

Ho Hum Motel

Malazi kwa Kujitenga, Karantini na Upataji Nafuu kutokana na COVID-19

Ho Hum Motel
1660 Williston Road,
South Burlington, VT 05403

Vigezo vya Wageni

Wageni wa Kujitenga, Karantini na Upataji Nafuu katika Ho Hum wanakidhi vigezo vifuatavyo:

- ✓ Wanaonyesha dalili na wanashukiwa kuwa na COVID-19 lakini hawahitaji huduma ya hospitali; **au**
- ✓ Wamekuwa katika hatari ya kuambukizwa COVID-19 na wametathminiwa kuwa katika hatari kubwa ya kuwa COVID-19 + na mtoa huduma ya matibabu; **au**
- ✓ Wamepimwa na kukutwa kuwa wana COVID-19 (kisa kilichothibitishwa) wakiwa na dalili ndogo au bila dalili; **na**
- ✓ Wanahitaji kujitenga sababu ya hatari ya kuambukiza wengine wakati wanapata nafuu na hawana mahali pengine panapofaa pa kujitenga; **na**
- ✓ Hawahitaji kiwango cha huduma ya hospitali (wanaweza kuwa wamepewa rufusa kuondoka hospitalini au wamepewa rufaa ya moja kwa moja kutoka kwa makazi ya sasa); **na**
- ✓ Hawahitaji msaada wa maisha ya kila siku na wanaweza kujiondoa kutoka kwenye jengo ikiwa inahitajika.

Kwa watu wanaoshukiwa au walio katika hatari kubwa ya kuwa COVID-19 +, rufaa zinakubaliwa tu kutoka:

- Divisheni ya Huduma za Kiuchumi ya DCF (ESD), **au**
- Idara ya Afya ya Vermont, **au**
- Daktari au kituo cha afya.

Jinsi ya Kutoa Rufaa

1. Shirika linalotoa rufaa kwanza litatathmini ikiwa mtu anakidhi vigezo vya kuingia akiwa eneo hilo. Wageni wa makazi kwa kujitenga, karantini na upataji nafuu kutokana na COVID-19 wanakidhi vigezo vilivyoorodheshwa hapo juu.
2. Shirika linalotoa rufaa litahakikisha kuwa wana kila kinachohitajika ili kukamilisha rufaa kwa njia ya simu:
 - a. Ruhusa kutoka kwa mteja ili kufanya rufaa hiyo
 - b. Ufikiaji wa mteja wakati wa mazungumzo ya rufaa (simu ya mkutano au kukaa katika chumba kimoja katika umbali salama) ili kusaidia kujibu maswali.
3. Ili kuanzisha rufaa, tafadhali wapigie wafanyakazi wa Ho Hum kupitia: 802-233-8922. Utaombwa ukamilishe na utume yafuatayo kwa anuani ya barua pepe ya rufaa ya Ho Hum: hohum@champlainhousingtrust.org:
 - a. Nakala ya picha ya kitambulisho iliyonakiliwa kwa mwale wa kielektroniki au, ikiwa mgeni hana picha ya kitambulisho, picha ya mgeni; **na**
 - b. Fomu ya Uwekaji Nafasi ya Ho Hum (Kiambatisho A); **na**
 - c. Fomu Iliyosainiwa ya Makubaliano na Mgeni (Kiambatisho B); **na**
 - d. Fomu ya HIPAA ya Champlain Housing Trust (Kiambatisho C); **na**
 - e. Ikiwa mtu huyo hana mtoa huduma wa msingi katika eneo la Burlington na yuko tayari kukabidhi Vituo vya Afya vya Jamii ya Burlington jukumu hilo wakati anakaa Ho Hum, tafadhali pia tuma Fomu ya Usajili wa Wagonjwa ya Vituo vya Afya vya Jamii ya Burlington. (Kiambatisho D); **na**
 - f. **Ikiwa** mtu ametambuliwa kuambukizwa COVID-19, uthibitisho wa upimaji.

