



**EEYYAMA ODEEFFANNOO EEGAMAA FAYYAA FAYYADAMUU, IFA GODHUU FI GADI DHIISUU
AUTHORIZATION TO USE, DISCLOSE & RELEASE PROTECTED HEALTH INFORMATION (OROMO)**

Kanneen armaan gadii hubadheera: I understand the following:

- **Odeeffannoo fayyaa eeggamaa kiyya ifa gochuu dhiisuu ykn gadi dhiisuuf eeyyama kennuuf unkaa kana mallatteessuu diduuf mirga nan qaba. Diddaan mallattoo Eyyama tajaajila dandeettii fudhannaa kunuunsa fayyaa keenya irratti dhiibbaa kan hin qabne yookaan kaffaltii beenyaa tajaajila beenyaa kiyya irratti dhiibbaa kan hin qabne dha. Haalli yemmuu diddaa mallattoo Eyyamaa tarii mirga argachuu danda'uu kunuunsa fayyaa miidhuu kan danda'u. Yoo kunuunsi fayyaa kun qorannoon kan waqlqabatu ta'e yookaan qofaatti kaayyoo odeeffannoo fayyaa namootaaf dhiyeessuu fi eyyama barbaachisu ifa gochuuf.**

I have the right to refuse to sign this form for authorization to disclose or release my protected health information. Refusal to sign the authorization will not adversely affect my ability to receive health care services or reimbursement for services. The only circumstance when refusal to sign this authorization may affect my ability to receive health care services is if the health care services are research-related or solely for the purpose of providing health information to someone else and the authorization is needed to make that disclosure.

- **Kaffaltiin gaaffii kanaan kan wal qabatu jiraachuu mala.** There may be a fee associated with this request.
- **Odeeffannoon akkaataa eeyyama kanaatin faayidaa irra oole ykn ifa ta'e irra deebiin bahuu mala akkasumas kana booda seera federaalaa jalatti hin eegamu. Haata'u malee, dabalataan ani kanaan hubadhe seerri federaalaa yookaan seerri naannolee tarii irra deebiin waa'ee HIV/AIDS, odeeffannoo fayyummaa sammuu, odeeffannoo qorannoo dhaalmayaa, qorannoo alkoolii, wal'aansa, yookaan odeeffannoo rifeeraalii irra deebi'anii banaa gochuuf daangeffamaa dha.**

Information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected under federal law. However, I also understand that federal or state law may restrict re-disclosure of HIV/AIDS, mental health information, genetic testing information, and drug/alcohol diagnosis, treatment, or referral information.

- **Galagalcha mallatteeffamaa waliigaltee eeyyama kanaa arfagachuuf mirgan qaba.**
- **Yeroo kamittuu Waliigaltee eeyyamaa kana barreeffamaan kaasuu nan mala. Waliigaltee eeyyamaa kana yoon kaase, odeeffannoo armaan gaditti ibsame gara fuula duraatti kaayyoo walii-galticha barreeffamaa keessatti ibsameef hin fayyadu ykn ifa hin godhamu. Wanti adda ta'u warri Swedish tarkaanfii waliigalticharratti maxxanuu yoo fudhatan yookaan waliigaltichi yoo haala dhorkaa haguuggii uwwisa inshuraansiitiin argame.**

I have the right to receive a copy of this signed authorization. I may revoke this authorization in writing at any time. If I revoke this authorization, the information described below may no longer be used or disclosed for the purposes described in the written authorization. The only exception is when Swedish has taken action in reliance on the authorization or the authorization was obtained as a condition of insurance coverage.

Waliigaltee kana yookaan waliigaltee diigame bakka tajaajila fayyaa argattan irratti hundaa'uudhaan dhiyeessaa:

Please submit this authorization or revocation to one of these locations, depending on where you received care:

<p>Swedish Medical Center Release of Information Department 747 Broadway, Seattle, WA 98122 Faaksii/Fax: (206) 320-2626 limeelii/Email = ROI@swedish.org</p>	<p>Swedish Medical Group Bilbila/Phone: (206) 320-3025 Faaksii/Fax: (478) 238-9436 limeelii/Email = smgroi-wa@cioxhealth.com</p>
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Barbaachisaa: Swedish yoo kaffalti dhaf barbaadame malee lakkoofsa wabii hawaasaa dhukkubsataa kana booda hin maxxansu ykn ifa hin godhu. Haa ta'u malee Lakkoofsi nageenya hawaasummaa tarii yoo odeeffannoo dhukkubsataa keessa galeyyuu, kun kan waggoota darbaniiti. Odeeffannoon ati gadi dhiisuuf waliigaltu tarii Lakkoofsa nageenya hawaasummaa kee kan dabalatu ta'uu danda'a.

Important: Swedish no longer prints or releases patient social security numbers unless required for billing. However, social security numbers may be included in patient information that is more than a few years old. The information you are authorizing to be released may include your social security number.



