



LA DHAMMAYSTIRAY
(Diiwaanada Rugta Caafimaad/Raajada maanta la bixiyay)

CODSIGA HELITAANKA MACLUUMAADKA ILAASHAN EE CAAFIMAADKA (PROTECTED HEALTH INFORMATION, PHI)

Foomku waxa uu oggolaadaa bukaanka ama wakiilka gaarka ah ee bukaanku inuu codsado gelitaanka iyo/ama nuqulada machuumaadka caafimaadka shakhsiga ah ee la aqoonsan karo ee ay ka koobantahay qaybta diiwaanka la magacaabay. Fadlan ogow in qayb kasta oo foomkan ah la dhammaystiro gebi ahaanteed. Ku guul daraysiga in la caddeeyo, ay ka mid tahay taariikhaha, waxay daahin doontaa habbaynta codsigaaga.

MACLUUMAADKA BUKAANKA

Magaca Dambe	Magaca Koowaad	Dhexe
Taariikhda Dhalashada / /	Magacyada kale ee suuragalka ah (tusaale. magaca hore, la doorbido, iwm.)	
Cinwaanka	Telefoonka #	
Magaalada	Gobolka	Summada Sibka

HABKA HELITAANKA

Waxaan halkan ku oggolaanayaa in Nationwide Children's inay bixiso helitaanka iyo/ama nuqulada macluumaadkayga caafimaadka ilaashan sida hoos lagu sheegay:

DOOROQAABKA KA DIBNA GOOBAAB QAABKA BIXINTA

Helitaanka & Goobta dib u eegista Fagas # _____

CD – Boosta ugu dir cinwaanka hoose *ama* Dooro Suulka/Falaashta –Boosta ugu dir cinwaanka hoose *ama* Dooro

Warqad – Boosta ku dir cinwaanka hoose *ama* Dooro

Koronto ahaan – MyChart *ama* Iimayl *ama* U dir abka u qalma (hoos imanaysa helitaanka)

Iimayl _____

Abka _____

**Haddii aad doorato ikhtiyaarka iimaylka, waxaad halkan ku qiranaysaa oo ku aqbalaysaa khatarta la dhaxlo ee la xidhiidha gudbinta iimaylka aan amniga ahayn, taas oo dhigi karta macluumaadkaaga khatar inuu akhriyo ama galo qof kale, oo waxaad aqbashay in NCH aanay ka masuul ahaan doonin shaacinta ka dhici kara socodkaas.*

Magaca		
Cinwaanka		
Magaalada	Gobolka	Sibka
Telefoonka #	Iimaylka	

MACLUUMAADKA LA CODSADAY

Laga bilaabo Taariikhda: / / **Ilaa taariikhda:** / /

Diiwaanada Sharciga ah oo Dhan (ay ka mid tahay, laakiin aanay ku xadinayn: Foomka Oggolaanshaha, Kaadhahka Aqoonsiga Caymiska, Xaashiyaha Dhaqdhaqaaqa, iwm)

Diiwaanka Bukaan jifka ee la soo Koobay (ay ku jirto: Taariikhda iyo Jidhka, Warbixinta La tashiga, Warbixinta Hawlgalka, Fasaxida oo Kooban, iyo Natiijooyinka Baadhitaanka)

Warbixinaha Hawlgalka Fasaxida oo Kooban Waaxda Gurmada Diiwaanka Diiwaanka Daryeelka Degdega ah

Warbixinaha raajada natiijooyinka shaybaadhka Natiijooyinka baadhitaanada kale _____

Sawirada ku jira CD

Diiwaanada Bukaan socodka Rugta Caafimaad (fadlan caddee goobta rugta caafimaad/waaxda) _____

Ilmaha Fayow ama Booqashada Jidhka Tallaalka Qor taariikhaha Booqashada Ta kooban/Sharaxaada PHI

Macluumaadka Kale _____

MACLUUMADKA XASAASIGA AH

Sixitaanka bokiska (yada) hoose, waxaan codsanayaa, inaan galo macluumaadka xasaasiga ah ee soo socda. Haddii diiwaanada Daawaynta la xidhiidha Khamriga/Maandooriya la codsanayo, fadlan buuxi OCC-775, Oggolaanshaha Dhaqanka Caafimaadka si Loo shaaciyoo Foomka Macluumaadka.

Isticmaalka Maandooriyaha

Macluumaadka HIV la xidhiidha (ay ku jirto AIDS baadhitaanka la xidhiidha)

Caafimaadka Maskaxda

Macluumaadka kale _____

- 1 Waxaan fahmay NCH inay igu soo dalaci doonto kharash \$6.50 nuqulka diiwaanadan caafimad (qaab walba) ilaa iyaddoo duruuf an caadi ahayn ay jirto mooyaane. *(Ma jiro kharash la xidhiidha helitaanka diiwaanada tallaalka, liiska taariikhaha booqashada, ama qiimayn diiwaanada la codsaday onsite.)* Codsii kasta ama Mid kooban/Sharax PHI oo loogu soo dalaci doono kharashka si gooni ah iyo qadarka khidmada la saaray Tan kooban waa inaad hore ugu sii heshiisaan addiga iyo NCH.

