



**Kev Tso Cai rau Tso Tawm Cov Ntaub Ntawv Fab Kev Kho Mob Uas Raug Tiv Thav mus rau Tog Neeg Thib Peb**

Authorization to Release Protected Health Information to a Third Party (Hmong)

**TO BE SCANNED**

Form content retained in medical record.  
**Route to HIMS Scanning.**

**Cov Lus Qhia:** Daim foos no yog rau tus neeg mob los sis tus neeg sawv cev raug cai siv los tso cai rau kev tso tawm cov ntaub ntawv rau tus neeg thib peb (uas dhau ntawm tus neeg hauv tsev lossis tus phooj ywg) xws li cov tuam txhab nyaj pov hwm, chaw ua huaj lwm, los sis rau cov laj thawj fab kev cai lij choj, thiab lwm yam. Luam tawm kom meej meej; yuav tsum teb kom tiav txhua ntu kom thiaj siv tau.

**Instructions:** This form is to be used by a patient or legal representative to authorize the release of information to a third party (other than a family member or friend) such as an insurance company, employer, or for legal purposes, etc. Print clearly; each section needs to be completed to be valid.

**2. Cov Ntaub Ntawv Ntxiv Rau Tus Neeg Mob / Additional Patient Information**

Lub Npe Yav Dhau Los los sis Lub Npe Thaum Hluas (yog muaj) <i>(Lub Npe, Npe Nruab Nram, Lub Xeev)</i> Previous or Maiden Name (if applies) <i>(First, Middle, Last)</i>	Tus Xov Toj Hu Tau Yav Nruab Hnub Daytime Phone	<input type="checkbox"/> Kuaj lub npov no yog tias tus neeg mob tau tas sim neej lawm Check this box if patient is deceased.
Tus Neeg Mob Qhov Chaw Nyob <i>(Txoj Kev, Lub Nroog, Lub Xeev, ZIP Code)</i> Patient Address <i>(Street, City, State, ZIP Code)</i>		

**3. Lub Hom Phiaj Ntawm Kev Tso Tawm / Release Purpose**

Khuaj xyuas kem uas tsim nyog ntawm lub npov los sis sau lwm lub hom phiaj rau. / Check appropriate box or write in other purpose.

Kho mob ntxiv mus / Continuing care   
  Xiam Oob Qhab/Kev Tsis Tau / Disability   
  Ua kom tiav cov foos ntawv / Forms completion  
 Kev Pov Hwm Kho Mob / Insurance   
  Kev Cai Lij Choj / Legal   
  Nyaj raug mob ntawm hauj lum / Workers' compensation  
 Lwm yam, qhia kom meej / Other, specify \_\_\_\_\_

**4. Tso Tawm Cov Ntaub Ntawv LOS NTAWM Release Information FROM**

Kuaj xyuas ib lub npov thiab teb kom tiav yog tias tsim nyog. Check one box and complete if applicable.

**Mayo Clinic**  
Suav tag nrho Mayo Clinic thiab Mayo Clinic Health System cov chaw / Includes all Mayo Clinic and Mayo Clinic Health System locations  
 **Lwm Tusqhia meej lub koom haum**, chav hauj lwm, los sis tus neeg (teb kom tiav txhua kab rau hauv qab no) / **Other**, specify organization, department, or individual (complete each line below)  
 \_\_\_\_\_  
 Txoj Kev / Street \_\_\_\_\_  
 Lub Nroog / City \_\_\_\_\_  
 Lub Xeev / State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Xov Tooj / Phone \_\_\_\_\_  
 Fej / Fax \_\_\_\_\_

**5. Tso Tawm / Xa Cov Ntaub Ntawv Mus RAU Release/Send Information TO**

Kuaj xyuas ib lub npov thiab teb kom tiav yog tias tsim nyog. Check one box and complete if applicable.

**Mayo Clinic**  
Chav ua haujlwm / Dept. \_\_\_\_\_  
 Xav mus rau / Attn. \_\_\_\_\_  
 Tus Fej / Fax \_\_\_\_\_  
 **Lwm Tus**, qhia meej lub koom haum, chav hauj lwm, los sis tus neeg (teb kom tiav txhua kab rau hauv qab no) / **Other**, specify organization, department, or individual (complete each line below)  
 \_\_\_\_\_  
 Txoj Kev / Street \_\_\_\_\_  
 Lub Nroog / City \_\_\_\_\_  
 Lub Xeev / State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Xov Tooj / Phone \_\_\_\_\_  
 Fej / Fax \_\_\_\_\_

Daim ntawv tso cai no yuav tas sij hawm nyob rau hauv 1 lub xyoos suav txij hnub kos npe tshwj tsis yog muaj dua lwm lub sij hawm raug teev tseg: \_\_\_\_\_  
 This authorization will expire in 1 year from date of signature unless another date is specified.

