

MEMBER ACCESS TO RECORDS FORM / FOOMKA XUBINTA EE HELITAANKA DIIWAANNADA

Buuxi foomkan si aad u codsato nuqul ka mid ah macluumaadkaaga caafimaad (qaansheegashooyinka, diiwaangelinta/u-qalmitaanka, oggolaanshaha hore) oo ka socota Providence Health Assurance (PHA). Codsigan waxa uu khuseeyaa oo kaliya diiwaannada qorshaha caafimaadka ee ay hayso PHA; la xiriir xafiiska bixiyahaaga si aad u hesho diiwaannadaada caafimaad ee aan qorshaha caafimaadka ahayn. Fadlan isticmaal kaarkaaga aqoonsiga xubinka (identification, ID) si uu kaaga caawiyo buuxinta macluumaadka Qaybta A.

PART A: MEMBER INFORMATION (Provide your name and personal information) / QAYBTA A: MACLUUMAADKA XUBINKA (Bixi magacaaga iyo macluumaadkaaga shakhsi ahaaneed)

Member Last Name / Magaca Ugu Dambeeya ee Xubinka	Member First Name / Magaca Koowaad ee Xubinka	Middle Initial / Magaca Dhexe Xarafka Hore
Member Date of Birth / Taariikhda Dhalashada ee Xubinka	Member Identification Number (see your ID card) / Lambarka Aqoonsiga Xubinta (Ka fiiri kaarkaaga aqoonsiga)	Group Number (see your ID card) / Lambarka Kooxda (fiiri Kaarkaaga aqoonsiga)
Member Home/Street Address / Guriga Xubinka/Cinwaanka Wadada	City, State, and Zip Code / Magaalada, Gobolka, iyo Koodhka Sibka	Preferred Phone Number / Lambarka Taleefanka ee la door biday

PART B: SELECT WHERE TO SEND YOUR INFORMATION / QAYBTA B: DOORO MEESHA MACLUUMAADKAAGA LAGU DIRI DOONO

- Paper copy to the above mailing address in Part A / U dir nuqul warqad ah cinwaanka boostada ee lagu sheegay Qaybta A
- Paper copy to the third-party listed below / U dir nuqul warqad ah dhinaca saddexaad ee hoos lagu sheegay:

Name / Magaca: _____

Address / Cinwaanka: _____

City, State, Zip /
Magaalada, Gobolka,
Sibka: _____

Phone Number /
Lambarka Taleefanka: _____

- Electronic copy emailed to /
U dir nuqul elektaroonig ah
iimayl ahaan cinwaanka: _____

(Email address) / (Cinwaanka iimaylka)

Information will be sent via secure (encrypted) email unless otherwise specified. Initial if you wish email to be sent unencrypted / Macluumaadka waxaa lagu diri doonaa iimayl ammaan ah (la siray) mooyaane haddii aan si kale loo cayimin. Saxiix haddii aad rabto in iimaylka lagu diro iyada oo aan la sirayn: _____.

Note, some level of risk is associated with sending your health information via unencrypted email or by mail, as your records could be accessed by an unauthorized third party. / Fiiro gaar ah, waxaa jirta heer khatar ah oo lala xiriiriyo marka macluumaadkaaga caafimaadka lagu soo diro iimayl aan la sirayn ama boosto, maadaama diiwaannadaadu ay geli karaan dhinaca saddexaad oo aan la oggolayn.

PART C: SELECT WHICH RECORDS YOU ARE REQUESTING / QAYBTA C: DOORO DIIWAANNADA AAD CODSANAYSO

- Enrollment and Eligibility Information / Macluumaadka Diiwaangelinta iyo U-qalmitaanka**

Date(s) of enrollment /
Taariikhda (Taariikhaha)
diiwaangelinta: _____

Details of request /
Faahfaahinta codsiga: _____

- Claims information, including Pharmacy / Macluumaadka qaansheegashooyinka, oo ay ku jiraan Farmashiyaha**

(Summary of claims paid or denied. Does not include information on claims received but not yet processed. If you would like the status of those claims, contact Customer Service.) / (Kooban ee qaansheegashooyinka la bixiyey ama la diiday. Kuma jiraan macluumaadka ku saabsan qaansheegashooyinka la helay balse aan weli la farsameyn. Haddii aad rabto macluumaad ku saabsan xaaladda qaansheegashooyinkaas, la xiriir Adeegga Macaamiisha.)

