MINNEAPOLIS SCHOOL BASED CLINICS program

Mental Health Services
Informed Consent: Client & Parent (Somali)

Minneapolis Health

Xarunta caafimaadka ee ka furan Dugsiga (ama kan caruurtaada) adeegga caafimaadka ee uu bixiyo waxaa ka mid ah adeegga cudurada dhimirka. Shaqaalaha caafimaadka waa kuwa heysta leesinka Gobolka Minnesota ama ku jira qaadashada leesinka Minnesota. Ardayda jaamacadda Minnesota ee Barnaamijka Cudurada Dhimirka ayaa laga yaabaa in ay ka shaqeeyaan Xarunta Caafimaadka ee Dugsiga. Laga bilaabo, Luulyo 2023, caruurta da'doodu tahay 16 ama ka weyn uma baahna ogolaashaha waalidka si loogu fidiyo daaweynta cudurada dhimirka.

Daaweynta Cudurada dhimirka (oo loo yaqaan daaweynta hadalka) is waa hab lagu qiimeynayo oo lagu daweynayodareenka la xiriira cudurada dhimirka. Waxaa jira faa'iidooyin dhawr ah oo xirfadan ay leedahay oo loo adeegsado waxyaabaha dareenka laga qabo oo dadka lagu daweeyo. Adeegyadaas waa mid u baahan ka qeybgal iyo wada shaqeyn. Mudada daaweynta, adiga (ama ilmahaaga) ayaa laga yaabaa in shaqaaluhu weydiistaan in ay ka qeyb qaataan qiimeynta oo ay ka caawiyaan ujeedooyinka la doonayo in laga gaaro daaweynta iyo qorshah a ee daaweynta.

Shaqaaluhu waxa ay ku dadaalayaan in ay xaqiijiyaan in adiga (ama ilmahaaga) aad kala kulantaan waayo aragnimo wanaagsan. Hase yeeshee, daaweyntu waa mid cilmi ku saleysan mana jiro wax balan qaad ah oo ku saabsan natiijada ka soo baxda. Waxaa jira habab kale oo la talin ah ama daaweyn ah oo wax looga qabanayo arrimaha la xiriira cudurada dhimirka. Taas waxaa ka mid ah talo gelinta dhakhtarkaaga ee doorashada caafimaadka ama talo gelinta hogaamiyayaasha xagga diinta ee bulshadaada ee kala doorashada ku daaweynta diinta. Waxaa kale oo aad dooran kartaa in aad diido in aad ka qeyb qaadato diinta. tani waxa ay kordhineysaa khatarta in xanuunka dhimirka ee iminka jira uu noqdo mid aan wax laga qaban karin.

Ogolaashan waxaa ku jira macluumaad muhim ah oo ku saabsan adeegga cudurada dhimirka. Marka foomkan la saxiixo waxa uu noqonayaa heshiis dhex mara adiga (iyo ilmahaaga), shaqaalaha daaweynta, iyo Xarunta Caafimaadka Dugsiga.

Client Registration

*** Magaca awoowaha:** ________________________________ ***Magacaaga:** _________________________

Magaca Laguugu Yeero: _______________________________ ***Lambar Ardayga:** ____________

***Taariikhda Dhalashada:** _____________ **Lambarka Ceymiska Bulshada:** __________________

***Jinsiga u dhashay:** ❑ Dhedig ❑ Lab ❑ Isku dhaf ***Nooca jinsiga:** ❑ Dhedig ❑ Lab ❑ jinsi gaar ah ma raacsana
***Loogu yeero:** ❑ Iyada ❑ Isaga ❑ Iyaga ❑ Kuwo kale:________________

*** Cinwaanka uu degan yahay** ______________________________________ ***Magaalada:** _____________________

Nawaaxiga: ____________

***Afka looga hadlo guriga:** _____________________

***Qowmiyadda(daha):** ❑ American Indian ❑ Eeshiyaan ❑ Madow ❑ Caddaan ❑ Isku Dhaf ❑ Kuwo kale: _______

***Asalka:** ❑ Hispanic/Latino ❑ Hmong ❑ Isku Dhaf ❑ Aan aheyn Hispanic/Latino ❑ Somali ❑ Afrikada Kale ❑ Kuwo kale:__________________

***Telefoonka Ardayga:** ___________________ ❑ Gacanta ❑ Kuwo kale ***Fariin quoraal ah ma laguu soo diri karaa**? ❑ Haa ❑ Maya
Iimeylka Ardayga: _____________________

***Dugsig:** ❑ Camden ❑ Edison ❑ FAIR ❑ Longfellow ❑ Roosevelt
❑ South ❑ Southwest ❑ Washburn ❑ Wellstone ❑ Kuwo kale : ______________

