

MRN: \_\_\_\_\_ (*office use only*)

**Children's Minnesota**  
Health Information  
Management (HIM)  
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**(Office use only)**  
**Staff Initials** \_\_\_\_\_

# of pages \_\_\_\_\_

**ID Verified:**  Yes  
**Comments:**

Mus rub xov tawm hauv  
MyChildren's tawm los

1. Luam tawm thiab teb kom tiav daim ntawv no.
  2. Luam zwm tseg los sis yees duab koj daim ntawv no.
  3. Qhib mus saib hauv koj lub chaw MyChildren's.
  4. Rhawv dua ib qho xov tshiab hauv MyChildren's. Muab daim ntawv ua tiav no tis nrog rau thiab xav mus rau

**Health Information Management.**

\*Xaiv qhov twg los tau yog koj  
twb tuaj ntsib ntawm Minneapolis  
los yog St. Paul lub tsev kho mob  
los yog chaw saib xyuas mob.

Tus Neeg Mob Lub Npe	Hnub Yug
<b>Kuv tso cai rau (tso tawm los ntawm):</b>	
Lub Tsev Kho Mob Loj/Tsev Kho Mob Me/Tsev Kawm Ntawv/Lwm Qhov Chaw	
Chaw Nyob/Nroog/Xeey/Zauv Cheeb Tsam	Tus Xov Tooj/Tus Xov Tooj Xa Ntawv (Fax)
<b>Los qhia tawm rau:</b> _____ Npe/Lub Tsev Kho Mob Loj/Tsev Kho Mob Me/Tsev Kawm Ntawv/Lwm Yam	
Chaw Nyob/Nroog/Xeey/Zauv Cheeb Tsam	Tus Xov Tooj/Tus Xov Tooj Xa Ntawv (Fax)
<b>Lub hom phiaj ntawm kev qhia tawm:</b> <input type="checkbox"/> Kev kho mob mus txuas ntxiv <input type="checkbox"/> Nqi tuav pov hwm <input type="checkbox"/> Rooj plaub <input type="checkbox"/> Rau ntiag tug <input type="checkbox"/> Tsev kawm ntawv <input type="checkbox"/> Lwm yam: _____ * Yuav tsub tus nqi raws li MN Txoj Cai 144.292 thiab Nom Tswv Teb Chaw Txoj Cai 45 C.F.R. §164.524	
<b>Xav tau cov ntaub ntawv tsis pub dhau (hnub tim):</b> _____	
Thov kos los sis qhia seb thov cov ntaub ntawv dab tsi nram qab no. Yog tias koj tsis qhia seb hnub tim muab kev pab yog hnub twg, Children yuav xa koj cov ntaub ntawv kho mob ob xyoos tas los rau koj <input type="checkbox"/> Hnub Tim Muab Kev Pab: _____	
<b>Xav tau cov ntaub ntawv los ntawm cov tsev kho mob me nram qab no:</b> <input type="checkbox"/> Children's Heart Clinic <input type="checkbox"/> Children's Hospitals and Clinics <input type="checkbox"/> Children's Hugo Clinic <input type="checkbox"/> Partners in Pediatrics (PIP) Clinic <input type="checkbox"/> Children's West St. Paul Clinic  <input type="checkbox"/> Ntaub ntawv tawm tim tsev kho mob <input type="checkbox"/> Ntaub ntawv qhia txog kev phais mob <input type="checkbox"/> Kev tawm tswv yim <input type="checkbox"/> Cov kev txhaj tshuaj <input type="checkbox"/> Kev mus tim chav kho mob ceev <input type="checkbox"/> Daim ntawv tso ntshav soj ntsuam <input type="checkbox"/> Ntaub ntawv soj ntsuam <input type="checkbox"/> Keek kwm thiab ntsuam xyuas ib ce <input type="checkbox"/> Ntawv qhia txog X-Ray <input type="checkbox"/> Cov duab X-Ray <input type="checkbox"/> Ntaub ntawv txog kev nyuab siab <input type="checkbox"/> Ntaub ntawv qhia seb tus mob zoo li cas lawm <input type="checkbox"/> Kev kho mob tim tsev kho mob me <input type="checkbox"/> Cov lus qhia txog cov nqi <input type="checkbox"/> Lwm yam: _____ <input type="checkbox"/> Kws ntsuam mob tom tsev kawm ntawv saib tau Cov Ntaub Ntawv Kho Mob Raws Hluav Taws Xob (Suav Tag Nrho Cov Ntaub Ntawv Kho Mob). <input type="checkbox"/> Tag Nrho Cov Ntaub Ntawv Kho Mob (Tsis suav cov kev yees duab los sis cov nqi kho mob).	
<b>Hom Kev Qhia Tawm:</b> <input type="checkbox"/> Ntawv <input type="checkbox"/> Xa ntawv hauv xov tooj (kev kho tus neeg mob xwb) <input type="checkbox"/> Hais ntawm ncauj <input type="checkbox"/> Kuv Lub Chaw My Children's <input type="checkbox"/> Email _____ (HIM xwb)	
<ul style="list-style-type: none"> <li>Kuv nkag siab tias kuv cov ntaub ntawv kho mob mas tej zaum yuav muaj cov lus qhia txog kev nyuab siab los sis kev coj cwj pwm, kev quav yeeb tshuaj, kev tsim txom me nyuam, kev muaj ntshav liab sickle cell, kev muaj mob raws caj ces, kab mob kas cees acquired immunodeficiency syndrome (AIDS), thiab/los sis kab mob kas cees human immunodeficiency virus (HIV). Yog tias kuv tsis xav kom qhia tawm cov no, kuv yuav kos tus cim rau ntawm no: _____.</li> <li>Kuv tsis xav kom qhia tawm cov ntaub ntawv nram qab no: _____.</li> <li>Kuv nkag siab tias kuv muaj cai tshem tawm txoj kev tso cai no tau txhua lub sij hawm. Kuv nkag siab tias yog tias kuv nres txoj kev tso cai no, kuv yuav tsum tau sau ntawv mus rau Chaw Tswj Ntaub Ntawv Kho Mob (Health Information Management). Kuv nkag siab tias kev nres txoj kev tso cai no mas yuav tsis siv rau cov ntaub ntawv uas twb muab qhia tawm lawm.</li> <li>Kuv nkag siab tias kev tso cai qhia tawm cov ntaub ntawv kho mob no yog los ntawm kev yeem xwb. Kuv tsis kam kos npe rau txoj kev tso cai no los tau. Kuv nkag siab tias kuv yuav saib los sis luam tau cov ntaub ntawv uas yuav siv los sis qhia tawm no. Kuv nkag siab tias kev qhia tawm cov ntaub ntawv no mas tej zaum yuav muaj qhov uas yuav rov qhia tawm rau sab nraud thiab tej zaum cov ntaub ntawv yuav tsis muaj kev tiv thaiv los ntawm nom tswv teb chaws cov cai txog feem nraim.</li> <li><b>Txoj kev tso cai no yuav xaus ib xyoos tom qab ntawm hnub tim kos npe tshwj tsis yog tias kuv tau muab hnub tim ntxov zog los sis muaj kev tshwm sim li ntawm no:</b> _____</li> </ul>	
Niam Txiv/Neeg Saib Xyuas/Neeg Mob Kos Npe	Hnub Tim Kos Npe
Koj Txheeb Tus Neeg Mob Li Cas: <input type="checkbox"/> Niam <input type="checkbox"/> Txiv <input type="checkbox"/> Neeg Mob <input type="checkbox"/> Lwm Tus: _____	