- Los ntawm kev kuaj xyuas lub npov no** Kuv tso cai rau qhov kev sib pauv cov ntaub ntawv txuas mus ntxiv los ntawm cov tog neeg sab sau mus kom txog ntua hnub uas qhov kev tso cai tas sij hawm los sis txog thaum raug thim rov qab.  
**By checking this box** I allow the ongoing exchange of information between the above parties until this authorization expires or is revoked.
- Los ntawm kuaj xyuas lub npov no** Kuv tseem tso cai rau tshaj tawm cov ntaub ntawv teev tseg txog kev mus ntsib los sis tso mus nyob hauv tsev kho mob yav tom ntej los yog no tom qab kuv tau kos npe mus kom txog thaum qhov kev tso cai no tas Sij hawm los sis raug tshem tawm.  
**By checking this box** I also authorize the release of records for future visits or stays after the date of my signature until this authorization expires or is revoked.

**Kev Tso Cai rau Tso Tawm Cov Ntaub  
Ntawv Fab Kev Kho Mob Uas Raug Tiv  
Thaiv mus rau Tog Neeg Thib Peb** (txuas ntxiv)

Authorization to Release Protected Health Information  
to a Third Party (Hmong) (continued)

(Teb cov lus nug no kom tiav nyob rau hauv qab no.)  
(complete fields or place patient label here)

Tus Neeg Mob Lub Npe (Lub Npe, Lub Npe Lub Npe Nruab Nrab, Lub Xeem) Patient Name (First, Middle, Last)
Lub Hnub Yug (Hli, Hnub, Xyoo) Birth Date (mm-dd-yyyy)
Mayo Clinic Tus Nab Npawb Ntawm Tsev Kho Mob Mayo Clinic Number

**6. Kev Xa Cov Ntaub Ntawv / Delivery of Information**

Txoj Hauv Kev Uas Nyiam / Preferred Method <input type="checkbox"/> Daim theej ntawm daim ntawv sau (tej zaum yuav muaj daim ntawv ua tiav) / Written copy (may include completed forms) <input type="checkbox"/> Tsuas hais ua lus xwb / Verbal only	Hnub Tim Uas Xav Tau Cov Ntaub Ntawv los ntawm (hli-hnub-xyoo) Date Information Needed by (mm-dd-yyyy)
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Cov ntaub ntawv sau yuav raug xa hauv kev xa ntawv tawm tshwj tsis yog muaj lwm txoj hauv kev raug kos xaiv cia.  
Written information will be mailed unless an alternate method is checked.

Tus Neeg Mob Qhov chaw mus saib cov ntaub ntawv kuaj mob (Patient Portal) – Mayo Clinic Cov Kev Pab Cuam Neeg Mob Nyob Hauv Online Patient Portal – Mayo Clinic Patient Online Services

Tus Fej (Fax) (tus nab npawb teev rau saum toj no hauv ntu 5) / Fax (number listed above in section 5)

Chaw nyob email / Email address \_\_\_\_\_

Mus nqa tom Mayo Clinic qhov chaw nyob, qhia kom meej / Pick-up at a Mayo Clinic location, specify \_\_\_\_\_

CD/DVD

Theej rau hauv USB Flash/lub cuab yeej theej ntim (thumb drive) / USB flash/thumb drive

Lwm yam, qhia kom meej / Other, specify \_\_\_\_\_

**7. Cov Ntawv Teev Tseg los sis Cov Ntawv Tshaj Qhia Ua Yuav Muab Tso Tawm  
Records or Reports to Be Released**

**Lub Sij Hawm Rau Kev Yuav Tso Tawm / Timeframe to Be Released**  
(Cov) Hnub Tim / Date(s) \_\_\_\_\_ los sis (Cov) Xyoo / or Year(s) \_\_\_\_\_  
(hli-hnub-xyoo) / (mm-dd-yyyy) (xyoo) / (yyyy)

**(Cov) Daim Ntaub Ntawv/Cov Lus Cim** (kuaj xyuas txhua qhov uas siv tau) / **Document/Note(s)** (check all that apply)

Cov lus cim txog kev noj qab haus huv rau fab kev coj cwj pwm / Kev puas siab puas ntsws / Fab siab ntsws  
Behavioral health/Mental/Psychological notes

Cov lus cim cov kev kho mob hauv lub chaw kho mob thaum muaj xwm txheej kub ntshov / Kev kho mob nrawm nroos  
Emergency department/Urgent care notes

Cov lus sau tseg txog kev ua hauj lwm/ Tus txheej txheem / Operative/Procedure notes

Tus neeg muab kev pab cov lus sau tseg / Provider notes

Cov lus teev txog kev kho mob (lub cev, ua hauj lwm kho mob, hais lus) / Therapy notes (physical, occupational, speech)

