



ተሓካሚ ንዝተወሰነ ክፋል መዝገቡ ንክርኢ ጠለብ ኣቕሪቡ ኣሎ PATIENT REQUEST FOR ACCESS TO DESIGNATED RECORD SET (TIGRIGNA)

ኣብ ሓደ ሓደ ቦታታት፣ ስዊድሽ ናይ ጥዕና ግልጋሎትን ተሓባብርቱን ናይ ተሓካሚ ናይ ክሊኒክ መዝገብ ካብ ናይ ሆስፒታል መዝገብ ፈልዮም ከቐምጥዎ ይኸእሉ። ናይዞም ቅጽታት ቅዳሕ ኣብ ዝተሓተተናሉ እዋን ናብ ካልኦት መሳሎጥያታት ፋክስ ንክንገብሮም ንክእል ኢና።

In some areas, Swedish Health Services and affiliates may store patient clinic records separately from patient hospital records. We would be glad to fax a copy of this form to other facilities upon request.

ኣብዚ መሕተቲ ቅጥዒ ቦታ እንተልዩ ተወሳኺ ገጽ ክተሓሕዝ ትክእል ኢኻ።

You may attach an additional page if more room is needed than provided on the request form.

**ብኸብረትካ እዚ ቅጥዒ ካበይ ተቐቢልካዮ ኣብ ግምት ብምእታው ናብ ሓደ ካብዞም ቦታታት ኣረክቦ።
Please submit this form to one of these locations, depending on where you received care:**

<p align="center">Swedish Medical Center</p> <p align="center">Release of Information</p> <p align="center">747 Broadway, Seattle, WA 98122</p> <p align="center">ስልኪ / Phone: (206) 320-3850</p> <p align="center">ፋክስ/ Fax: (206) 320-2626</p> <p align="center">ኢሜይል / Email: ROI@swedish.org</p>	<p align="center">Swedish Medical Group</p> <p align="center">ስልኪ / Phone: (206) 320-3025</p> <p align="center">ፋክስ/ Fax: (478) 238-9636</p> <p align="center">ኢሜይል/ Email: smgroi-wa@cioxhealth.com</p>
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ምስ እዚ ጠለብ ብዝረኹክ ክፍሊታት ክህልዉ ይከእሉ እዮም።
Fees may be associated with this request.

አገዳሲ: Swedish ን ተሓባብርታን ንክፍሊት ዘዩድሊ እንተኾይኑ ናይ ተሓካሚ ማሕበራዊ ቁጽሪ ኣየሓትሙን ወይ ኣይለቁን። እንተኾነ ግን፣ ማሕበራዊ ናይ ደሕንነት ቁጽሪ ኣብ ናይ ሕሙም ዝተወሰነ ግዜ ዘጸንሑ ሓበሬታታት ክካተቱ ይከእሉ። ትሓትዎም ዘለኹም መዝገባት ማሕራዊ ናይ ደሕንነት ቁጽሪ እውን ዘካተተ ክኸውን ይከእል እዩ።

Important: Swedish and affiliates no longer print or release patient social security numbers unless required for billing. However, social security numbers may be included in patient records that are more than a few years old. The records you are requesting may include your social security number.



እቲ ሆስፒታልን፣ ሰራሕተኛታቱን፣ አፈሰራትን ሓኸይምን ነዚ ኣብ ለዕሊ ዘሎ ሓበሬታ ብዘዕበ ጥዕናይ ብምፍናው ምኽንያት ካብ ሕጂ ንንግድ ብሕጋዊ ሓላፍነት ከምዘይሕተቱ ፍቓደይ ይህብ ኣለኹ።

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.

Swedish Health Services ሰዓብቱ ኣብ ምሰረታዊ ዓሌት፣ ቀለም፣ ብሄራዊ ትውልዲ፣ ፆታ፣ ዕድሜ ወይ ምንጻጻት ኣካል ኣብቲ ፕሮግራምን ተግባራት ጥዕናኦም ኣየዳልውን/ኣይንፅሉን።

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ATTENTION: If you do not speak English, you have at your disposal free language assistance services. Call (888) 311-9127 (Swedish Edmonds (888) 311-9178) (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 311-9127 (Swedish Edmonds (888) 311-9178) (TTY: 711).

注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電 (888) 311-9127 (Swedish Edmonds (888) 311-9178) (TTY: 711).



