Providence Health Assurance

MEMBER RESTRICTION TO RECORDS FORM / FOOMKA XUBINTA EE XADDIDAADDA DIIWAANNADA

Buuxi foomkan si aad u codsato xaddidaad isticmaalka iyo shaacinta macluumaadkaaga caafimaad. Fadlan isticmaal kaarkaaga aqoonsiga xubinka (ID) ee Providence Health Assurance (PHA) 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: TELL US WHAT INFORMATION YOU WOULD LIKE TO RESTRICT / QAYBTA B: NOO SHEEG MACLUUMAADKA AAD RABTO INAAD XADDIDO

☐ Revoke an existing restriction / Ka noqoshada xaddidaadda jirta: _____ (Skip to Signature Section D) / (U gudub Qaybta Saxiixa)

Date of Revocation / Taariikhda Ka-noqoshada

☐ Limit what PHA shares with others involved in your care or payment, or limit information about your location, condition or death. / Xaddid waxa ay PHA la wadaagto dadka kale ee ku lugta leh daryeelkaaga ama lacag-bixintaada, ama xaddid macluumaadka ku saabsan goobtaada, xaaladdaada ama dhimashadaada.

Please list the person(s) below and describe what information should be restricted / Fadlan hoos ku qor dadka oo sharax macluumaadka ay tahay in la xaddido:

Name / Magaca: _____

Relationship to You / Xiriirka uu qofku kula leeyahay: _____

Specify Restriction / Sii Faahfaahinta Xaddidaadda: _____

_____

PART D: MEMBER SIGNATURE AND DATE / QAYBTA D: XUBINTA SAXIIXA IYO TAARIIKHDA

I understand that PHA does not have to agree to my requested restriction(s). I understand this request will be reviewed and I will be informed if this request is accepted. / Waxaan fahamsanahay in PHA aysan qasab ku ahayn inay ogolaato xaddidaadda(xaddidaadaha) aan codsaday. Waxaan fahamsanahay in codsigan dib loo eegi doono, waxaana la ii sheegi doono haddii codsigani la aqbalo.

_____ _____

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 / *Dukumentiga 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 Dukumentiga Hay'adda Sharciga.*

PART E: RETURN THE COMPLETED FORM TO PHA (QAYBTA E: KU SOO CELI FOOMKA LA BUUXIYAY PHA)		
Boostada:	**Fakiska:**	Iimayl:
Providence Health Assurance PO Box 4327 Portland, Oregon 97208-4327	503-574-8608	phpprivacyprogram@providence.org
Haddii aad qabto wax su'aalo ah, fadlan ka wac Providence Medicare Advantage Plans lambarka 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 1da Abriil iyo 30ka Sebteembar, waxaan xirannahay Sabti iyo Axad kasta.		

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Maxay ka dhigan tahay xaqayga ah in aan xaddido macluumaadka caafimaadkayga?
Adiga ama wakiilkaaga gaarka ah waxaad leedahay xuquuqda inaad codsataan xaddidaad ku saabsan isticmaalka iyo shaacinta macluumaadkaaga caafimaad ee la ilaaliyo oo ay maamusho PHA. Waxaa laguu ogol yahay oo kaliya inaad codsato xaddidaad ku saabsan isticmaalka ama shaacinta la xiriirta daaweynta, lacag-bixinta, ama hawlaha daryeelka caafimaadka; isticmaal ama shaacinta kasta oo kale ee sharcigu u baahan yahay ma beddeli karto PHA. Providence Health Plan wuxuu fahamsan yahay muhiimada ay leedahay ilaalinta sirta macluumaadkaaga caafimaad. Waxaan kaliya isticmaalnaa oo wadaagnaa macluumaadka lagama maarmaanka u ah inaan kuu siino adeegyada sida sharcigu oggol yahay oo looga baahan yahay.

Maxaa ii **muhiim ah inaan fahmo si aan u isticmaalo xuquuqdan?**
- PHA waxay kaga jawaabi doonaan codsigaaga 30 maalmood gudahooda. Haddii wakhti dheeraad ah loo baahdo (illaa 30 maalmood oo dheeraad ah), waxaan kugu ogeysiin doonaa qoraal ahaan.
- Waxaad naga codsan kartaa inaanaan u isticmaalin ama la wadaagin macluumaadkaaga caafimaad ujeedooyin gaar ah, sida daaweynta, lacag-bixinta, ama hawlaha daryeelka caafimaadka. Inta badan kiisaska, waxaanan ku waajibin in aan oggolaanno codsigaaga. Si kastaba ha ahaatee, haddii aad naga codsato inaanaan macluumaadkaaga la wadaagin qorshahaaga caafimaad ee ku saabsan ujeedooyinka lacag-bixinta ama hawlgallada iyo haddii aad ka bixisay lacagta jeebkaaga si buuxda adeeggaas gaarka ah, waa inaan oggolaano codsigaaga.
- Waxaan ku ogeysiin doonaa qoraal ahaan haddii aan ku oggolaan karno codsigaaga xaddidaadda.
- Haddii aan ku oggolaano xaddidaad, waxay khusayn doontaa kaliya macluumaadka oo ay maamusho PHA.
- Haddii aad rabto inaad xaddido diiwaannada uu hayo adeeg bixiyahaaga, fadlan si toos ah ula xiriir iyaga.
- Ma soo rogi karno xaddidaado macluumaadkaas hore loo wadaagay.
- Haddii codsigaaga la ansixiyo, waxaan kugu ogeysiin doonaa qoraal ahaan.
- Haddii codsigaaga la diido, waxaan kuu sharxi doonaa sababta iyo sida aad qoraal ahaan uga jawaabi karto haddii aad khilaafto.
- Waxaad ka noqon kartaa xaddidaadda wakhti kasta adigoo la xiriiraya Adeegga Macaamiisha.
- Xaalad degdeg ah, PHA waxay wadaagi kartaa macluumaadka lagama maarmaanka u ah si loo xaqiijiyo u-qalmitaankaaga ama isku-dubaridka daryeelkaaga.