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Dhaabbanni, hojjetoonnisaa, hooggantoonni fi ogeessonni fayyaa odeeffannoo armaan olii kana amma gaafatamee fi eeyyamame gad-dhiisuu isaanitiin itti gaafatamummaa seeraa ykn yakka irraa bilisa.

The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Swedish Health Services fi Dhaabbileen isa waliin gamtooman Sagantaalee Fayyaa fi Hojiilee isaanii irratti sanyiidhaan, bifaan, lammummadhaan, saalaan, umuriidhan ykn miidhama qaamatiin garaagarummaa hin uumani. Swedish Health Services and its Affiliates do not discriminate on the basis of race, color, national origin, sex, age, or disability in their health programs and activities.

HUBADHAA: Afaan Ingiliffaa hin dubbattan yoo ta'e harka keessan irraa tajaajilawwan gargaarsa afaanii bilisaa ni qabdu. Bilbilaa (888) 311-9127 (TTY: 711).

ATTENTION: If you do not speak English, you have at your disposal free language assistance services. Call (888) 311-9127 (TTY: 711).

Swedish eyyama kanatti akka fayyadamanii fi garagalcha odeeffannoo fayyaa asii gadii akka gadhiisan ilaalchisee: I authorize Swedish to use and disclose a copy of the specific health information described below regarding:

Maqaa Dhukkubsataa/Patient's Name: Guyyaa Dhalootaa/DOB:

Teessoo Dhukkubsataa/Patient's Address: Bilbila/Phone:

Magaalaa/City: Isteetii/State: Zip Koodii/Zip Code:

Kan ifa godhamu: Mataa Ofii Ykn Maqaa Fudhataa: To be disclosed to: Self Or Recipient's Name:

Teessoo Fudhataa: Recipient's Address:

Magaalaa/City: Isteetii/State: Zip Koodii/Zip Code:

Bilbila/Phone: Faaksii/Fax: limeelii/Email:

Maaloo galmeewwan kiyya karaa: MyChart MyChart limeelii Email Diiskii Disc Waraqaa Paper Faaksii ergaa Fax

Odeeffannoo dhaabbata(ttoota) armaan gadii irraan gaafachaa jira:

I am requesting information from the following facility(s):

Table with 2 columns: Maqaa Hospitaalaa (tarreeffama) fi Lakkoofsa Bilbilaa, Maqaa kiliniikaa (tarreeffama) fi Lakkoofsa Bilbilaa

Turtii guyyaa kanarraa kaasee: hanga: For the range of dates from: to:

Odeeffannoo qorannoo yookaan miidhama armaan gadiin walqabatuuf: For information related to the following diagnosis or injury:

Odeeffannoon ifa godhaman/Information to be disclosed:

- Seenaa fi Qaama/History & Physical
Gabaasa Raawwii/Operative Report
Gabaasa Qorannoo (lab, x-ray, EKG, kkf.) Diagnostic Reports (lab, x-ray, EKG, etc.)
Kan biroo (ibsaa)/Other (specify):
Guduunfaa gadi lakkisuu/Discharge Summary
Gabaasa Qajeelcha Hatattamaa/Emergency Department Report
Yaadannoowwan adeemsaa/Progress Notes



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Kaayyoo: _____
For the purpose of:

Yoo kaafame malee, eeyyamni kuni guyyoota 180 keessatti ykn gaafa Guyyaa kanaa dhumata: _____
Unless revoked, this authorization expires in 180 days or on this Date:

Waliigalteewwan: Eeyyamni kuni ifatti yoo ani barreeffamaan daangesse malee, qorannoo yookan adeemsota yaalii fi/ykn wal'aansa dhukkuboota saal-quunnamiidhaan daddarban, AIDS, faalama HIV, alkoolii fi/ykn qorichoota seeran ala fudhachuu, haalota fayyaa sammu yookan odeeffannoo baay'ee icciitii ta'an hunda dabalata.

Terms: This authorization, unless expressly limited by me in writing, will extend to all aspects of testing and/or treatment of sexually transmitted diseases, AIDS, HIV Infection, alcohol and/or drug abuse, mental health conditions or other sensitive information.

Mallattoo dhukkubsataa: _____ **Guyyaa/Date:** _____

Patient Signature: **(Unkaa maxxansaatii harkaan mallatteessaa)**
(Print form and sign by hand)

Maqaa Bakka Bu'aa: _____ **Guyyaa/Date:** _____

Patient Representative Name:

Mallattoo Bakka Bu'aa Dhukkubsataa: _____

Patient Representative Signature: **(Unkaa maxxansaatii harkaan mallatteessaa. Maaloo dookumantiwwan deeggaran itti dabalaa.)**
(Print form and sign by hand. Please include supporting documentation.)

Walitti dhufeenya dhukkubsataa waliin qabu: _____

Relation to Patient:

