



NATIONWIDE CHILDREN'S

When your child needs a hospital, everything matters.™

Nambarka Diiwaanka Caafimaadka: # _____

HIM si looga shaqeeyo codsigaan

Waa la Dhamaystiray - Diskiga raajada/warbixinta maanta ayaa la siiyay

Waa la Dhamaystiray - Diiwaanka Kliinikada maanta ayaa la siiyay

(Calaamee sanduuqa haddii horay loo bixiyay koobiyada)

RUQSADDA IN LA HELO AMA LA KASHIFO MACLUUMAADKA CAAFIMAADKA LA BADBAADIYO

Fadlan ogaaw in loo baahan yahay in qeyb kasta foomka si dhamaystiran loo dhamaystiro. In aan la caddeynin (sida taariikhda) waxay gadaal u dhigi kartaa shaqada laga qabto codsigaada.

Macluumaadka Bukaanka	Magaca Dambe	Magaca Kowaad	Dhexe
	Taariikhda Dhallashada		Magacyada kale ee suurtoogalka ah
	Telefoonka #	Cinwaanka	
	Magaalada	Gobolka	Zip Code

Loo sii daayay	Aniga waxaan halkaan ruqsad u siiyay Nationwide Children's in uu isticmaalo ama kashifo macluumaadkeyga caafimaadka la badbaadiyo sida ku tilmaaman hoos:			
	Magaca			
	Cinwaanka	Magaalada	Gobolka	Zip Code
	Telefoonka#		Faks#	

Macluumaadka waa: La Diray Faks La Fiiriyay oo Keliya Waxaa soo bixiyay: _____

Macluumaadka la kashifo	Fadlan noo sheeg macluumaadka aad u baahan tahay:	
	Laga bilaabo (taariikhda)	Ilaa (taariikhda)
	<input type="checkbox"/> Warqadaha munaasabka (Ugu dambeyay Wareysiga iyo Baarista Jirka [H&P], Soo Koobidda Ka Saaridda Isbitaalka [D/S], Xasuusta Hawsha [OP Note], La Tasho, Warbixinta Raajada-X, Natiijada Baarista)	
	<input type="checkbox"/> Diiwaanka bukaan jifka <input type="checkbox"/> Soo Koobidda Ka Saaridda <input type="checkbox"/> Diiwaanka Waaxda Degdegga <input type="checkbox"/> Warbixinta Hawsha	
	<input type="checkbox"/> Diiwaanka Kliinikada Buukaan Socodka (fadlan caddee goobta kliinikada) _____	
	<input type="checkbox"/> Warbixinta Raajada-X, Shaybaarka, ama Baaritaanada Kale <input type="checkbox"/> Taariikhda iyo Jirka <input type="checkbox"/> Talaalka	
	<input type="checkbox"/> Warbixinta La Tallinta <input type="checkbox"/> Liiska Taariikhda Booqashada	
<input type="checkbox"/> Macluumaadka Kale _____		

Macluumaadka Sida Gaarka ah loo Badbaadiyo	Aniga waxaan fahamsanahay in macluumaadkaan caafimaadka la badbaadiyo ka mid yahiiin macluumaadka la xariira HIV iyo/ama macluumaadka la xariira baaritaanka ama daweynta cudurka Dhimirka iyo/ama ku xadgudubka maadada iyo in marka aan saxiixo foomkaan, waxaan ruqsad ku bixiyay sii deynta macluumaadka la xariira:	
	<input type="checkbox"/> Isticmaalka maadada (sida qamrada/mukhaadaraadka)	
	<input type="checkbox"/> Caafimaadka Madaxa	X _____
	<input type="checkbox"/> Macluumaadka la xariira HIV (sida tijaabinta la xariira AIDS)	(Saxiixa bukaan waa loo baahan yahay hadduu jiro 12 ama ka weyn yahay)

Ujeedada horudhaca	Fadlan calaamee ujeedada kashifaadda hoose:			
	<input type="checkbox"/> Baddalaadda bixiyaha	<input type="checkbox"/> Fikradda labaad	<input type="checkbox"/> Daryeelka sii socda	<input type="checkbox"/> Sharciga
	<input type="checkbox"/> Isticmaalka shakhsiga	<input type="checkbox"/> Ceymiska	<input type="checkbox"/> Magta Shaqaalaha	
	<input type="checkbox"/> Dugsiga	<input type="checkbox"/> Bixinta Lacagta	<input type="checkbox"/> Wax Kale _____	

