



# ORLANDO HEALTH®

Mailing Address: 1414 Kuhl Ave. • Orlando, FL 32806

## DEMANN POU AMANNMAN SERI DOSYE DEZIYEN AN (Paj 1 sou 2)

LINE UP PATIENT I.D. LABEL HERE

Non Pasyan an: \_\_\_\_\_ Dat Nesans Pasyan an: \_\_\_\_\_

Adrès kote demann la fèt: \_\_\_\_\_ Nimewo Dosye Medikal/Kont: \_\_\_\_\_

Non Moun k ap fè demann la: \_\_\_\_\_ Relasyon avèk pasyan an: \_\_\_\_\_

Adrès: \_\_\_\_\_  
(Ri) (Apt) (Vil) (Eta) (Kòd Postal)

Telefòn: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Dat sèvis lan: \_\_\_\_\_ Non Etablisman/Doktè : \_\_\_\_\_

Dokiman(yo) pou amande an: \_\_\_\_\_

Tanpri eksplike pou ki rezon ou kwè dokiman an a enkòrèk oswa enkonplè. Ki sa dokiman an ta dwe di oswa kisa yo ta dwe ajoute nan dokiman an? (Tache paj adisyonèl ak / oswa lòt dokimantasyon si sa nesèsè.)

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Tanpri ekri non tout moun nou te divilge enfòmasyon sa a anvan ak ki moun ou ta renmen nou voye bay amannman sa a, si nou aksepte:

\_\_\_\_\_  
(NON) (Adrès) (Apt/Sal) (Vil) (Eta) (Kòd Postal)

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(NON) (Adrès) (Apt/Sal) (Vil) (Eta) (Kòd Postal)

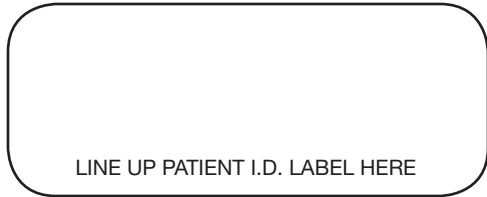
Mwen byen konprann Orlando Health pral revize demann mwen fè pou Amannman an epi yo ka aksepte oswa refize li. Mwen pral resevwa notifikasyon alekri sou estati amannman an nan adrès ki endike pi wo a nan lespas 60 jou apre demann mwen. Si yo aksepte, mwen otorize pou yo divilge amannman sa a ak enfòmasyon ki gen rapò avèk seri dosye ki deziyen an pou yo remèt yo bay moun / antite yo ki endike anwo la a.

\_\_\_\_\_  
Siyati pasyan oswa reprezantan otorize Dat la Lè



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## DEMANN POU AMANNMAN SERI DOSYE DEZIYEN AN (Paj 2 sou 2)

Moun ki te resevwa demann la: \_\_\_\_\_ Dat la: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tit : \_\_\_\_\_ Depatman: \_\_\_\_\_

Demann sa a afekte dosye ki soti nan yon etablisman Orlando Health oswa yon afilye li?

Wi  Non (Si non, kontinye sou pwosesis refi.)

Dosye ki afekte pa demann sa a rete nan men:

- Jesyon Enfòmasyon Medikal
- Sèvis Finansyèl Pou Pasan
- Orlando Health Physician Enterprise (Biwo : \_\_\_\_\_)
- Sèvis Reyabilitasyon (Lokasyon: \_\_\_\_\_)
- Lòt : (Non ak lokasyon: \_\_\_\_\_)

Praktisyonè oswa depatman ki te kreye dosye pou yo amande an: \_\_\_\_\_

Reprezantan praktisyen oswa depatman ki revize demann lan: \_\_\_\_\_

### Akseptè

Amanman an te apwouve nan fason yo te soumèt li.

Lòt moun oswa antite ki te konte sou dokiman ki enkòrèk lan

### Refize

- PHI pat sòti nan men Orlando Health oswa youn nan afilye li yo.
- PHI pa fè pati seri dosye ki deziyen an.
- PHI pa disponib pou pasyan an fè enspeksyon nan fason lalwa federal mande sa.
- Lòt (dokimante rezon an anba la a):

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Siyati moun k ap fè revizyon an \_\_\_\_\_ Dat la \_\_\_\_\_ Lè \_\_\_\_\_

COMMUNICATION ASSISTANCE PROVIDED (Please Print)		
QUALIFIED INTERPRETER	QUALIFIED BILINGUAL TEAM MEMBER	ASSISTING VISUALLY IMPAIRED
Team Member Name & I.D.: _____	Team Member Name & I.D.: _____	Team Member/Reader Name & I.D.: _____
Agency/Interpreter Name and/or I.D.: _____	Language: _____	Other: _____
<input type="checkbox"/> Video remote <input type="checkbox"/> Tel <input type="checkbox"/> In-person Language: _____		