2605 Blue Ridge Road Suite 225
Raleigh, NC 27607
Simu) 984-222-8000 Faksi) 984-222-8001

Authorization to RELEASE Health Information - SWAHILI
Uidhinishaji wa Kupata Taarifa za Afya

[Patient Information] Taarifa za Mgonjwa:

[Name:] Jina:_____

[Birthdate:] Tarehe ya kuzaliwa:_____

[Social Security:] Ustawi wa Jamii: _____

[Phone:] Simu: _____

[I authorize NeighborHealth to release information to:] Ninaidhinisha NeighborHealth Health kupata taarifa zangu kutoka kwa:

[Person/Institution:] Mtu / Taasisi: _____

[Address:] Anwani:_____

[City, State, Zip:] Mji, Jimbo, Msimbo:_____

[Phone:] Simu:_____[Fax:] Faksi: _____

[Information to be Released]
Taarifa za Kutolewa

- ❍ [Immunization/shot records] Rekodi za chanjo
- ❍ [Complete medical record] Rekodi kamili ya matibabu
- ❍ [School physical form] Fomu ya utathmini wa kimwili shuleni
- ❍ [Prenatal records] Rekodi za kabla ya kujifungua
- ❍ [Laboratory reports] Ripoti za maabara
- ❍ [Radiology reports] Ripoti za rediolojia
- ❍ [Billing records] Rekodi za bili
- ❍ [Other] Nyingine _____

[I specifically **prohibit** the release of the following sensitive health information. I understand that for any of the following boxes that are not checked, the health information released to the named recipient may include diagnosis, evaluation and/or treatment information for the following:]
Ninakataza hasa utoaji wa taarifa nyeti zifuatazo za kiafya. Ninaelewa kuwa kwa mojawapo ya visanduku vifuatavyo ambavyo sijateua, taarifa za kiafya zinazotolewa kwa mpokeaji aliyetajwa zinaweza kujumuisha utambuzi wa ugonjwa, tathmini na/au maelezo ya matibabu ya yafuatayo:

- ❍ [HIV of AIDS testing information or results] Taarifa au matokeo ya upimaji wa VVU au UKIMWI
- ❍ [Alcohol and/or substance abuse] Matumizi mabaya ya dawa za kulevya/pombe
- ❍ [Behavioral health] Afya ya tabia

[Dates of Service Requested]
Tarehe za Huduma Iliyoombwa

- ❍ [Most Recent] Hivi Majuzi
- ❍ [From] Kuanzia____[to] hadi _____
- ❍ [All] Zote

[Reason for Release]
Sababu ya Kutolewa

- ❍ [Patient request] Ombi la mgonjwa
- ❍ [Continuity of Care/Other provider] Kuendelezwa kwa Huduma/Mtoa huduma mwingine
- ❍ [Other(specify)] Nyingine (taja) _____

[Delivery Requested]
Uwasilishaji Ulioombwa

- ❍ [Electronic by secure message (e-mail) email address:] Kielektroniki kupitia ujumbe salama (barua pepe) anwani ya barua pepe: _____
- ❍ [Paper by mail] Hati kupitia barua
- ❍ [Paper by fax] Hati kupitia faksi

Ninaelewa kuwa ninaweza kughairi/kuondoa uidhinishaji huu wakati wowote kwa maandishi kwa Afisa wa Faragha katika kituo hiki cha huduma, isipokuwa kwa kiwango ambacho tayari hatua imechukuliwa ili kutoa taarifa hizi. Nina haki ya kukagua nakala itakayotolewa ya taarifa za afya. Ninaelewa kuwa uidhinishaji huu ni wa hiari na ninaweza kukataa kuutia saini. Mtu/taasisi iliyotajwa hapo juu haitakataa kunitibu hata ikiwa sitaruhusu taarifa zangu za afya zitumiwe na zifichuliwe na wengine. Ninaelewa kuwa taarifa ambazo ninaidhinisha mtu au huluki kupokea zinaweza kufichuliwa upya na hazitalindwa tena na sheria za faragha za serikali kuu. Uidhinishaji huu utaendelea kuwa halali isipokuwa ubatilishwe lakini utaisha siku 90 kuanzia tarehe ya kutia saini yangu au kama ilivyobainishwa vinginevyo kulingana na tarehe, tukio au masharti kama ifuatavyo:_____

[Signature of Patient] Saini ya Mgonjwa

[Date] Tarehe

[Signature of Parent/Legal Guardian or Representative (Required if patient is not legally authorized to sign authorization)]
Saini ya Mzazi/Mlezi au Mwakilishi wa Kisheria
(Inahitajika ikiwa mgonjwa haruhusiwi kisheria kutia saini uidhinishaji)

[Relationship to Patient]
Uhusiano na Mgonjwa

[Witness Signature] Saini ya Shahidi

[Relationship to Patient]
Uhusiano na Mgonjwa

NeighborHealth OFFICE USE ONLY

Charge:_____ ❍ None (Sending to Medical Provider) ❍ $0.75 (each) for first 25 pages.

$0.50 (each) for pages 26 – 100. $0.25 (each) for pages over 100. Minimum fee of $10.00Payment

Received ❍ Yes ❍ No (requested to be billed)

PHI released by (staff name):_____Date:_____ ❍ Mail ❍ Fax

Ilisahihishwa/Ilirekebishwa na NHC: 7/12/2023