Fadlan sheeg sida aad u bixin doonto nuqulada diiwaanadan:

- Kaadhka Dhibitka ama Kiridhitka *(Marka diiwaanadaada codsiga la dhammaystiro, Kooxda Shaacinta Macluumaadka waxay kugula soo xidhiidhi doonaan telefoon si ay u helaan lacag bixinta.)*
- Jeega Khasnajiiga ama Dalabka Lacagta marka la helo lacag bixinta, diiwaanada waa la diri doonaa *(Fadlan ka dhig mid la bixinayo: Nationwide Children's Hospital, attn: HIM Dept.)*

- 2 Soo Gudbi Foomka la Buuxiyay/Lacag bixinta:

Imayl ahaan: Nationwide Children's Hospital
 Attn: HIM Dept.
 700 Children's Drive
 Columbus, Ohio 43205

Imayl ahaan: MedicalRecordRequests@nationwidechildrens.org

Fagas ahaan: Maamulka Macluumaadka Caafimaadka Lambarkan 614-355-0797

3. Waxaan fahmay in oggolaanshahan muddadiisu dhici doonto hal sano laga bilaabo taariikhda saxeexa hoose. Muddada wakhtigan, waxaan codsan karaa macluumaad isku mid ah anigoo u baahan buuxinta foom cusub. Waxaan fahmay in haddii aan u baahdo macluumaad cusub/dheeraad ah/ka duwan waxa ku qoran foomkan, waxaan u baahan doonaa inaan buuxiyo oo gudbiyo foomka cusub.
4. Waxaan fahmay inaan codsan karo nuqul foomkan ah ka dib markaan saxeexo. Sawirka warqadda foomkan waxaa loo tixgelin doonaa mid ansax u ah sida ta asalka ah.
5. Waxaan fahmay in iyaddoo ku xidhan macluumaadka la codsanayo, waxaa jiri karta daahitaan habbaynta codsigan ah. Haddii dhammaystirka codsigan ay qaadato wax ka dheer 30 maalmood, waxa kooxda Shaacinta Macluumaadku kugu wargelin doonaa qoraal ahaan. NCH waxay kordhin kartaa wakhtiga si ay kuu siiso helitaanka 30 maalmood oo dheeraad ah ilaainta NCH ay ku siiso adiga bayaan qoran oo ku saabsan sababta daahida gudaha 30 maalmood laga bilaabo codsigaaga.
6. Waxaan fahmay in NCH ay dafirto codsigan, gebi ahaan ama qayb ahaan, hoosta duruufo xadidan sida lagu bixiyay hoosta sharciga federaalka iyo gobolka haddii helitaanka la codsaday uu macluul ahaan dhici karo inuu halis geliyo nooloshu iyo badbaadada jidhka, ama u gaysan karo waxyeelo muuqata, bukaanka ama qof kale. Dhacdada NCH ay kuu diido adigu inaad gasho, NCH waa inay ku siisaa diidmo qoran taas oo xusaysa qaabka diidmada.

Haddii aad hayso wax su'aalo aha ma walaacyo, fadlan dareen xoriyada aan nagula soo xidhiidho telefoon ahaan lambarka 614-355-0777.

Saxeexida hoosta, waxaan xaqiijinayaa inaan ahay bukaanka iyo/ama wakiilka bukaanka, oo aan leeyahay awooda aan ku oggolaado cida heli karta macluumaadka caafimaadka bukaankan.

 Magaca Daabacan ee Bukaanka (ama Wakiilka Gaarka ah)

 Waxay isku yihiin qaraabo ahaan Bukaanka

 Saxeexa Bukaanka (ama Wakiilka gaarka ah)

 Taariikhda/Wakhtiga

For NCH Use Only Verification of Identity

Check all means of verification as applicable

In Person	In Writing	Over Phone
<input type="checkbox"/> Driver's License or other government issued picture ID <input type="checkbox"/> If no picture ID, 3 forms of identification with name on them <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Verified patient/parent information in System. <input type="checkbox"/> Verified signature against documents already on file	<input type="checkbox"/> Billing address <input type="checkbox"/> Patient's Date of Birth <input type="checkbox"/> Mother's SSN <input type="checkbox"/> Child's middle name <input type="checkbox"/> Social Security Number <input type="checkbox"/> MR# or Account # if known <input type="checkbox"/> Insurance ID number <input type="checkbox"/> Auditory recognition/voice recognition <input type="checkbox"/> Outpatient Care Code