3600

SWEDISH

Patient Identification Sticker

患者请求存取指定记录集
PATIENT REQUEST FOR ACCESS TO DESIGNATED RECORD SET (SIMPLIFIED CHINESE)

在某些方面，Swedish Health Services 及其附属机构可能将患者诊所记录和患者医院记录 分开存放。 若您提出请求，我们很乐意帮您向其它机构通过传真发送该表的副本。

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.

如若申请表格上空间不够，您可以另附页。
You may attach an additional page if more room is needed than provided on the request form.

请将该表格提交至以下任一地点，具体取决于您接受护理的地点：
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 电话/ Phone： (206) 320-3850 传真/ Fax： (206) 320-2626 电邮/ Email：ROI@swedish.org	电话/ Phone：(206) 320-3025 传真/ Fax：(478) 238-9436 电邮/ Email： smgroi-wa@cioxhealth.com

提出本请求可能产生费用。
Fees may be associated with this request.

重要信息：Swedish 及其附属机构不再打印或发布患者的社会保险号，除非您有开具账单的需要。但是，社会保险号可能包含于若干年前的患者信息中。 您申请的记录中可能包含您的社会保险号。

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.

本机构、其雇员、官员和医师据此免于因披露上述信息（在此授权指定或授权范围内）而承担任何法律责任。

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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.

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Swedish Health Services 及其附属机构在其健康计划和活动中不会因种族、肤色、国籍、性别、年龄或残障而有任何歧视。

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).

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患者请求存取指定记录集
PATIENT REQUEST FOR ACCESS TO DESIGNATED RECORD SET (CHINESE-SIMPLIFIED)

患者姓名：_____ 出生日期：_____
Patient's Name: DOB:

曾用名：_____ 电话：_____
Prior Name(s) Used: Phone:

患者地址：_____
Patient's Address:

城市：_____ 州：_____ 邮政编码：_____
City: State: Zip Code:

患者电邮：_____
Patient's Email:

请将本人的记录披露给： 本人自己于上述地址 ☐ 或以下接收者 ☐
Please disclose my records to: Myself at the address above ☐ or the following recipient ☐

姓名：_____ 地址：_____
Name: Address:

城市：_____ 州：_____ 邮政编码：_____
City: State: Zip Code:

电话：_____ 传真：_____ 邮政编码：_____
Phone: Fax: Email:

请通过以下方式发送本人的记录： ☐ MyChart ☐ 电邮 ☐ Disc ☐ 纸质材料 ☐ 传真
Please send my records via: ☐ MyChart ☐ Email ☐ Disc ☐ Paper ☐ Fax

本人正在向以下机构索求信息：
I am requesting information from the following facility(s):

列出医院或服务提供商名称 List Hospital(s) or Provider Name(s)	和/或 AND/OR	列出诊所或服务提供商名称 List Clinic(s) or Provider Name(s)

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使用日期从：_____ 到：_____
For the range of dates from: to:

授权披露的信息：
Information to be disclosed:

- ☐ 病史和体检结果 History & Physical
- ☐ 手术报告 Operative Report
- ☐ 诊断报告（实验、X 光、EKG 等） Diagnostic Report (lab, x-ray, EKG, etc.)
- ☐ 其它（详细说明）：_____ Other (specify):
- ☐ 出院摘要 Discharge Summary
- ☐ 急诊 Emergency Department
- ☐ 报告进程记录 Report Progress Notes
- ☐ 仅过去两年 Last 2 years only

提出本请求可能产生费用。 部分记录无法通过 MyChart 接收。

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

患者签名：_____ 日期：_____
（正楷书写并手动签名） Date:
Patient Signature: (Print form and sign by hand)

代表姓名：_____ 日期：_____
Representative Name: Date:

代表签名：_____ 与患者的关系：_____
Representative Signature: Relation to Patient:

（正楷书写并手动签名。请随附支持文件。）
(Print form and sign by hand. Please include supporting documentation.)

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