Xarunta Caafimaadka: _______________________________________ **Dhakhtarkaaga:** ________________________

Macluumaaka Waalidka/Mas'uulka

Magaca (yada): _________________________ **Telefoonka:** ______________________ ❑ Gacanta ❑ Guriga ❑ Shaqada
❑ Waalidka ❑ Mas'uulka Kuwo kale :____________________**Iimaylka :** _______________________________

Magaca (yada): _________________________ **Telefoonka:** ______________________ ❑ Gacanta ❑ Guriga ❑ Shaqada
❑ Waalidka ❑ Mas'uulka Kuwo kale :____________________**Iimaylka :** _______________________________

Xuduudda Qaarsoodi ka Dhigista

Sharci ahaan, waxa ay shaqaalaha caafimaadka macluumaadka ay daaweynta ka dhigayaan mid qarsoodi ah haddii uusan jirin qoraal aad saxiixday adiga, ama xaaladaha qaarkood ilmaha, oo ogolaanaya in macluumaadka cid kale loo sii gudbiyo. Hase yeeshee, waxa jira waxyaabo sharcigu ka reebayo oo adiga iyo ilmahaaga muhim u ah oo la doonayo in adiga iyo ilamahaaga aad fahamtaan oo ku saabsan wadaagista kulamada daaweynta. Xaaladaha qaarkood, waxaa laga yaabaa in shaqaalaha u sharciga waajib kaga dhigayo in ay macluumaadka sii gudbiyaan haddii ay ogolaasho u heystaan iyo haddii kale.

Macluumaadka qarsoodi lagama dhigayo marka:

- Macmiilka uu shaqaalaha u sheego in uu ku talo jiro/jirto in uu isu geysto dhaawac halis ah ama dhimasho keeni karta.
- Macmiilka uu shaqaalaha u sheego in uu ku talo jiro/jirto in uu u geysto dhaawac halis ah ama dhimasho dad kale.
- Macmiilka oo sameynaya waxyaabo keeni kara dhaawac halis ah ama keeni kara dhimasho qof kale, xitaa haddii aysan dooneyn in ay dhaawacaas isu geystaan ama qof kale u geystaan.
- Macmiilka uu shaqaalaha u sheego in loo geystay xadgudub - galmoodka, jirka, ama dareenka, ama horay loogu geystay sadexdii sano ee la soo dhaafay.

La Xiriirka Waalidka (waalidiinta) ama mas'uulka (mas'uuliyiinta) Ilmaha

Marka laga reebo xaaladaha kor ku xusan, shaqaalaha ma gudbinayo macluumaadka daaweynta ee gaarka haddii uusan macmiilku u ogolaan.

La Xiriirka iyo Isku xirka Shaqaalaha Dugsiga

Shaqaalaha daaweynta ayaa laga yaabaa in ay u baahdaan in ay la shaqeeyaan shaqaalaha dugsiga si ay u xiriiriyaan adeegyada daryeelka ee tayada sare leh ee loo qabto adiga (ama ardayga). Tusaale ahaan, adiga (ama ilmahaaga) waxaa laga yaabaa in ay ka soo baxaan shuruudaha ku xiran adeegga dugsiyada ee qorshaha 504 ee adeegga qiimeynta caafimaadka. **Taas waxaa ka mid noqon kara macluumaad kooban oo lala wadaago laakiin muhim ah.**

Ogolaashaha iyo Sii Gudbinta Duubitaanka Codka/Fiidiyoowga

Si loo horumariyo adeegga, waxa aanu kor kala socosho iyo tababar u fidinaa innaga oo isticmaaleyna cod iyo fiidyoow la duubay. Habkan ayaa si toos ah ugula soconeynaa ra'yiga iyo kor kala socoshada ee shaqaalaha daawada iyo horumarinta adeegga macaamiisha loo qabto. Shaqaalaha xirfadlayaasha ah ee kor kala socoshada iyo kuwa ka qeyb qaadanaya tababarka waxaa ka mid ah horjoogayaasha, shaqaalaha iyo macalimiinta jaamacadaha wax ka dhiga.

Dhamaan codka iyo fiidyoowga la duubay waa la burburiyaa mana aha mid loogu baahan yahay ujeedada kor ku xusan.

Ogolaashaha Ka Qeybgalka Qiimeynta

SBC ayaa laga yaabaa in ay macluumaadka gaarsiiyaan Xarunta Washburn ee Caruurta (Washburn Center for Children) ee ujeedooyinka kor ku xusan ee qiyaasta ay dajisay Waaxda Adeegga dadweynaha ee Minnesota. Waxa kale oo suurogal ah in SBC macluumaadkaaga u dirto Degmada Hennepin iyo MPS ujeedo la xiriirta deeqda barnaamijka - macuumaadka lama raacinayo macluumaadka qofka lagu aqoosan karo.

