

OGGOLAANSHAH A SII DAYNTA

MACLUUMAADKA CAAFIMAADKA EE

BUKAANKA



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Macluumaadka Bukaanka					
Magaca Bukaanka:			Taariikh Dhalasho: / /		
Magaca Hore:			Lambarka telefonka:		
Macluumaadka Laga Sii Daynayo DHANKA:		Macluumaadka Loo Fasaxayo DHANKA:			
<input type="checkbox"/> Neighborcare Health	<input type="checkbox"/> Wax kale (arag hoos)	<input type="checkbox"/> Neighborcare Health	<input type="checkbox"/> Wax kale (arag hoos)		
Magaca:		Magaca:			
Cinwaanka:		Cinwaanka:			
Magaalada:	Gobolka:	Zip:	Magaalada:	Gobolka:	Zip:
Telefoonka:	Fakis:	Telefoonka:	Fakis:		
Qaabkee Doonaysaa in Laguugu Soo Diro Diiwaankaaga? (Mid dooro. Diiwaanada waxaa lagu diri doonaa warqad ahaan hadaan la cayimin)					
<input type="checkbox"/> Warqad	<input type="checkbox"/> Sii Dhii	<input type="checkbox"/> limayl La Ilaaliyay (gali cinwaan iimayl):			
Maxaa Xogtaan Loo Sii Daynaya?					
<input type="checkbox"/> Gudbin Daryeel		<input type="checkbox"/> Adeegsi Shaqsiyadeed		<input type="checkbox"/> Adeegsi Sharchiyeed	
<input type="checkbox"/> Wax Kale:					
Waa Nooce Macluumaadka Aad Dooneyo In La Sii Daayo?					
<input type="checkbox"/> Dhammaan diiwaanada sanadkii la soo dhaafay		<input type="checkbox"/> Dhammaan diiwaanada dhammaan taariikhaha adeegga		<input type="checkbox"/> Diiwaanka tallaalka	
<input type="checkbox"/> Natiijooyinka shaybaarka ee ugu dambeeyay		<input type="checkbox"/> Natiijooyinkii ugu dambeeyay ee baaritaanka tiibayda		<input type="checkbox"/> Natiijooyinka ugu dambeeyay ee shucaaca	
<input type="checkbox"/> Wax kale (fadlan sheeg):					
Xiriirka Hadalka					
<input type="checkbox"/> Waaan u fasaxayaa Neighborcare Health inay hadal ahaan ugala hadasho daryeekayga caafimaad qofka kor ku xusan.					
Xog Xasaasi ah					
Ilaa aan si kale hoos ugu qeexay mooyee, waxaan oggolaanayaa dhammaan macluumaadka xasaasiga ah in la sii daayo oo ay ku jiraan baaritaanka, ogaanshaha cudurka ama daaweynta cudurka maskaxda/dhimirka, daroogada iyo/ama isticmaalka khamriga, HIV/AIDS, ama cudurada galma lagu kala qaado.					
<input type="checkbox"/> Aniga MA oggolaanayo in macluumaadkan la sii daayo.					
Taariikhda Uu Dhacayo					
Oggolaanshahani wuxuu dhacayaa hal sano oo ka bilaabanta taariikhda hoos ku saxiixan marka laga reebo haddii haddii la qorayd: / /					
Xuquuqdayda Bukaanka Neighborcare Health ahaan					
Waan fahamsanahay inaanan saxiixin rukhsaddan si aan u helo dheefaha daryeelka caafimaadka (daaweynta, lacag bixinta ama diiwaangelinta). Si kastaba ha noqotee, waa inaan saxiixaa foomka oggolaanshaha si aan uga qayb qaato daraasad cilmi baaris ah marka ujeedku yahay in dhinac saddexaad loo sameeyo macluumaad daryeel caafimaad.					
Waan ka noqon karaa oggolaanshahan wakhti kasta anigoo u gudbinaya codsi qoraal ah Neighborcare Health. Tani ma saamaynayo wixii macluumaad ah ee la sii daayey kahor helitaanka codsiga qoraalka.					
Marka macluumaadka daryeelka caafimaadka la shaaciyo, qofka ama hay'adda hesha ayaa dib u soo bandhigi kara, macluumaadkaasna mar dambe ma ilaalin karaan Sharciga Gudbinta iyo La Xisaabtanka Caymiska Caafimaadka (Health Insurance Portability and Accountability Act, HIPAA) ama sharchiyada kale ee gaar ahaanshaha.					

Saxiixa Bukaanka * ama Mas'uulka Sharciga ah

Haddii uu saxiixay qof kale oo aan ahayn bukaanka ama mas'uulka sharciga ah, markaa fadlan keen dukumiinti kuu oggolaanaya inaad saxiixdo.

Saxiixa:	Qor Magaca:	Taariikhda:
	Xiriirka kala dhexeeya Bukaanka:	/ /

Oggolaanshaha Dhallinyarada (Da'da Dhallinyarada 13-17 waxaa looga baahan yahay inay saxiixaan si ay u oggolaadaan sii deynta macluumaadka).

Saxiixa Dhallinyarada:	Qor Magaca:	Taariikhda:
		/ /

*Bukaanada jira 18+, iyo waliba bukaanada dhallinyarada waxay xaq u leeyihiin inay codsadaan nuqlada diiwanadooda caafimaad.

4/26/21