaangelinta iyo helitaanka adeegga kale ee caafimaadka. Waxa aan fahamsanahay ay tani tahay qoraal sharci ah sidaasna aan ku saxiixay, ogolaaday aniga oo fahamsan oo raacaya shuruudaha ku xusan foomkan.

Saxiixa Bukaanka Ama Wakiilkiisa Sharciga Ah

_____/_____/_____
Taariikhda Saxiixa

Magaca Sadexan ee Awoodda Wakiilashada La Siyey

Xiriirka uu La Leeyahay Bukaanka ama Faahfaahinta
Awoodda Sharciga Ah
(*Aqoonsiyada laga doonayo wakiilashada sharciga
ah - fadlan soo raaci.*)

**Ku soo hagaaji foomka oo dhameystiran Olmsted Medical Center, Attn: Health Information Mgmt.,
210 Ninth Street SE, Rochester, MN 55904.**

Translated Versions – Consent – OMC MyChart Adult Authorization for Release of Health Information
English – 1012009 Spanish – 1013109 Somali – 1020109