



Ogolanshaha Siidaynta Warbixinta Caafimaad

For OMC Staff Use Only:
 Request ID # _____
 Patient MR#: _____
 Release Date / By: _____

MUHIIM AH: Tani waa warqad sharci ah; fadlan buuxi qeyb walba si loo hubiyo inay noo suurtoogasho ka baarandaga codsigaga

Magaca Bukaanka: _____ Magac (yada) Hore: _____
 Cinwaanka: _____ Dabaqa #: _____
 (Wadada)
 _____ Taariikhda Dhalashada: _____ Taleefonka: _____
 (Magaalada, Gobolka, Baaqa Cinwaanka)

Siidaynta Warbixinta Ka Socoto:
 Xarunta Caafimaadka Olmsted (OMC-dhammaan Goobaha), 210 Ninth Street SE, Rochester, MN 55904
 Kale: _____
 Wadada: _____ Taleefonka: _____ Fakis: _____
 Magaalada: _____ Gobolka: _____ Baaqa Cinwaanka: _____

Siidaynta Warbixinta Ku Socoto:
 Xarunta Caafimaadka Olmsted (OMC), 210 Ninth Street SE, Rochester, MN 55904
 Kale: _____
 Wadada: _____ Taleefonka: _____ Fakis: _____
 Magaalada: _____ Gobolka: _____ Baaqa Cinwaanka: _____

Habka Shaacinta:
 Boostada Ka qaado (Lagu soo wici doonaa markay diyaar noqoto) Fakis (Degdeg kaliya-xadeyn ayaa la isticmaali karaa)
 Bogga Bukaanka (xadeyn ayaa la isticmaali karaa)
 Xaree kaliya – Wax Diiwaano ah Looma Baahano waqtigaan

Maclumaadka Caafimaadka la Siidaynayo:
Taariikh(aha): Codsiga Ka socda: _____ **Ku socda:** _____ (taariikh cayiman ama la doorbidayo)
 Haddii taariikh (o) cayiman aan lagu siin, kaliya warqad (aha) ugu dambeeyay ee sheeyada ku calaameysan saxiixaha ee hoose ayaa la dirayaa.
Dhammaan Diiwaanada Caafimaadka loogu talagalay: Booqashooyinka Rugaha Booqashooyinka Isbitaalka (bukaan-jiifka iyo Bukaan-socodka)
Ama Gaar ahaan/Kaliya:
 Warqadaha Booqashada Shaybaarka/Baariitaanka Daawada Hurdada Billing Records (gaar loo soo diray)
 Warbixinada Waaxda Gargaarka Diiwaanada Tallaalka Diiwaanada Dhalmada kahor Warbixinta Raajada
 Warbixinada Qalliinka Taxaalka Daawooyinka Xasaasiyada Raajada (gaar loo soo diray)
 Kale (Fadlan Qeex): _____
 Waan fahamsanahay diiwaanada la siideynayo inay ku jiri karaan warbixino la xiriira qiimeynta ama daaweynta caafimaadka dabecada ama maskaxda, ku xadgudubka khamriga ama daroogada, iyo HIV/AIDS. Waan fahamsanahay in ogolanshaha siideynta diiwanadan taariikhahooda kor lagu codsaday waxaana ku jiri karo diiwanada ay diyaariyeen ama aruuriyeen xarunta kahor taariikhda saxiixa ogolaanshaan iyo/ama waxaa ku jiri karo diiwaanada ay diyaariyeen ama aruuriyeen xarunta kadib taariikhda saxiixa ogolanshahan.

Ujeedada Siidaynta:
 La-tashi /Daaweyn Caymis Ka wareegid magaalo Magdhaw Shaqo
 Itaal-la'aan Sharci Shaqsiyeed Kale: _____

Dhammaadka Ogolanshaha: Ogolaanshaan wuxuu shaqeynayaa hal sanno ka bilow taariiqda la saxiixay ama muddada kala duwan uu sharciga ahaan sheegay ama taariikhda/dhacdada halkaan lagu qeexay: _____

Ka-noqoshada: Waxaan fahamsanahay in aan xaq u leeyahay in aan ka noqodo oggolaanshaheya waqti kasta. Waxaan fahamsanahay in haddii aan ka noqodo oggolaanshahan, waa inaan sidaas qoraal ahaan u sameeyaa aana u soo bandhigaa qoraalkayga ka-noqoshada Waaxda Macluumaadka Caafimaadka. Waxaan fahamsanahay in ka-noqoshada aysan khusayn doonin macluumaadka horey loo siidaayay iyadoo laga duulayo oggolaanshahan. Waxaan fahamsanahay in ka-noqoshada aysan khusayn doonin shirkadeyda caymiska marka sharciga caynshahayga siiyo xaqaa uu u leeyahay inuu ku loollamo qaansheegashada hoos timaada caymiskayga.

Ogolanshaha: Waan fahamsanahay in ogolanshaha warbixintan ay ikhtiyaar tahay. Waan fahamsanahay inaan baari karo ama la isiiyo nuqulka warbixinta la isticmaalayo ama la siideynayo, sida lagu sheegay CRF 164.524. Waan fahamsanahay in siideyn walba oo warbixinta ah ay wadato filashada dib u siideynta aan la ogolayn iyo in warbixinta laga yaabo inaysan illaalineyn sharciyada qarsoodiga ee faderaalka. Haddii aan qabo su'aalo ku saabsan siideynta warbixinteyda caafimaad, waxaan la xiriiri karaa Sarkaalka Arimaha Qarsoodida ee Xarunta. Waan fahamsanahay in xarunta aysan sharuudeynin daaweynta, lacag bixinta, diiwaangelinta, ama u qalmida dheefaha haddii aan saxiixo ogolaanshahaan. Waan fahamsanahay inay tani tahay warqad sharci ah, hadaan saxiixana, aan ogolaaday inaan fahamsanahay aana ogolaaday shuruudaha foomkaan ku qoran:
 _____ / _____ / _____
 Saxiixa Bukaanka ama Wakiilka Idman Taariikhda Saxiixa

 Magaca La qoray ee Wakiilka Idman Xiriirka Ka dhaxeeyo Bukaanka ama Sharaxaada Maamulka (waraaqaha maamulka sharciga ee loo baahanyahay, fadlan gudbi)

U gudbi foom dhameystiran goob walba oo OMC; boosto ugu dir Olmsted Medical Center, 210 Ninth Street SE, Rochester, MN 55904; ama fakis ugu dir 507.287.2777 Fiiro gaar ah - Siideynta Warbixinta. Su'aalaha: 507.287.2752

Translated Versions – Consent – Authorization for Release of Information: English – 1032407 Spanish – 2080403 Somali – 2080503