



KAJITŌK EO AN RINAÑINMIJ ÑAN KAMO / KŌMMAN JOÑAN WĀWEEN KŌJERBAL IM KWALOK MELELE IN TAKTŌ KO REJ KEJBAROK

KŌJELLA: Kakien ko ikijen wāween kejbarok im kōmadmōd Melele ej kŏtlōk am kajitŏk mo ikijen wāween kŏjērbal im kwalok melele in taktŏ ko am emŏj kejbarok (protected health information, "PHI"). Jōuj im kadedelok peba in ñan kŏmelele mo im jŏñan ko kwŏj kajitŏk. Ekkā, kim ejab aikuŏj kŏtŏbrak kajitŏk eo am ijellokun emŏj kalikar iomwin kakien, kin juon mennin kŏmelim. INTEGRIS aikuŏj loor mo eo emŏj kajitŏk elañe: (i) melele eo ej walok ej ikijen injuran in taktŏ ñan aer kolla ak kŏmadmŏdin jērbal ko ikijen jibañ in ejmour (im ejab ñan aer kŏmmāne ak letok wūno in kŏmadmŏd), ijellokun ñe mennin aikuŏj iomwin kakien; im (ii) PHI eo ej ikijen jeŏjetin juon jibañ in taktŏ ak jērbal im INTEGRIS emŏj an make kollaiki aoleben moktalok jen aer letok jērbal in jibañ eo. Ñe ejab, ñe kim jab kŏtŏbrak kajitŏk in, kim naj loor kajitŏk eo am ijellokun ñe melele eo aikuŏj ej ñan lewaj idin jibañ ñan kwe.

Etan Rinañinmij: _____ Raan in Lotak: _____

Atorej: _____
Street City State Zip

Talebon: _____

Ij kajitŏk bwe melele in taktŏ ko emŏj kejbarok ("PHI") laajrak en mo aer walok:

Ikŏnaan kŏmman jŏñan ak kamo an walok PHI ko aŏ ñan kajojo armij ak jikin kein:

Wūnin an wŏr jŏñan ak mo ilo an walok melele ko aŏ ej:

Melele im Kile

Ij kile ke emŏj letok juon kŏmelele ñan na kin wāween aer naj kŏjērbal im kwalok PHI eo aŏ. Imelele ke INTEGRIS emaron makoko in kŏtŏbrak kajitŏk eo aŏ ñan kamo / kŏmman jŏñan PHI eo aŏ ijellokun ñe aikuŏj iomwin kakien. Imelele ke imaron jolok kajitŏk in ilo raan eo ilo jeklaj ilo aŏ jaini peba in kamool Kabŏjrak eo ijin lal.

Jain in Etan Rinañinmij Raan

Kabŏjrak Kajitŏk eo an Rinañinmij ñan Kŏmman Jŏñan / Kamo an Walok PHI

I revoke this request to limit / restrict disclosure of my PHI effective with the date indicated below.

Jain in Etan Rinañinmij Raan

Peba eo emŏj an dedelok emaron fax ñan INTEGRIS Health Information Management ilo 405-552-8773, mael ñan 3366 NW Expressway, Bld D Ste. C20 Oklahoma City, OK 73112, ak email ñan Healthinfomanagement@integrisk.com. Ñan kajitŏk ko, kall ae lok 877-778-7211.

Patient Label
Patient Name:
MRN:
DOB:

INT-1672M Release of Information Forms



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