



# NATIONWIDE CHILDREN'S

*When your child needs a hospital, everything matters.*™

## □ LA DHAMMAYSTIRAY

(Diiwaanada Rugta Caafimaad/Raajada  
maanta la bixiyay)

### CODSIGA HELITAANKA MACLUUMAADKA ILAASHAN EE CAAFIMAADKA (PROTECTED HEALTH INFORMATION, PHI)

Foomku waxa uu oggolaadaa bukaanka ama wakiilka gaarka ah ee bukaanku inuu codsado gelitaanka iyo/ama nuqulada macluumaadka caafimaadka shahsiga ah ee la aqoonsan karo ee ay ka koobantahay qaybta diiwaanka la magacaabay. Fadlan ogow in qayb kasta oo foomkan ah la dhammaystiro gebi ahaanteed. Ku guul daraysiga in la caddeeyo, ay ka mid tahay taariikhaha, waxay daahin doontaa habbaynta codsigaaga.

#### MACLUUMAADKA BUKAANKA

Magaca Dambe	Magaca Koowaad	Dhexe
Taariikhda Dhalashada / /	Magacyada kale ee suuragalka ah (tusaale. magaca hore, la doorbido, iwm.)	
Cinwaanka		Telefoonka #
Magaalada	Gobolka	Summada Sibka

#### HABKA HELITAANKA

#### DHAMMAAN QAYBAHA WAA LOO BAAHANYAHAY

Magaca		
Cinwaanka		
Magaalada	Gobolka	Sibka
Telefoonka #	Iimaylka	
Waxaan halkan ku oggolaanayaa in Nationwide Children's inay bixiso helitaanka iyo/ama nuqulada macluumaadkayga caafimaadka ilaashan sida hoos lagu sheegay:		
<b>DOOROQAABKA KA DIBNA GOOBAAB QAABKA BIXINTA</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Helitaanka &amp; Goobta dib u eegista <input type="checkbox"/> Fagas # _____</li> <li><input type="checkbox"/> CD – Boosta ugu dir cinwaanka hoose <i>ama</i> Doooro <input type="checkbox"/> Suulka/Falaashta –Boosta ugu dir cinwaanka hoose <i>ama</i> Dooroo</li> <li><input type="checkbox"/> Warqad – Boosta ku dir cinwaanka hoose <i>ama</i> Dooroo</li> <li><input type="checkbox"/> Koronto ahaan – MyChart <i>ama</i> Iimayl <i>ama</i> U dir abka u qalma (hoos imanaya helitaanka) Iimayl _____ Abka _____</li> </ul>		

\*Haddii aad doorato ikhtiyaarka iimaylka, waxaad halkan ku qiranaysaa oo ku aqbalaysaa khatarta la dhaxlo ee la xidhiidha gudbinta iimaylka aan amniga ahayn, taas oo dhigi karta macluumaadkaaga khatar inuu akhriyo ama galo qof kale, oo waxaad aqbashay in NCH aanay ka masuul ahaan doonin shaacinta ka dhici kara socodkaas.

#### MACLUUMAADKA LA CODSADAY

Laga bilaabo Taariikhda:	/	/	Ilaa taariikhda:	/	/
<input type="checkbox"/> Diiwaanka Bukaan jiifka ee la soo Koobay (ay ku jirto: Taariikhda iyo Jidhka, Warbixinta La tashiga, Warbixinta Hawlgalka, Fasaxida oo Kooban, iyo Natijjooyinka Baadhitaanka) <input type="checkbox"/> Warbixinaha Hawlgalka <input type="checkbox"/> Fasaxida oo Kooban <input type="checkbox"/> Waaxda Gurmadka Diiwaanka <input type="checkbox"/> Diiwaanka Daryeelka Degdega ah <input type="checkbox"/> Warbixinaha raajada <input type="checkbox"/> natijjooyinka shayaadhka <input type="checkbox"/> Natijjooyinka baadhitaanada kale _____ <input type="checkbox"/> Sawirada ku jira CD <input type="checkbox"/> Caddaynta <input type="checkbox"/> Sawirada <input type="checkbox"/> Xarunta Badbaadada Qoyska iyo Bogsinta (Center for Family Safety and Healing) <input type="checkbox"/> Diiwaanada Bukaan socodka Rugta Caafimaad (fadlan caddee goobta rugta caafimaad/waaxda) _____ <input type="checkbox"/> Ilmaha Fayow ama Booqashada Jidhka <input type="checkbox"/> Tallaalka <input type="checkbox"/> Qor taariikhaha Booqashada <input type="checkbox"/> Ta kooban/Sharaxaada PHI <input type="checkbox"/> Diiwaanada Sharciga ah oo Dhan (ay ka mid tahay, laakiin aanay ku xadinay: Foomka Oggolaanshaha, Kaadhadhka Aqoonsiga Caymiska, Xaashiyaha Dhaqdhaqaqa, iwm) <input type="checkbox"/> Macluumaadka Kale _____					

