



患者請求存取指定記錄集

PATIENT REQUEST FOR ACCESS TO DESIGNATED RECORD SET (TRADITIONAL CHINESE)

在某些方面，Swedish Health Services 及其附屬機構可能將患者診所記錄和患者醫院記錄分開存放。若您提出請求，我們很樂意幫您向其它機構透過傳真發送該表的副本。

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.

如若申請表格上空間不夠，您可以另附頁。

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

請將該表格提交至以下任一地點，具體取決於您接受護理的地點：

Please submit this form to one of these locations, depending on where you received care:

<p style="text-align: center;">Swedish Medical Center</p> <p style="text-align: center;">Release of Information</p> <p>747 Broadway, Seattle, WA 98122</p> <p>電話/ Phone: (206) 320-3850</p> <p>傳真/ Fax: (206) 320-2626</p> <p>電郵/ Email: ROI@swedish.org</p>	<p style="text-align: center;">Swedish Medical Group</p> <p>電話/ Phone: (206) 320-3025</p> <p>傳真/ Fax: (478) 238-9436</p> <p>電郵/ Email: smgroi-wa@cioxhealth.com</p>
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提出本請求可能產生費用。

Fees may be associated with this request.

重要資訊： Swedish 及其附屬機構不再列印或發佈患者的社會保險號，除非您有開具賬單的需要。但是，社會保險號可能包含於若干年前的患者資訊中。您申請的記錄中可能包含您的社會保險號。

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.



本機構、其僱員、官員和醫師據此免於因披露上述資訊（在此授權指定或授權範圍內）而承擔任何法律責任。本機構、其僱員、官員和醫師據此免於因披露上述資訊（在此授權指定或授權範圍內）而承擔任何法律責任。

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 及其附屬機構在其健康計劃和活動中不會因種族、膚色、國籍、性別、年齡或殘障而有任何歧視。

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).



患者請求存取指定記錄集

PATIENT REQUEST FOR ACCESS TO DESIGNATED RECORD SET (CHINESE-TRADITIONAL)

患者姓名: _____		出生日期: _____	
Patient's Name:		DOB:	
曾用名: _____		電話: _____	
Prior Name(s) Used:		Phone:	
患者地址: _____			
Patient's Address:			
城市: _____	州: _____	郵政編碼: _____	
City:	State:	Zip Code:	
患者電郵: _____			
Patient's Email:			
請將本人的記錄披露給: 本人自己於上述地址 <input type="checkbox"/>		或以下接收者 <input type="checkbox"/>	
Please disclose my records to: Myself at the address above <input type="checkbox"/>		or the following recipient <input type="checkbox"/>	
姓名: _____	地址: _____		
Name:	Address:		
城市: _____	州: _____	郵政編碼: _____	
City:	State:	Zip Code:	
電話: _____	傳真: _____	郵政編碼: _____	
Phone:	Fax:	Email:	
請透過以下方式發送本人的記錄: <input type="checkbox"/> MyChart <input type="checkbox"/> 電郵 <input type="checkbox"/> Disc <input type="checkbox"/> 紙質材料 <input type="checkbox"/> 傳真			
Please send my records via: <input type="checkbox"/> MyChart <input type="checkbox"/> Email <input type="checkbox"/> Disc <input type="checkbox"/> Paper <input type="checkbox"/> Fax			
本人正在向以下機構索求資訊:			
I am requesting information from the following facility(s):			
列出醫院或服務提供者名稱	和/或	列出診所或服務提供者名稱	
List Hospital(s) or Provider Name(s)	AND/OR	List Clinic(s) or Provider Name(s)	
使用日期從: _____		到: _____	
For the range of dates from:		to:	



3600



SWEDISH

Patient Identification Sticker

授權披露的資訊：

Information to be disclosed:

- | | |
|--|--|
| <input type="checkbox"/> 病史和體檢結果
History & Physical | <input type="checkbox"/> 出院摘要
Discharge Summary |
| <input type="checkbox"/> 手術報告
Operative Report | <input type="checkbox"/> 急診
Emergency Department |
| <input type="checkbox"/> 診斷報告（實驗、X光、EKG等）
Diagnostic Report (lab, x-ray, EKG, etc.) | <input type="checkbox"/> 報告進程記錄
Report Progress Notes |
| <input type="checkbox"/> 其它（詳細說明）： _____
Other (specify): | <input type="checkbox"/> 僅過去兩年
Last 2 years only |

提出本請求可能產生費用。部分記錄無法透過 MyChart 接收。

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

患者簽名： _____ 日期： _____

(正楷書寫並手動簽名)

Date:

Patient Signature: _____
(Print form and sign by hand)

代表姓名： _____ 日期： _____

Representative Name: _____ Date: _____

代表簽名： _____ 與患者的關係： _____

Representative Signature: (正楷書寫並手動簽名。請隨附支援文件。) Relation to Patient:
(Print form and sign by hand. Please include supporting documentation.)



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