



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 kōtlok am kajitōk mo ikijen wāween kōjerbal im kwalok melele in taktō ko am emōj kejbarok (protected health information, "PHI"). Jouv im kadedelok peba in ñan kōmelele mo im joñan ko kwōj kajitōk. Ekkā, kim ejab aiku j kōtōbrak kajitōk eo am ijellokun emōj kalikar iomwin kakien, kin juon mennin kōmelim. INTEGRIS aiku j loor mo eo emōj kajitōk elañe: (i) melele eo ej walok ej ikijen injuran in taktō ñan aer kolla ak kōmadmōdin jermal ko ikijen jibañ in ejmour (im ejab ñan aer kōmmāne ak letok wūno in kōmadmōd), ijellokun ñe mennin aiku j iomwin kakien; im (ii) PHI eo ej ikijen jejetin juon jibañ in taktō ak jermal im INTEGRIS emōj an make kollaiki aoleben moktalok jen aer letok jermal in jibañ eo. Ñe ejab, ñe kim jab kōtōbrak kajitōk in, kim naj loor kajitōk eo am ijellokun ñe melele eo aiku j ej ñan lewaj idin jibañ ñan kwe.

Etan Rinañinmij: _____ Raan in Lotak: _____

Atorej: _____
Street City State Zip

Talebon: _____

Ij kajitōk bwe melele in taktō ko emōj kejbarok ("PHI") laajrak en mo aer walok:

Ikōnaan kōmman joñan ak kamo an walok PHI ko aō ñan kajojo armij ak jikin kein:

Wūnin an wōr joñan ak mo ilo an walok melele ko aō ej:

Melele im Kile

Ij kile ke emōj letok juon kōmelele ñan na kin wāween aer naj kōjerbal im kwalok PHI eo aō. Imelele ke INTEGRIS emaron makoko in kōtōbrak kajitōk eo aō ñan kamo / kōmman joñan PHI eo aō ijellokun ñe aiku j iomwin kakien. Imelele ke imaron jolok kajitōk in ilo raan eo ilo jeklaj ilo aō jaini peba in kamool Kabōjrak eo ijin lal.

Jain in Etan Rinañinmij Raan

Kabōjrak Kajitōk eo an Rinañinmij ñan Kōmman Joñan / 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 emōj an dedelok emaron fax ñan INTEGRIS Health Information Management ilo 405-552-8773, mael ñan 343 NW 56th Street, Bld. B Ste. C50 Oklahoma City, OK 73112, ak email ñan Healthinfomanagement@integrishhealth.org. Ñan kajitōk ko, kall ae lok 877-778-7211.

Patient Label
Patient Name:
MRN:
DOB:

INT-1672M Release of Information Forms



Rev. 3/14, 06/22