Date(s) of service /
Taariikhda
(Taariikhaha) adeegga: _____
Provider(s) / Bixiya
(Bixiyayaasha): _____
Details of request /
Faahfaahinta codsiga: _____

Mental Health Claims / Qaansheegashooyinka Caafimaadka Maskaxda

*** *Must initial "Mental Health" in PART D ↓ or information will NOT be included *** /
*** *Waa inaad saxiixdaa "Caafimaadka Maskaxda" ee QAYBTA D ↓ haddii kale
macluumaadkaas LAMA darin doono *****

Date(s) of enrollment /
Taariikhda (Taariikhaha)
diiwaangelinta: _____
Provider(s) / Bixiya
(Bixiyayaasha): _____
Details of request /
Faahfaahinta codsiga: _____

**Case Management/Medical Management/Utilization Management (Prior Authorizations) /
Maareynta Kiiska/Maareynta Caafimaadka/Maareynta Adeegsiga (Oggolaansho Hore)**

Date(s) of service /
Taariikhda (Taariikhaha)
adeegga: _____
Provider(s) / Bixiya
(Bixiyayaasha): _____
Details of request /
Faahfaahinta codsiga: _____

**Customer Service Inquiry (CSI) / Weydiinta Adeegga Macaamiisha (Customer
Service Inquiry, CSI)**

Date(s) of service /
Taariikhda (Taariikhaha)
adeegga: _____
Details of request /
Faahfaahinta codsiga: _____

Other Information (Specify) / Macluumaad Kale (Qeex)

Date(s) of service /
Taariikhda (Taariikhaha)
adeegga: _____

Provider(s) / Bixiya
(Bixiyayaasha): _____

Details of request /
Faahfaahinta codsiga: _____

PART D: SENSITIVE INFORMATION THAT CAN BE DISCLOSED BY PHA (Write your initials (not X or ✓) on the line next to each type of sensitive information you wish to include) / QAYBTA D: MACLUUMAAD XASAASI AH OO AY PHA SOO SHAACIN KARTO (Ku qor saxiixyadaada (ha qorin X ama ✓) xariiqda ku xigta nooc kasta oo macluumaad xasaasi ah oo aad rabto in lagu daro)

If our records contain any of the types of information listed below, additional laws relating to the use and disclosure of the information may apply. / Haddii diiwaankayaga ay ku jiraan mid ka mid ah noocyada macluumaadka hoos ku taxan, sharciyo dheeraad ah oo la xidhiidha isticmaalka iyo siidaynta macluumaadka ayaa laga yaabaa inay khuseeyaan.

**I understand that certain types of sensitive information, including some that are related to alcohol/substance use, are protected under Federal and State privacy laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I understand and agree that the below information will only be disclosed if I write my initials on the line next to the specified sensitive information. /*

**Waxaan fahamsanahay in qaybaha macluumaadka xasaasiga ah qaarkood, oo ay ku jiraan kuwa la xiriira Aalkoloda/ isticmaalka maandooriyaha, lagu ilaaliyo sharciyada federaalka iyo kuwa gaarka ah ee gobolka oo aan la shaacin karin ogolaanshahayga qoran la'aanteed haddii aan si kale loo sheegin sharciyada iyo xeerarka. Waxaan fahamsanahay oo aan aqbalay in macluumaadka hoose kaliya la shaacin doono haddii aan ku qoro xarfaha hore ee xariiqda ku xigta macluumaadka xasaasiga ah ee la caddeeyey.*

HIV (testing and treatment) /
Fayraska difaaca jirka aadanaha (HIV)
(baaritaan iyo daaweyn)

(Initial) /
(Saxiixa)

*Alcohol/Drug/Substance Use
(diagnosis, treatment, referral information) /
*Aalkolo/Darogo/Isticmaalka
Maandooriyaha (ogaanshaha cudurada,
daaweynta cudurada, gudbinta
macluumaadka)

(Initial) /
(Saxiixa)

Mental Health Data and Records /
Xogta iyo Diiwaanada
Caafimaadka Maskaxda

(Initial) /
(Saxiixa)

Maternity/Pregnancy
(reproductive health) /
Dhalmada/Urnimada
(Caafimaadka Taranka)

(Initial) /
(Saxiixa)

Genetic Information (services or tests) /
Xogta Jeneetik (adeegyo ama
tijaabooyin)

(Initial) /
(Saxiixa)

Sexually Transmitted Illness/
Disease (testing and treatment) /
Xanuunada galmada lagu kala
qaado/Cudurka (baaritaanka
iyo daaweynta)

(Initial) /
(Saxiixa)

Please note: To parents/legal guardians of minors, some state laws may prohibit PHA from acting on your request about Sensitive Information without written authorization from the minor member. / **Fadlan ogow:** Waalidiinta/masuulka sharciga ah ee ilmaha yaryar, sharciyada gobolka qaarkood ayaa laga yaabaa inay ka mamnuucaan Providence Health Assurance (PHA) inay ku dhaqanto codsigaaga ku saabsan Macluumaadka Xasaasiga ah iyada oo aan oggolaansho qoran laga helin xubinka yar.

