OGGOLAANSHADA SII DEYNTA DIIWAANADA BUKAANKA

Fadlan buuxi dhammaan qaybaha foomkan sii deynta HIPAA. Haddii qaybaha qaar laga tago oo aan la buuxin, waxaa dhici karta inaanay suurtagal noqon in macluumaadkaaga caafimaadka la wadaago sida loo codsaday.

Qaybta I

Oggolaanshadan waxaa buuxinaya: ☐ Bukaan ☐ Wakiil Sharci ah

Magaca Bukaan:
Cinwaanka Bukaan:
Taariikhda Dhalashada:
Magaca Xarunta Diiwaanka Sii Daynaysa ("Xarunta")/Goobta Diiwaanka:

Anigu waxaan ahay bukaanka kor lagu sheegay ama wakiilka sharciga ah ee bukaanka ("Codsadaha"). Waxaan oggolaansho siinayaa in macluumaadka caafimaadka ee lagu faahfaahiyay Qaybta II ee dukumentigan lagu wadaago shaqsi(yaad)ka ama urur(ka)ka soo socda:

Magaca Qaataha:
Magaca Ururka:
Cinwaanka Boostada Ama Emailka Qaataha/Ururka:

Waxaan codsanayaa in diiwaannada la gaarsiiyo iyadoo la adeegsanayo:

☐ Gaarsiinta Elektarooniga/Email Ammaan ah (xaddidaadda cabirka la soo rogi karo)
☐ Gaarsiinta Boostada (Cinwaanka USPS kor ku qoran)
☐ Qaadashada Shaqsiyan (Qofka qaadanaya waa inuu u dhigmaa qaataha la magacaabay oo waa inuu cadeeyo aqoonsigiisa waqtiga qaadista)

Waxaan codsanayaa inaan wadaago diiwaannadayda caafimaadka ee lagu sheegay Qaybta II si loo helo (hubi sidii ku habboon):

☐ Taariikhda Adeegga Laga Bilaabo_____ ilaa_____

AMA

☐ Dhammaan waqtiyadii hore, kuwa hadda iyo kuwa mustaqbalka ilaa oggolaanshadu laga joojiyo ama ay dhacdo

Qaybta II

Diiwaanada la sii daynayo (hubi dhammaan kuwa khuseeya):

☐ Dhammaan Diiwaannada Caafimaadka
☐ Diiwaannada Daawooyinka/Daawooyinka La Qoray
☐ Tijaabooyinka/Natiijooyinka
☐ Diiwaannada Biilasha
☐ Qoraallada Horumarka
☐ Kuwa Kale (fadlan faahfaahi):

Ujeedada shaacinta:

☐ Bukaan Codsanaya ☐ Sii wadida Daryeelka
☐ Arrin Sharci ☐ Lacag-bixin/Caafimaad
☐ Kuwa Kale (fadlan faahfaahi):

Fahamka Codsadaha:

a) Waxaan fahamsanahay in aan joojin karo oggolaanshadan waqti kasta adigoo ogeysiinaya Xarunta qoraal ahaan, laakiin haddii aan sameeyo, ma saameyn doonto wax kasta oo Xaruntu qabatay ka hor intaanay helin joojinta.The Practice may not place conditions on treatment, payment, or eligibility for benefits on whether I sign an authorization when such prohibition is applicable.

b) Xaruntu ma saari karto shuruudo ku saabsan daryeelka, bixinta, ama u-qalmitaanka faa'iidooyinka iyada oo ku xidhan in aan saxeexo oggolaanshaha marka xannibaaddaasi ay khusayso.I understand that this authorization will expire on the date specified below as the Expiration Date. If no date is listed, this authorization will expire one year from the date signed.

c) Waxaan fahamsanahay in marka macluumaadka kor lagu sharaxay la shaaciyo, ay suuragal tahay in qaatahu dib u sii shaaciyo, oo uusan mar dambe ilaalin karin HIPAA.I understand that this authorization extends to all or any part of records designated above. By signing below, I am giving my express consent to release this information as designated above or otherwise required by law.

d) Waxaan fahamsanahay in oggolaanshadan ay ku dhamaan doonto taariikhda hoos ku xusan ee loo cayimay sidii Taariikhda Dhammaadka. Haddii taariikh aan lagu sheegin, oggolaanshadan waxay dhamaan doontaa hal sano laga bilaabo taariikhda saxiixida.

e) Waxaan fahamsanahay in aan heli doono nuqul ka mid ah foomkan la saxiixay haddii la codsado.

f) Waxaan fahamsanahay in oggolaanshadan ay ku fidayso dhammaan ama qayb kasta oo ka mid ah diiwaannada kor lagu cayimay. Adigoo saxiixaya hoos, waxaan si cad u oggolaadayaa sii deynta macluumaadkan sidii kor lagu cayimay ama sidii kale ee sharcigu farayo.

Saxiixa Bukaanka Ama Wakiilka Shakhsi ahaaneed: _____

Magaca Bukaanka Ama Wakiilka Shakhsi ahaaneed: _____

Xidhiidhka Wakiilka Shakhsi ahaaneed/Bukaanka (faahfaahi ama ku qor "naftaada"): _____

Taariikh/Waqti: _____

Taariikhda Dhammaadka Oggolaanshaha: _____
Haddii la banneeyo, Oggolaanshadu waxay dhacaysaa hal sano laga bilaabo taariikhda saxiixida

OGEYSIIS: Adeegyada kaalmada luqadda oo lacag la'aan ah ayaa kuu diyaar ah. Haddii aad u baahan tahay adeegyadaas si aad foomkan u buuxiso, fadlan la socodsii shaqaalaha xarunta ama la xiriir Qaban-qaabiyaha Qeybta 1557 adigoo soo qoraya compliance@aegvision.com.

FOR THE PRACTICE TO COMPLETE:

Name of Associate that Released Records: _____

Date Released/Sent to Recipient Listed Above: _____