Biilasha/Bixinta Kharashka Caafimaadka

Daryeelka Cudurada Dhimirka ee SBC waa mid aan ku xirneyn in aad ceymis leedahay iyo in kale. Xarunta waxa ay biilka u direysaa ceymiska markasta oo ay suurogal tahay si kharashka adeegga wax looga bixiyo waxaana loo dirayaa oo kaliya dadka heysta ceymiska caafimaadka. Ka dib marka ay na soo gaarto lacagta ceymiska, ayaa qofka loo soo dirayaa mareeg (link) uu ku bixiyo lacagta oo amaan ah website (rectangle health).

Waanu kaaga mahad celineynaa wixii kharash ah ee aad bixin kartaan. Marna xisaabtaada looma dirayo hay'adaha lacagta soo ururiya ee ka baxsan hay'adeenna mana dooneyno lacagta oo aad bixin weyso in ay saameyn ku yeelato adeegga adiga iyo ilmahaaga ee Xarunta Caafimaadka ee Dugsiga. haddii aad wax su'aal qabtaan, fadlan la soo xiriir Maamulaha Xarunta Caafimaadka Dugsiga.

Adiga iyo ilmahaaga ma leedihiin kaar caafimaad? ❑ Haa ❑ Maya

❑ Waxa aan doonayaa in la ii soo diro macluumaad ku saabsan sida aan ku heli karo ceymiska caafimaadka aniga oo Portico Healthnet in ay ila soo xiriiraan.

Magaca Ceymiska: ______________________________

Ceymiska/Lambarka Ceymiska: __________________

Lambarka Kooxda: ____________

Telefoonka:___________

Magaca Qofka Leh Ceymiska: _____ _________

Qofka Leh Ceymiska: Taariikhda Dhalashada: ______________

Policy Holder SSN:__________________

Waxa aan Xarunta Caafimaadka ee Waaxda Caafimaad Ee Minnesota u ogolanayaa in ay diri karaan dhamaan macluuamadka iyo biilasha ku saabsan aqoonsiga, daaweynta iyo isticmaalka maandooriyayaasha haddii ay khuseyso bixinta kharashka ee qeyb sadexaad, marka la codsado macluumaadka noocaas ah ee ujeeddo la xiriirta go'aan ka gaarista bixinta kharashka.

❑ Waxa aan ogolaaday in iimeyl la iigu soo diro biilka. Email: ____

Gunaanadka Ogolaashaha

Marka aad saxiixdo foomkan, waxa aad ogolaatay:

- Waxa aad akhrisay oo aad fahamtay adeegga Barnaamijka Cudurada Dhimirka ee Xarunta Caafimaadka Dugsiyada ee Minneapolis.
- Waxa aad ogolaatay in laguu soo diro adeegga cudurada dhimirka ee xarunta Caafimaadka Dugsiyada ee Minneapolis ay bixiyaan.
- Ogolaashahaaga waa mid dhaqangal ah ilaa aad wax ka bedesho oo aad adiga ama ilmaaga codsi qoraal ah u soo diro SBC MH.
- Waxa aan fahamsanahay in ogolaashahan laga noqon karo markii la doono iyada ooqoraal ogeysiiska ka noqoshada loo soo diro amagacanta laga saaro dhaqaalaha daaweynta ama maamulaha xarunta loogu soo diro Minneapolissbc@minneapolismn.gov. Marka aad ogolaasho bixiso, waa mid dhaqangal ah wixii ka dambeeya maalintaas.

Saxiixeyga hoos waxa uu ka dhigan yahay in aan fahmay oo aan ogolaaday dhamaan qodobada kor ku xusan.

________________________	________________________	__________
Saxiixa Ardayga	Magaca Ardayga oo sadexan	Taariikh
________________________	________________________	__________
Saxiixa Waalidka/Mas'uulka	Magaca Waalidka/mas'uulka oo sadexan	Taariikh

I, the practitioner/professional providing clinical services, have discussed the issues above with the client and/or parent or guardian of a minor client and answered their questions. The client and/or their parent/guardian provided informed consent to the above mental health services.

*SBC Provider Signature*______________________ *Print Name*____________________________ *Date*__________

For Office Use Only

Type of consent	
Parent/guardian consent	☐ Yes
Minor Mental Health	☐ Client signed- Confidential – do not bill
	☐ Client signed parent/guardian involved ok to bill