Patient Identification Sticker

DHUKUBSATAA RAMADDII TUUTA GALMEE ARGACHUUF GAAFATE
PATIENT REQUEST FOR ACCESS TO DESIGNATED RECORD SET (OROMO)

Bakkeewwan tokko tokkotti, Swedish Health Services fi dhaabbileen isa waliin gamtooman galmeewwan dhukkubsataa kilinikii galmeewwan dhukkubsataa hospitaalaa irra addaatti kuusuu malu. Gaaffii keessan irratti hundaa'uun galagalcha unkaa kanaa dhaabbileen biroof gammachuudhaan faaksii isiniif goona.

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.

Unka gaaffii irratti isa isiniif dhiyaate malee kutaa dabalataa yoo barbaachiseef fuula dabalataa itti maxxansuu dandeessu.

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

Bakka kunuunsa fudhattan irratti hundaa'uudhaan unkaa kan iddoowwan armaan gadii keessaa iddoo tokkotti galchaa:
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 Bilbila/ Phone: (206) 320-3850 Faaksii/ Fax: (206) 320-2626 Iimeelii/ Email: ROI@swedish.org	Bilbila/ Phone: (206) 320-3025 Faaksii/ Fax: (478) 238-9436 Iimeelii/ Email: smgroi-wa@cioxhealth.com

Gaaffii kana waliin wal qabatee kaffaltiin jiraachuu mala.

Fees may be associated with this request.

Barbaachisaa: Swedish fi dhaabbileen isa waliin gamtooman yoo kaffaltiidhaf barbaadame malee lakkoofsa wabii hawaasaa dhukkubsataa kana booda hin maxxansan ykn ifa hin godhan. Haa ta'u malee, lakoofsonni wabii hawwaasummaa galmeewwan dhukkubsataa waggoota muraasa dura turanitti dabalamuu ni malu. Galmeewwan isin gaafattan lakkoofsa wabii hawwaasummaa keessan dabalachuu mala.

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.

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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.

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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PATIENT REQUEST FOR ACCESS TO DESIGNATED RECORD SET (OROMO)

Maqaa Dhukkubsataa: ______________________ Guyyaa Dhalootaa: ______________
Patient's Name: DOB:

Maqaa(lee) Duraan Faayidaa Irra Oolan: ______________ Bilbila: ______________
Prior Name(s) Used: Phone:

Teessoo dhukkubsataa: ______________________
Patient's Address:

Magaalaa: ______________ Isteetii: ________ Zip Koodii: ______________
City: State: Zip Code:

Iimeelii Dhukkubsataa: ______________________
Patient's Email:

Maaloo galmeewwan kiyya: Anaaf teessoo armaan olii irratti ☐ ykn nama armaan gadiitti ergaa ☐
Please disclose my records to: Myself at the address above ☐ or the following recipient ☐

Maqaa: ______________ Teessoo: ______________
Name: Address:

Magaalaa: ______________ Isteetii: ________ Zip Koodii: ______________
City: State: Zip Code:

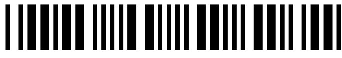
Bilbila: ______________ Faaksii: ______________ Iimeelii: ______________
Phone: Fax: Email:

Maaloo galmeewwan kiyya karaa: ☐ MyChart ☐ Iimeelii ☐ Diiskii ☐ Waraqaa ☐ Faaksii ergaa
Please send my records via: ☐ MyChart ☐ Email ☐ Disc ☐ Paper ☐ Fax

Odeeffannoo dhaabbata(ttoota) armaan gadii irraan gaafachaa jira:
I am requesting information from the following facility(s):

Hoospitaalaa(otaa) ykn Maqaa(lee) Dhiheessaa Tarreessaa List Hospital(s) or Provider Name(s)	FI/YKN AND/OR	Kilinika (koota)/ Maqaa(lee) dhiheessaa Tarreessaa List Clinic(s) or Provider Name(s)

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



SWEDISH

Patient Identification Sticker

Odeeffannoon ifa godhaman:
Information to be disclosed:

- ☐ Seenaa fi Qaama
  History & Physical
- ☐ Gabaasa Raawwii
  Operative Report
- ☐ Gabaasa qorannoo (lab, x-ray, EKG, etc.)
  Diagnostic Report (lab, x-ray, EKG, etc.)
- ☐ Kan biroo (ibsaa): ____________________________
  Other (specify):
- ☐ Guduunfaa gadi lakkisuu
  Discharge Summary
- ☐ Qajeelcha Hatattamaa
  Emergency Department
- ☐ Yaadannoowwan Adeemsaa Gabaasaa
  Report Progress Notes
- ☐ Waggoota 2 dabran qofa
  Last 2 years only

Gaaffii kana waliin wal qabatee kaffaltiin jiraachuu mala. Galmeewwan tokko tokko karaa MyChart fudhachuuf hin jiran.
Fees may be associated with this request. Some records are unavailable to receive via MyChart.

Mallattoo dhukkubsataa: ______________________________ Guyyaa: ____________________
(Unkaa maxxansaatii harkaan mallatteessaa)
Patient Signature: (Print form and sign by hand) Date:

Maqaa Bakka Bu'aa: ______________________________ Guyyaa: ____________________
Representative Name: Date:

Mallattoo Bakka Bu'aa: ______________________________ Hariiroo Dhukkubsataa waliin qabu: ____________________
Representative Signature: Relation to Patient:

(Unkaa maxxansaatii harkaan mallatteessaa. Maaloo dookumantiiwwan deeggaran itti dabalaa.)
(Print form and sign by hand. Please include supporting documentation.)