#### MACLUUMADKA XASAASIGA AH

<input type="checkbox"/> Sixitaanka bokiska (yada) hoose, waxaan codsanayaa, inaan galoo macluumaadka xasaasiga ah ee soo socda. Haddii diiwaanada Daawaynta la Xidhiidha Khamriga/Maandooriya la codsanayo, fadlan buuxi OCC-775, Oggolaanshaha Dhaqanka Caafimaadka si Loo shaaciyo Foomka Machluumaadka. <input type="checkbox"/> Iisticmaalka Maandooriyaha <input type="checkbox"/> Macluumaadka HIV la xidhiidha (ay ku jirto AIDS baadhitaanka la xidhiidha) <input type="checkbox"/> Caafimaadka Maskaxda <input type="checkbox"/> Macluumaadka kale _____
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- 1 Wuxaan fahmay NCH inay igu soo dalaci doonto kharash \$6.50 nuqulka diiwaanadan caafimad (qaab walba) ilaa iyaddoo duruuf an caadi ahayn ay jirto mooyaane. (*Ma jiro kharash la xidhiidha helitaanka diiwaanada tallaalka, liiska taariikhaha boogashada, ama qiimay diiwaanada la codsaday onsite.*) Codsi kasta ama Mid kooban/Sharax PHI oo loogu soo dalaci doono kharashka si gooni ah iyo qadarka khidmada la saaray Tan kooban waa inaad hore ugu sii heshiisaan addiga iyo NCH.

Fadlan sheeg sida aad u bixin doonto nuqulada diiwaanadan:

- Kaadhka Dhibitka ama Kiridhitka (*Marka diiwaanadaada codsiga la dhammaystiro, Kooxda Shaacinta Maclumaadka waxay kugula soo xidhiidhi doonaan telefoon si ay u helaan lacag bixinta.*)
- Jeega Khasnjiga ama Dalabka Lacagta marka la helo lacag bixinta, diiwaanada waa la diri doonaa (*Fadlan ka dhig mid la bixinayo: Nationwide Children's Hospital, attn: HIM Dept.*)

- 2 Soo Gudbi Foomka la Buuxiyay/Lacag bixinta:

Iimayl ahaan: Nationwide Children's Hospital  
Attn: HIM Dept.  
700 Children's Drive  
Columbus, Ohio 43205  
Iimayl ahaan: [MedicalRecordRequests@nationwidechildrens.org](mailto:MedicalRecordRequests@nationwidechildrens.org)  
Fagas ahaan: Maamulka Maclumaadka Caafimaadka Lambarkan 614-355-0797

3. Wuxaan fahmay in oggolaanshahan muddadiisu dhici doonto hal sano laga bilaabo taariikhda saxeexa hoose. Muddada wakhtigan, wuxaan codsan karaa maclumaad isku mid ah anigoon u baahan buuxinta foom cusub. Wuxaan fahmay in haddii aan u baahdo maclumaad cusub/dheeraad ah/ka duwan waxa ku qoran foomkan, wuxaan u baahan doonaa inaan buuxiyo oo gudbiyo foomka cusub.
4. Wuxaan fahmay inaan codsan karo nuql foomkan ah ka dib markaan saxeexo. Sawirka warqadda foomkan waxaa loo tixgelin doonaa mid ansax u ah sida ta asalka ah.
5. Wuxaan fahmay in iyaddoo ku xidhan maclumaadka la codsanayo, waxaa jiri karta daahitaan habbaynta codsigan ah. Haddii dhammaystirka codsigan ay qaadato wax ka dheer 30 maalmood, waxa kooxda Shaacinta Maclumaadku kugu wargelin doonaa qoraal ahaan. NCH waxay kordhin kartaa wakhiga si ay kuu siiso helitaanka 30 maalmood oo dheeraad ah ilaainta NCH ay ku siiso adiga bayaan qoran oo ku saabsan sababta daahida gudaha 30 maalmood laga bilaabo codsigaaga.
6. Wuxaan fahmay in NCH ay dafirto codsigan, gebi ahaan ama qayb ahaan, hoosta duruufo xadidan sida lagu bixiyay hoosta sharciga federaalka iyo gobolka haddii helitaanka la codsaday uu macquul ahaan dhici karo inuu halis geliyo noolosha iyo badbaadada jidhka, ama u gaysan karo waxyeelo muuqata, bukaanka ama qof kale. Dhacdada NCH ay kuu diido adigu inaad gasho, NCH waa inay ku siisaa diidmo qoran taas oo xusaysa qaabka diidamada.

Haddii aad hayso wax su'aalo aha ma walaacyo, fadlan dareen xoriyada aan nagula soo xidhiidho telefoon ahaan lambarka 614-355-0777.

**Sexeexida hoosta, wuxaan xaqijinayaa inaan ahay bukaanka iyo/ama wakiilka bukaanka, oo aan leeyahay awooda aan ku oggolaado cida heli karta maclumaadka caafimaadka bukaankan.**

Magaca Daabacan ee Bukaanka (ama Wakiilka Gaarka ah)

Waxay isku yihiin qaraabo ahaan Bukaanka

Saxeexida hoosta, wuxaan xaqijinayaa inaan ahay bukaanka iyo/ama wakiilka bukaanka, oo aan leeyahay awooda aan ku oggolaado cida heli karta maclumaadka caafimaadka bukaankan.

Taariikhda/Wakhtiga

#### For NCH Use Only 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