Lwm yam, qhia kom meej / Other, specify \_\_\_\_\_

**Kuv to taub hais tias tej zaum cov ntaub ntawv tso tawm ntawd yuav suav nrog cov kev kho mob rau fab kev coj cwj pwm thiab / los sis kev saib xyuas mob hlwb, thiab cov ntawv kuaj mob HIV.**  
*I understand the information to be released may include behavior and/or mental health care, and HIV test results.*

**Cov Ntaub Ntawv Teev Tseg Ntxiv** (Kuai xyuas txhua qhov uas siv tau) / **Additional Records** (check all that apply)

Daim ntawv teev txoj kev fab tshuaj / Allergy list

Kev Txhaj Tshuaj Tiv Thaiv / Immunizations

Daim ntawv teev npe tshuaj / Medication list

Cov ntaub ntawv hais txog kev sau nuj nqi rau kev kuaj mob yuav muab khaws cia / Billing information for records checked

Cov kev kuaj ntshav / Laboratory results

Cov tau los ntawm kev kuaj ntshav rau kab mob HIV HIV lab test results

Kev kuaj thauj pais / Genetic testing

Cov ntaub ntawv tshawb fawb txog mob / Pathology report(s)

Kuaj txog lub plawv ua haujlwm zoo li cas xws li EKG/Cardio/Echo EKG(s)/Cardio/Echo

Cov ntawv tshaj qhia hauv kev yees duab hluav taws xob Radiology report(s)

Duab hluav taws xob, cov kev kuaj tshwj xeeb /cov feem ntawm lub cev Radiology image(s), specify exam(s)/body part(s)

**Cov ntawb ntawv hais txog kev kho kev quas tshuaj muaj yees thiab lwm yam kev kho mob** (Kuai xyuas txhua qhov uas siv tau)  
**Substance Abuse and Addiction Treatment Records** (check all that apply)

Kev Ntsuas/Tshuaj Xyuas / Assessment/Evaluation

Keeb kwm thiab kev kuaj lub cev / History and physical exam

Ntawv teev tseg ntau yam / Multidisciplinary notes

Kev caw tsev neeg kev koom tes / Family participation invitation

Cov lus nug / Questionnaires

Ntsiab Lus Kev Kho Mob / Tso Tawm / Treatment/Discharge summary

Cov phiaj xwm kho mob / Treatment plans

Lwm yam, qhia kom meej / Other, specify \_\_\_\_\_

**Lwm yam, qhia kom meej yog siv tau / Other, specify if applicable.** \_\_\_\_\_

***Kev Tso Cai rau Tso Tawm Cov Ntaub  
Ntawv Fab Kev Kho Mob Uas Raug Tiv  
Thaiv mus rau Tog Neeg Thib Peb*** (txuas ntxiv)

Authorization to Release Protected Health Information  
to a Third Party (Hmong) (continued)

(Teb cov lus nug no kom tiav nyob rau hauv qab no.)  
(complete fields or place patient label here)

Tus Neeg Mob Lub Npe (Lub Npe, Lub Npe Lub Npe Nruab Nrab, Lub Xeem) Patient Name (First, Middle, Last)
Lub Hnub Yug (Hli, Hnub, Xyoo) Birth Date (mm-dd-yyyy)
Mayo Clinic Tus Nab Npawb Ntawm Tsev Kho Mob Mayo Clinic Number

**8. Kos Npe thiab Sau Hnub Tim** Tus neeg mob los sis tus sawv cev  
raug cai yuav tsum kos npe thiab sau hnub tim kos npe rau daim ntawv tso cai no.

- Qhov kev tso cai no tuaj yeem yuav raug tshem tawm lub sij hawm twg los tau los ntawm kev sau ntawv ceeb toom ntawm kev thim tawm mus rau Lub Chaw Hauj Lwm Tswj Hwm Ntaub Ntawv Kev Noj Qab Haus Huv (HIMS) lub rooj tsav xwm Kev Tso Tawm Cov Ntaub Ntawv (ROI) ntawm lub chaw tso tawm cov ntaub ntawv, zam rau qhov kev txuas sij hawm ntxiv uas Cov Neeg Muab Kev Pab twb tau ua raws li kev vam khom.
- Cov ntaub ntawv uas tau siv los sis nthuav tawm raws li qhov kev tso cai no tuaj yeem raug rov qab muab qhia dua los ntawm tus neeg tau txais thiab yuav tsis muaj kev tiv thaiv ntxiv los ntawm Tsoom Fwv Txoj Cai Kev Ceev Ntiag Tug (Federal Privacy Law) (42 CFR Tshooj 2) (HIPAA).
- Kuv nkag siab tias Mayo Clinic yuav tsis kho kuv txawv los ntawm qhov tias kuv kos npe rau daim ntawv tso cai no los tsis kos.
- Kuv tuaj yeem thov ib daim ntawv theej ntawm qhov kos npe tso cai no.
- Tej zaum kuv yuav tau them nyiaj rau cov ntawv theej raws li lub xeev txoj cai lij choj.
- Kuv muaj txoj cai tshuaj xyuas thiab tau txais daim ntawv luam tawm ntawm cov ntaub ntawv uas yuav raug tshaj tawm.

