3600

SWEDISH

Patient Identification Sticker

የተወሰኑ የመዝገብ ሰነዶችን መመልከቻ የታካሚ መጠይቅ
PATIENT REQUEST FOR ACCESS TO DESIGNATED RECORD SET (AMHARIC)

በአንዳንድ አካባቢዎች ላይ Swedish Health Services እና ተባባሪዎች የታካሚውን ክሊኒካል መዝገቦች ከታካሚው የሆስቢታል መዝገቦች ለይተው ሊያስቀምጡ ይችላሉ። የነዚህን ቅጽ አንድ ኮፒ በጥያቄ ወደ ሌሎች ተቋሞች በፋክስ ለመላክ ደስተኛ ነን።

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.

በመጠየቅያ ቅጹ ላይ ያለው ቦታ ካልበቃዎት፣ ተጨማሪ ገጽ ማያያዝ ይችላሉ።
You may attach an additional page if more room is needed than provided on the request form.

እባክዎ ይህንን ፈቃድ ወ ይም አገልግሎቱን እባክዎ ይህን ቅፅ አገልግሎት በሚያገኙበት ቦታዎች, በአንዱ ገቢ ያድርጉ፥
Please submit this form to one of these locations, depending on where you received care:

Swedish Medical Center	**Swedish Medical Group**
Release of Information	
747 Broadway, Seattle, WA 98122	
ስልክ/ Phone፡ (206) 320-3850	ስልክ/ Phone፡ (206) 320-3025
ፋክስ/ Fax፡ (206) 320-2626	ፋክስ/ Fax፡ (478) 238-9436
ኢ-ሜይል/ Email፡ ROI@swedish.org	ኢ-ሜይል/ Email: smgroi-wa@cioxhealth.com

ለዚህ ጥያቄ ክፍያዎች ሊኖሩ ይችላሉ።
Fees may be associated with this request.

አስፈላጊ፡ ስዊዲሽ እና ተባባሪዎቻቸው ከአሁን በኋላ ለክፍያ መጠየቂያ አስፈላጊ ካልሆነ በስተቀር የታካሚ ማህበራዊ ደህንነት ቁጥሮችን አያትሙም ወይም አይለቀቁም። ቢሆንም ግን ከጥቂት ዓመታት በላይ በሆናቸው የታካሚዎች መዝገብ ላይ የማህበራዊ ዋስትና ቁጥሮች ሊካተቱ ይችላሉ። የጠየቋቸው መዝገቦች የእርስዎን ማህበራዊ ደህንነት ቁጥር ሊያካትቱ ይችላሉ።
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.

3600

SWEDISH

Patient Identification Sticker

እዚህ ውስጥ ተጠቅሶ እስከተፈቀደ ድረስ ከዚህ በላይ ለተገለጸው መረጃ የሕክምና ማዕከሉ፣ ሠራኞቹ፣ ሹሞቹና ሐኪሞቹ ከማንኛውም ሕጋዊ ኃላፊነት ወይም ተጠያቂነት ነጻ ናቸው።
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 እና ተባባሪዎቹ፣ በዘር፣ በቆዳ ቀለም፣ በትውልድ ሀገር፣ በጾታ፣ በዕድሜ ወይም በአካል ጉዳተኛነት ምክንያት በጤና ፕሮግራሞቻቸውና በድርጊቶቻቸው ላይ አድሎ አያደርጉም።
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.

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).

3600

SWEDISH

Patient Identification Sticker

የተወሰኑ የመዝገብ ሰነዶችን መመልከቻ የታካሚ መጠይቅ

PATIENT REQUEST FOR ACCESS TO DESIGNATED RECORD SET (AMHARIC)

የታካሚ ስም፡ _____ DOB: _____

Patient's Name: DOB:

ጥቅም ላይ የዋለው የቀድሞው ስም(ሞች)፡_____ ስልክ: _____

Prior Name(s) Used: Phone:

የታካሚው አድራሻ፡ _____

Patient's Address:

ከተማ: _____ ስቴት: _____ ዚፕ ኮድ፡_____

City: State: Zip Code:

የታካሚ ኢሜይል፥ _____

Patient's Email:

እባክዎን የእኔን ሪኮርዶች ለሚከተለው ይግለጹ፡ Myself ከላይ ባለው አድራሻ ☐ ወይም የሚከተለው ተቀባይ ☐

Please disclose my records to: Myself at the address above or the following recipient

ስም፡ _____ አድራሻ፡ _____

Name: Address:

ከተማ፡ _____ ስቴት፡ _____ ዚፕ ኮድ፡ _____

City: State: Zip Code:

ስልክ፡ _____ ፋክስ፡ _____ ኢ- ሜይል _____

Phone: Fax: Email:

እባክዎን የእኔን መዝገብ በሚከተለው ይላኩ፡ ☐ MyChart ☐ ኢ-ሜይል ☐ ዲስክ ☐ ወረቀት ☐ ፋክስ

Please send my records via: MyChart Email Disc Paper Fax

መረጃውን የምጠይቀው ለሚከተለው ተቋም(ሞች) ነው፥

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

የሆስፒታል (ሎች) ወይም የአቅራቢ ስም (ሞች) ዝርዝር List Hospital(s) or Provider Name(s)	እና/ወይም AND/OR	ዝርዝር ክሊኒክ (ኮች) ወይም የአቅራቢ ስም (ሞች) List Clinic(s) or Provider Name(s)

የሚገለጸው መረጃ፥ Information to be disclosed:

3600

SWEDISH

Patient Identification Sticker

- ☐ የጤና ታሪክ እና የአካል ሁኔታ
  History & Physical
- ☐ የቀዶ ጥገና ሪፖርት
  Operative Report
- ☐ የምርመራ ሪፖርት (ላብራቶሪ፣ ራጅ፣ ኢኬጂ፣ ወዘተ)
  Diagnostic Report (lab, x-ray, EKG, etc.)
- ☐ ሌላ (ይግለጹ)፡ _____
  Other (specify):
- ☐ የመልቀቂያ ማጠቃለያ
  Discharge Summary
- ☐ ድንገተኛ ሕክምና ክፍል
  Emergency Department
- ☐ የሪፖርት ለውጥ ማስታወሻዎች ሪፖርት
  Report Progress Notes
- ☐ ያለፉት 2 ዓመታት ብቻ
  Last 2 years only

ለዚህ ጥያቄ ክፍያዎች ሊኖሩ ይችላሉ። አንዳንድ መዝገቦች በ MyChart በኩል ለመቀበል አይቻልም።

Fees may be associated with this request. Some records are unavailable to receive via MyChart.

የታካሚ ፊርማ፡ _____ ቀን፡ _____

(ቅጹን ፕሪንት ያድርጉ እና በእጅ ይፈርሙ) / (Print form and sign by hand)

Patient Signature: Date:

የተወካይ ስም፡ _____ ቀን፡ _____

Representative Name: Date:

የተወካይ ፊርማ፡ _____ ከሕመምተኛ ጋር ያለ ዝምድና፡ _____

Representative Signature: Relation to Patient:

(ፎርም ያትሙ እና በእጅ ይፈርሙ። እባክዎ ደጋፊ ሰነዶችን ያካትቱ።)

(Print form and sign by hand. Please include supporting documentation.)

1ROI