*Minor Member's Signature / Saxiixa Xubinka
Yar*

Date / Taariikhda

**PART E: MEMBER SIGNATURE AND DATE (Sign your name and write the date below) /
QAYBTA E: XUBINTA SAXIIXA IYO TAARIIKHDA (SAXIIX MAGACAAGA OO HOOS
KU QOR TAARIIKHDA)**

Member's Signature / Saxiixa Xubinka

Date / Taariikhda

*Member's Designated Legal Representative/Guardian Signature /
Saxiixa Wakiilka Sharciga ee Xubinta Loo Magacaabay/Saxiixa
Masuulka*

Date / Taariikhda

Relationship to Member / Xiriirka uu qofku la leeyahay Xubinka: *Parent of a Minor /
Waalidka Ilmaha yar* **Legal Guardian / *Masuulka Sharciga ah* **Power of Attorney /
Dokumentiga Hay'adda Sharciga

**If this form is signed by someone other than the member, please attach authorizing
legal documentation of guardianship or power of attorney. / *Haddii foomkan uu
saxeexo qof aan ahayn xubinka, fadlan ku soo lifaaq dukumeenti sharci ah oo ku
saabsan mas'uulnimada ama Dokumentiga Hay'adda Sharciga.*

QAYBTA F: KU SOO CELI FOOMKA LA BUUXIYAY PHA

Boostada:	Fakiska:	Imayl:
Providence Health Assurance Attn: CBI PO Box 4327 Portland, Oregon 97208-4327	503-574-8608	DRSRequest@providence.org

Haddii aad qabto wax su'aalo ah, fadlan ka wac Providence Medicare Advantage Plans lambarrada 503-574-8000 ama 1-800-603-2340. Isticmaalayaasha TTY waa inay wacaan 711. Waxaan furnahay toddoba maalmood usbuucii, inta u dhaxaysa 8 subaxnimo iyo 8 galabnimo (Waqtiga Baasifigga). Inta u dhaxaysa 1^{da} Abriil ilaa 30^{ka} Sebteembar, waxaan xirannahay Sabti iyo Axad kasta.



Macluumaad ku saabsan Codsigaaga ee Helitaanka Macluumaadkaaga Caafimaad ee La Ilaaliyo (Protected Health Information, PHI)

Maxay ka dhigan tahay xuquuqdayda ah in aan helo macluumaadka caafimaadkayga?

Adiga ama wakiilkaaga gaarka ah waxaad leedahay xuquuqda inaad hesho nuqul ka mid ah macluumaadkaaga caafimaad, oo sidoo kale loo yaqaan macluumaadka caafimaad ee la ilaaliyo, kaas oo ay kaydiso oo ay maamusho Providence Health Assurance oo ku jira ururin diiwaanno oo loo qoondeeyay (designated record set, DRS) si waafaqsan Xeerka Wareejinta iyo La-Xisaabtanka Caymiska Caafimaadka ee 1996 (Health Insurance Portability and Accountability Act, HIPAA). Ururinta diiwaanka oo loo qoondeeyay waa koox diiwaanno ah oo ay maamusho oo ay isticmaasho ama loo isticmaalo Providence Health Assurance, si loo qaato go'aamo adiga kugu saabsan xubin ahaan. DRS-ga waxa uu ku jiri karaa diiwaanno la xiriira diiwaangelinta, qaansheegashooyinka, maareynta kiiska, maareynta caafimaadka, ama maareynta adeegsiga.

Maxaa ii muhiim ah inaan fahmo si aan u isticmaalo xuquuqdan?

- Waxaad codsan kartaa nuqullo ka mid ah macluumaadkaaga caafimaad oo ay kaydiso oo ay maamusho PHA.
- PHA waxay raaci doontaa jadwalka waqtiyada loo baahan yahay HIPAA iyo/ama sharciga gobolka ee khuseeya kaas oo u baahan kara wakhti jawaab celin dheeraad ah oo la dedejiyey. Haddii aanu ka jawaabi karin gudahood muddada wakhtiga loo baahan yahay, waxaan kuu soo diri doonaa sharraxaad qoraal ah oo ku saabsan dib-u-dhac. Codsigani waxa uu khuseeyaa oo kaliya diiwaannada oo ay hayso PHA. Haddii aad u baahan tahay diiwaanno caafimaad oo ka socda bixiyahaaga, waxaad u baahan doontaa inaad si toos ah ula xiriirto xafiiskooda oo aad sameyso codsi gaar ah.
- Waxaa laga yaabaa inaad gasho dhammaan diiwaannada, tusaale ahaan, diiwaanno gaar ah oo loo isticmaalo dacwadaha sharciga ama maamulka.
- Wicitaannada adeegga macaamiisha waxaa loo duubaa ujeedooyin tababar iyo tayo leh. PHA looma baahna inuu duubista u beddesho qoraal ama la wadaago duubista wicitaanka.

- Rafcaannada iyo Cabashooyinka Rasmiga ah: Waxaad codsan kartaa nuqul ka mid ah dukumeentiyada ay samaysay PHA si aad uga jawaabto racfaan ama cabasho rasmi ah. Wac Adeegga Macaamiisha lambarka ku qoran kaarkaaga aqoonsiga PHA.

Immisa ayaa igu kacaysa?

- Ma jirto wax lacag ah oo lagaa qaado si aad u hesho diiwaannadaada.