**8. Signature and Date** The patient or legal representative must sign and date this authorization.

- This authorization may be revoked at any time by providing a written notice of revocation to the Health Information Management Services (HIMS) Release of Information (ROI) department at the facility releasing the information, except to the extent that the Providers have already taken action in reliance on it.
- Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Federal Privacy Law (42 CFR Part 2) (HIPAA).
- I understand that Mayo Clinic will not condition treatment on whether I sign this authorization.
- I may request a copy of the signed authorization.
- I may be charged for copies in accordance with state law.
- I have a right to inspect and receive a copy of the material to be disclosed.

**Cov Lus Cim Qhia:** Ib tus neeg mob (hnub nyoog 18 xyoo los sis tshaj sauv) yuav tsum ua tus tso cai cia tshaj tawm lawv tus kheej cov ntaub ntawv tshwj tsis yog tus neeg mob ua tsis taus los sis tuag lawm xwb. Yog tias kos npe rau tus neeg mob me, kuv cog lus tias kuv txoj cai uas niam thiab txiv tsis tau raug tshem tawm los ntawm lub tsev txiav txim plaub ntug txoj cai lij choj. Cov xwm txheej tshwj xeeb tej zaum yuav xav tau kev pom zoo los ntawm tus neeg me.

**Note:** A patient (18 years or older) must authorize the release of their own information unless patient is incapacitated or deceased. If signing for a minor patient, I hereby state that my parental rights have not been revoked by a court of law. Specific situation(s) may require minor's authorization.

**Kos Npe** (yuav tsum tau)  
**Signature** (required)



**Hnub Tim** (yuav tsum tau) (hli-hnub-xyoo)  
**Date** (required) (mm-dd-yyyy)

**Lub Npe Ntaus** ntawm Tus Neeg Kos Npe (**yog tias tsis yog tus neeg mob**) (Lub Npe, Lub Npe Nruab Nrab, Lub Xeem)  
**Printed Name** of Person Signing (**if not patient**) (First, Middle, Last)

**Kev Sib Txheeb yog tias Tsis Yog Tus Neeg Mob** (tej zaum yuav tsum tau cov ntaub ntawv ntawm txoj cai kev nkag tau mus siv los ntawm tus neeg kos npe) / **Relationship if Not Patient** (legal documentation of the right of access by the signing individual may be required)

- Niam thiab Txiv / Parent     
  Niam Tshiab Txiv Tshiab / Stepparent     
  Tus Neeg Saib Xyuas Raws Cai / Legal guardian  
 Niam Qhuav Txiv Qhuav / Foster parent     
  Daim ntawv tso cai rau kho mob/Tus neeg sawv cev / Health care power of attorney/agent  
 Lwm yam / Other \_\_\_\_\_

**HIMS\* Cov Ntaub Ntawv Sib Tiv Tauj Kev Tso Tawm Cov Ntaub Ntawv**  
**HIMS\* Release of Information Contact Information**

Arizona	Florida	Rochester	MCHS MN	MCHS WI
13400 East Shea Boulevard Scottsdale, AZ 85259	4500 San Pablo Road Jacksonville, FL 32224	200 First Street SW Rochester, MN 55905	1025 Marsh Street Mankato, MN 56001	1400 Belling Street Eau Claire, WI 54703-5211
Xov tooj / Phone 480-301-4211	Xov tooj / Phone 904-953-2022	Xov tooj / Phone 507-284-4594	Xov tooj / Phone 507-594-2621	Xov tooj / Phone 715-838-6395
Tus Fej (Fax) / Fax 480-301-7282	Tus Fej (Fax) / Fax 904-953-2242	Tus Fej (Fax) / Fax 507-284-0161	Tus Fej (Fax) / Fax 507-422-0902	Tus Fej (Fax) / Fax 715-838-3058

**Lus Faj Seeb:** Yog xa cov ntaub ntawv **MUS RAU** Mayo Clinic, tus fej (fax) cov ntaub ntawv mus rau tus nab npawb xov tooj teev nyob rau hauv nqe 5 nyob nplooj 1.

**Reminder:** If sending records **TO** Mayo Clinic, fax records to number indicated in section 5 on page 1.

\*Kev Pab Cuam Tswj Hwm Ntaub Ntawv Kho Mob (Health Information Management Services)

\*Health Information Management Services