



Halkan waxaa ah Foomka Siideynta Macluumaadka ee UCare

Foomka Siideynta Macluumaadka ee UCare wuxuu ogolaanayaa macluumaadkaaga shakhsiyeed ama diiwaannadaada caafimaadka in lala wadaago qof ama cid aad magacawday. Foomkan waxaa uu sidoo kale sharxayaa macluumaadka la sii deyn karo, cidda heli karta iyo ujeedada.

Fadlan buuxi Foomka Siideynta Macluumaadka. Xaqiiji inaad calaamadayso sanduuqyada khuseeya ka dibna saxiix. Kadibna, foomka noogu soo celi boostada, fakiska ama iimaylka. Waxaan cinwaanka boostada, lambarka fakiska iyo cinwaanka iimaylka ku qornaa dhamaadka foomka.

Meesha aad nagala soo xiriiri karto marka aad u baahan tahay caawimaad

Waxaan nahay caawiyeyaal, waxaana kuu joognaa halkan marka aad noo baahan tahay. Xor baad u tahay inaad naga soo wacdo lambarka ku yaala dhabarka dambe ee kaarkaaga aqoonsiga xubinnimada haddii aad su'aalo qabto. Waxaad sidoo kale noo soo diri kartaa codsi adiga oo isticmaalaya akoonkaaga xubinnimada ee onlaynka ah ee **member.ucare.org**.

Discrimination is against the law. UCare does not discriminate because of race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability or sex.

No English?

1-800-203-7225

1-800-688-2534 (TTY)

Auxiliary Aids and Services. UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner, to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).



1-800-203-7225

1-800-688-2534 (TTY)



Foomka Siideynta Macluumaadka

Macluumaadka xubinta

Magaca xubinta: _____

Taariikhda dhalashada: _____

Lambarka aqoonsiga xubinta UCare#: _____

UCare waxay macluumaadkayga u siidayn kartaa: _____

(qof ama cid si loo helo macluumaadkayga)

Xogta la siidaynayo

Qofka ama cida la magacaabay ee kor ku xusan waxay heli kartaa diiwaannada iyo macluumaadka soo socda. Qofkan ama ciddan ayaa sidoo kale waxa ka bedeli karaan diiwaannadan UCare.

- ☐ Waxaan u oggolaaday UCare inay dhammaan diiwaankayga iyo macluumaadkayga la wadaagto wakiilkayga.

AMA

- ☐ Waxaan u oggolaaday UCare inay diiwaannada soo socda la wadaagto wakiilkayga:

☐ Magacayga, cinwaankayga, lambarka taleefanka iyo aqoonsiga xubinnimada UCare #	☐ Macluumaadka caafimaadka galmada ama heerka HIV/AIDS	☐ Oggolaanshooyinka
☐ Macluumaadka sheegashada	☐ Xaaladda uurka iyo macluumaadka bacriminta	☐ Diiwaanada daryeelka caafimaadka dhimirka
☐ Taariikhda farmashiyaha	☐ Qiimaynta daryeelka caafimaadka	☐ Xaddidaada macluumaadka
☐ Heerka iyo taariikhda diiwaangelinta	☐ Racfaanada iyo cabashooyinka	☐ Wax kale (fadlan noo sheeg): _____
☐ Qorshayaasha maaraynta caafimaadka	☐ Macluumaadka maaliyadeed	_____
☐ Dib-u-eegisyada isticmaalka		_____

Jadwalka

- ☐ Sii daa diiwaanadayda wakhti kasta inta lagu jiro diiwaangelintayda.

AMA

- ☐ Sii daa xogtayda laga bilaabo wakhtigan gaarka ah oo keliya:

Ujeedada siidaynta

☐ Codsii shakhsiyeed ☐ Si loo sharaxo barnaamijyada ama adeegyada UCare ☐ Cilmi-baaris ☐ U siidaynta warbaahinta	☐ Si loo diro racfaan ama cabasho (tabasho) ☐ Sii waditaanka daryeelka iyo maareynta cudurrada ☐ Wax kale (fadlan noo sheeg): _____
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Siideyntani waxay socon doontaa ilaa _____,
ama hal sano laga bilaabo taariikhda saxiixa. (bixi taariikh, dhacdo ama xaalad gaar ah)

Markaan saxiixo foomkan, waxaan fahmay oo aan qiray in:

- UCare waxa laga yaabaa inay isticmaasho oo ay sii dayso macluumaadka aniga igu saabsan sababaha kor ku xusan awgood.
- Waxa aan xaq u leeyahay in aan kansal gareeyo sii-deyntan wakhti kasta aniga oo iimayl u diraya **privacy@ucare.org** ama warqad u qoraya Sarkaalka Qarsoodinimada Xogta ee UCare ee 500 Stinson Blvd. NE, Minneapolis, MN 55413.
- Haddii aan kansal gareeyo sii deyntan, waxaan fahamsanahay in laga yaabo in macluumaadkayga hore loo wadaagay ama la isku halleeyey ka hor intaan kansal gareynin siideynta.
- Marka macluumaadka lala wadaago kooxda ku magacaaban foomkan, waxa laga yaabaa in aanay ilaalinayn sharciyada qarsoodinimada xogta ee federaalka ama gobolka.
- Haddii aanan saxiixin siidayntan, ma saamayn doonto caymiskayga caafimaadka.
- Macluumaadka la siidaayay waxaa laga yaabaa in dadka kale ku ogaadaan inaan ku jiro Barnaamijka Daryeelka Caafimaadka Minnesota.
- Waxaan halkan uga caginayaa UCare dhammaan sheegashooyinka ka dhasha ama la xiriira isticmaalka macluumaadka la sii daayay.

_____	_____
Saxiixa xubinta UCare ee ansixinaysa	taariikhda siidaynta
_____	_____
Saxiixa markhaatiga (haddii loo baahdo)[1]	Taariikhda
_____	_____
Saxiixa waalidka, masuulka ama qofka idman wakiilka (haddii loo baahdo)	Taariikhda

Foomkan ku soo celi UCare adigoo isticmaalaya mid ka mid ah saddex qaab:

Boostada: UCare

Fakiska: 612-676-6501

PO Box 52

Minneapolis, MN 55440-0052

Iimaylka: **CLSScanReqInq@ucare.org**