

**Children's Minnesota  
Health Information  
Management (HIM)  
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Release of Information  
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(Office use only)

Staff Initials \_\_\_\_\_

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

ID Verified:  Yes  
Comments:

Sidii aad u soo dajisan una gali  
lahayd MyChildren's

1. Daabaco, buuxina foomkaan.
2. Masawir foomka aad buuxisay.
3. Gal koontadaada ee MyChildren's .
4. Ku qor fariintaada MyChildren's. Ku lifaaq foomka dhamaystiran, una dir **Health Information Management.**

\*Waxaad kala doorataa, haddii lagugu arkay isbitaalka caruurta ee Minneapolis ama St. paul.

Magaca Bukaanka \_\_\_\_\_ Taariikhda Dhalashada \_\_\_\_\_

**Waxaan oggolahay (in macluumaad laga codsado):**

Isbitaal/Kilinig/Iskuul/Meel kale \_\_\_\_\_

Cinwaanka oo buuxa \_\_\_\_\_

Taleefanka/Fakiska \_\_\_\_\_

**In loo soo diro:** \_\_\_\_\_

Magac/Isbitaal/Kilinig/Iskuul/Meel kale \_\_\_\_\_

Cinwaanka oo buuxa \_\_\_\_\_

Taleefanka/Fakiska \_\_\_\_\_

**Ujeeddada soo-gudbinta:**  Daaweyn meelo kale  Qaansheegad Ceymis  Arrimo Dacwad  Shakhsi Ahaan  Arrimo Waxbarasho  Wax kale: \_\_\_\_\_

\* Lacag khidmad ah ayaa la iska qaadi karaa sida ku cad sharciyada MN Statute 144.292 iyo Federal Rule 45 C.F.R. §164.524

**Macluumaadka waa in la helo (taariikhda):** \_\_\_\_\_

Fadlan calaamadi oo noo caddee macluumaadka hoose. Haddii aadan taariikh qorin Isbitaalku wuxuu sii gudbinayaa xogta labadii sano ee ugu dambaysay.

Taariikhaha Adeegyada: \_\_\_\_\_

**Kilinigyada laga rabo macluumaad:**

Children's Heart Clinic  Children's Hospitals and Clinics  Children's Hugo Clinic  
 Partners in Pediatrics (PIP) Clinic  Children's West St. Paul Clinic

Isbitaal Ka-bixid  Warbixin Qalliin  Tala-bixin  Caddeyn Tallaallo  
 Warbixin Imarjanso  Warbixin Sheybaar  Jawaabo Baaris  Qoraallada Daaweynta Dhimirka  
 Baaris Caafimaad Hore  Warbixin Raajo  Sawirro Gudaha Jirka  Ballan Kilinig  
 Qoraallada Galka  Wax kale: \_\_\_\_\_

Macluumaadka Qaansheegadka lacagta

Oggolaashaha Eegista Kalkaalisada Iskuulka ee Feylka Caafimaadka Isbitaalka (**Feylka oo Dhan**).

**Macluumaadka oo dhan (Kuma jirto sawirrada raajooyinka ama qaansheegadka lacagta).**

**Habka loo Gudbinaayo:**  Waraaq  Fakis (hawlahaa caafimaadka keliya)  Af-ka-sheegid

MyChildren's

Email \_\_\_\_\_ (nooca HIM)

- Waxaan fahamsanahay in galka caafimaadka ay ku jiraan macluumaadka dhimirka ama habdhaqanka, daawooyinka maandooriyaha ah, qoraallada hagar daamada ilmaha, xanuun dhiigiyari keena (sickle cell anemia), xanuunnada hidde-raaca, faayruska la is-qaadsiyo ee aaydhis (AIDS), iyo/ama faayruska keena difaac la'aanta jirka iyo aaydhiska (HIV). Haddii aanan rabin inaan waxyaabahaas la sii gudbiyo, waxaan calaamadinayaa halkan: \_\_\_\_\_.

Ma doonayo in macluumaadka hoose la sii gudbiyo: \_\_\_\_\_.

- Waxaan fahamsanahay in aan xaq u leeyahay ka-noqoshada oggolaanshahan markii aan rabo. Waxaan fahamsanahay in markaan joojinayo ay khasab igu tahay inaan waraaq u soo qoro waax la yiraahdo Maamulka Macluumaadka Caafimaadka (Health Information Management). Waxaan fahamsanahay in joojinta oggolaanshahan aysan khuseyn wixii macluumaad ah oo kol hore la isu gudbiyey ama la wadaagay.
- Waxaan fahamsanahay in bixinta oggolaanshaha macluumaadka caafimaadka aan anigu akhtiyar u leeyahay. Waxaan diidi karaa inaan saxiixo. Waxaan fahamsanahay in aan iska eegi karo ama koobbi ka qaadan karo macluumaadka la wadaagayo. Waxaan fahamsanahay in wixii la wadaagayo oo ah macluumaad ay dhici karto in si kale loo sii wadaago oo macluumaadkii la wadaagay uusan xafidneyn marka loo eego sharciyada xuquuqda xogqarinta ee federaalka.
- **Oggolaanshahan wuxuu ku eg yahay hal sano markay ka soo wareegato maalinta saxiixa haddii aanan anigu ka soo hormarin sida ku cad halkan:** \_\_\_\_\_

Saxiixa Waalidka/Masuulka/Bukaanka \_\_\_\_\_

Taariikhda Saxiixa \_\_\_\_\_

Qofka aad tahay:  Hooyo  Aabe  Bukaan  Qof Kale: \_\_\_\_\_