ተሓካሚ ንዝተወሰነ ክፋል መዝገቡ ንክርኢ ጠለብ ኣቕሪቡ ኣሎ
PATIENT REQUEST FOR ACCESS TO DESIGNATED RECORD SET

ናይ ተሓካሚ ሽም: _____ DOB: _____
Patient's Name: _____ DOB: _____
ቅድሚ ሽም(ማት) ዝጥቀሙ: _____ ስልኪ: _____
Prior Name(s) Used: _____ Phone: _____
ናይ ተሓካሚ ኣድራሻ: _____
Patient's Address: _____
ከተማ: _____ ግዝኣት: _____ ዚፕ ኮድ: _____
City: _____ State: _____ Zip Code: _____
ናይ ተሓካሚ ኢሜይል: _____
Patient's Email: _____

ብክብረትኩም መዝገብቲ ናብ ዝስዕቡ ኣቃልዑ: ናብይ ልዕል ክብል ናብ ዝተጠቐሰ ኣድራሻይ ወይ ናብ ዝስዕብ ተቐባሊ
Please disclose my records to: Myself at the address above or the following recipient
ሽም: _____ ኣድራሻ: _____
Name: _____ Address: _____
ከተማ: _____ ግዝኣት: _____ ዚፕ ኮድ: _____
City: _____ State: _____ Zip Code: _____
ቁጽሪ ቴሌፎን: _____ ፋክስ: _____ ኢሜይል: _____
Phone: _____ Fax: _____ Email: _____

ብክብረትኩም መዝገብቲ ብዝስዕቡ ስደዱለይ: MyChart ኢሜይል ዲስክ ወረቐት ፋክስ
Please send my records via: MyChart Email Disc Paper Fax

ኣበሬታ ካብዞም ዝስዕቡ ኣገልጋሊ(ገልቲ) እኣትት:-
እን am requesting information from the following facility(s):

Table with 2 columns: List Hospital(s) or Provider Name(s) AND/OR List Clinic(s) or Provider Name(s). Includes header text in Amharic and English.



3600



SWEDISH

Patient Identification Sticker

ንናይ ዕለታት ኣፈላላይ ካብ: _____ For the range of dates from:	ክሳብ: _____ to:
ዝቃልዑ ሓበሬታታት: _____ Information to be disclosed:	
<input type="checkbox"/> ታሪኽን ኣካላዊ ጥዕናን History & Physical	<input type="checkbox"/> ካብ ሕክምና መፋነዊ ሓበሬታ Discharge Summary
<input type="checkbox"/> ናይ መጥባሕቲ ጸብጻብ Operative Report	<input type="checkbox"/> ናይ ሃንደበታዊ ክፍለ Emergency Department
<input type="checkbox"/> ዳያግኖስቲክ ሪፖርት (ቤተ ፈተነ፣ x-ray, EKG, etc.) Diagnostic Report (lab, x-ray, EKG, etc.)	<input type="checkbox"/> ናይ ምምሕያሽ ማስታወሻ ሪፖርት ይግበሩ Report Progress Notes
<input type="checkbox"/> ካልእ (ግለጽ):- _____ Other (specify):	<input type="checkbox"/> ዝሓለፉ 2 ዓመታት ጥራሕ Last 2 years only
ምስ እዚ ጠለብ ብዝረኽብ ክፍሊታት ክህልዉ ይኸእሉ እዮም። ሓደ ሓደ መዝገባት ብ MyChart ምስዳድ ኣይክእልን። Fees may be associated with this request. Some records are unavailable to receive via MyChart.	
ናይ ተሓካሚ ክታም: _____ (እዚ ቅጥዒ ፕሪንት ጌርኩ ብኢድካ ፈርም)	ዕለት: _____
Patient Signature: _____ (Print form and sign by hand)	Date: _____
ሽም ተወካሊ: _____	ዕለት: _____
Representative Name: _____	Date: _____
ናይ ተወካሊ ክታም: _____	ምስ ተሓካሚ ዘለዎ _____
ዝምድና: Representative Signature: _____	Relation to Patient: _____
(ነዚ ቅጥዒ እዚ ፕሪንት ጌርኩም ብኢድኩም ፈርሙ። ብኸብረትኩም ሓገዝቲ ሰነዳት ኣካትቱ።) (Print form and sign by hand. Please include supporting documentation.)	