1. Haddii aan qaato daweynta la xariirta caafimaadka maskaxda ama ku xadgudubka maadada, waxaan si cayiman u fasaxay Nationwide Children's in ay isticmaasho macluumaadkeyga caafimaadka la badbaadiyo ay haayso Gobolka Ohio, Waaxda Caafimaadka Maskaxda Ohio (Ohio Department of Mental Health), Waaxda Adeegyada Ku Tiirsanaata Qamrada iyo Mukhaadaraadka (Ohio Department of Alcohol and Drug Addiction Services), iyo Guddiga ADAMH Degmada Franklin si loo bixiyo kharashka ku baxa adeegyada. Nationwide Children's waxay kaloo macluumaadka caafimaadka la badbaadiyo u kashifi kartaa hay'adaha kor lagu magacaabay si loo helo lacag bixinta adeegyada.
2. Waxaan fahamsanahay in ruqsadaan dhici doonto hal sanno laga bilaabo taariikhda saxiixeyga hoose.
3. Waxaan fahamsanahay in aan soo gaabin karo, dheereyn karo, ama la noqon karo ruqsadaan waqti kasta aniga oo qoraal ahaan ogeysiyo Sarkaalka Asturnaanta (Privacy Officer) ee ku sugan cinwaanka hoos lagu tilmaamay. Ruqsadaan waa la soo gaabin doonaa, waa la fidin doonaa ama waa la joojin doonaa in ay hirgasho taariikhda la helo tilmaamaha qoran marka laga reebo haddi horay talaabo loo qaaday kaddib marka leysku halleyay.

Privacy Officer
 Nationwide Children's Hospital
 700 Children's Drive, Columbus, OH 43205

4. Waxaan fahamsanahay in macluumaadka la isticmaalay ama la kashifay sida waafaqsan ruqsadaan in qaataha u dib u kashifi karo kaddibna aysan badbaadinin sharciyada asturnaanta gobolka ama federaalka. Hase ahaatee, waxaa dhici karto in sharciyada kale ee gobolka ama federaalka ka reebaan qaataha in uu kashifo macluumaadka sida gaarka ah loo badbaadiyo, sida macluumaadka daweynta ku xadgudubka maadada, macluumaadka la xariira-HIV/AIDS, iyo macluumaadka caafimaadka cudurka madaxa/maslaxda.
5. Waan fahamsanahay in diidmadeyda in aan saxiixo Ruqsadaan aysan carqaladeyn doonin xaqa aan u leeyahay daryeelka caafimaadka iyo bixinta kharashka daryeelkeyga caafimaadka marka laga reebo meelaha looga baahan yahay kashifaadda macluumaadkeyga caafimaadka la badbaadiyo si loo bixiyo daryeelka caafimaadka ama si loo helo lacag bixinta daryeelka caafimaadka.
6. Waan fahamsanahay in aan codsan karo koobiga foomkaan kaddib marka aan saxiixo.

Koobiga foomkaan waxaa loo tixgelin doonaa in uu sax yahay sida asalka.

Marka aan saxiixo hoose, waxaan xaqiijinaa in aan ahay wakiilka bukaanka iyo in aan haysto awoodda aan ku ogolaado qofka heli karo macluumaadka caafimaadka bukaanka iyo fiiriya iyo/ama codsada in baddalaad lagu sameeyo macluumaadka caafimaadka bukaankaan.

Saxiixa: _____ Daabac Magaca: _____

Xariirka uu la leeyahay Bukaanka: _____ Taarikkhda/Waqtiga: _____

Boostada ku dir foomka oo dhamaystiran una dir: Health Information Management
 700 Children's Drive
 Columbus, Ohio 43205

ama

Ama faks ku dir foomka oo dhamaystiran una dir: Health Information Management (614) 355-0797

For Office Use Only **HIM** to process this request **COMPLETED** by clinic/unit staff

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