4. **Tafadhali usitume wageni kuja kwenye eneo hadi utakapopata uthibitisho wa uwekaji nafasi.**
Baada ya kupokea taarifa/nyaraka zote zinazohitajika na kubaini kuwa mtu huyo anakubaliwa kwenye eneo, wafanyakazi wa Ho Hum watathibitisha uwekaji nafasi, kuhakikisha kuwa mgeni pamoja na wafanyakazi wa Ho Hum wamejiandaa kuwasili huko. Wageni wote lazima wafike baada ya saa 4 asubuhi na si zaidi ya saa 3 usiku.
5. Wafanyakazi wa Kliniki na Vituo vya Afya vya Jamii ya Burlington watafanya kazi ili kupanga huduma ya afya ya mbali kwa watu ikiwa hawajipangii huduma zao wenyewe.
6. Watoa Huduma ya Msingi wa Wageni na wafanyakazi wa Vituo vya Afya vya Jamii ya Burlington watashiriki katika mchakato wa kuwaruhusu ili kutoa idhini ya mwisho kwamba wafanyakazi wanaweza kuwapa wageni ruhusa kuondoka.

Orodha Hakikishi ya Rufaa – Taarifa Unazopaswa Kuwa Nazo

Wakati wa mchakato wa rufaa, shirika linalotoa rufaa litaombwa kutoa taarifa zifuatazo (kadri inavyopatikana) kutoka kwa mgeni mtarajiwa ili kusaidia wafanyakazi katika kutathmini upangaji unaofaa.

- Jina la Mgeni
- Tarehe ya Kuzaliwa
- Je, una idhini iliyopo ya Utoaji wa Taarifa kati ya Champlain Housing Trust na Vituo vya Afya vya Jamii ya Burlington, au unaweza kujaza moja sasa? (Kwa maneno na/au iliyoandikwa)
- Je, yuko katika Tiba Inayohitaji Msaada wa Kupewa Dawa (hii sio kizuizi, lakini ni muhimu)
- Hali ya kuishi - ni sababu gani hawana nafasi ya kujitenga? Watarudi wapi watakapopata nafuu?
- Tarehe ya kipimo - mahali na uthibitisho wa matokeo chanya ya maambukizi
- Tarehe ya kuanza kwa dalili, ikiwa inajulikana
- Dalili za sasa
- Uwezo wa kujitunza - kwa mfano kujisogeza, kujifulia, kuendesha gari, kunywa dawa, kudhibiti hali yoyote sugu
- Upataji wa dawa - watakuwa nazo kwa angalau siku 14 wanapofika? Ikiwa sivyo, ni nani atakayetafuta dawa walizoelekezwa?
- Je, kuna mipango yoyote ya usalama iliyowekwa ambayo tunahitaji kuifahamu?

Tafadhali usitume wageni kwenda kwenye eneo hadi utakapopata uthibitisho wa uwekaji kutoka Ho Hum.

Ho Hum Motel

COVID-19 Isolation, Quarantine & Recovery Accommodations

Ho Hum Motel 1660 Williston Road, South Burlington, VT 05403
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Guest Criteria

Isolation, Quarantine & Recovery guests of the Ho Hum meet the following criteria:

- ✓ Are symptomatic and suspected of having COVID-19 but do not require hospital care; **or**
- ✓ Have been exposed to COVID-19 and have been assessed as high-risk for being COVID-19+ by a medical provider; **or**
- ✓ Test positive for COVID-19 (confirmed case) with minimal or no symptoms; **and**
- ✓ Require self-isolation due to risk of infecting others during recovery and have no other suitable place to self-isolate; **and**
- ✓ Do not require hospital level of care (may be discharging from a hospital or referred directly from current housing); **and**
- ✓ Do not require assistance with daily living and can self-evacuate the building if needed.

For individuals suspected or at high risk for being COVID-19+, referrals are only accepted from:

- DCF Economic Services Division (ESD), **or**
- Vermont Department of Health, **or**
- A physician or health center.

How to Make a Referral

7. Referring agency will initially assess whether the individual meets the criteria for admission at the site. Guests of COVID-19 isolation, quarantine, and recovery housing meet the criteria listed above.
8. Referring agency will ensure that they have what they need to complete the referral via phone:
 - a. Permission from the client to make the referral
 - b. Access to the client during the referral conversation (conference call or sitting in the same room at a safe distance) to help answer questions.
9. To initiate a referral, please call Ho Hum Staff at: 802-233-8922. You will be asked to complete and send the following to the Ho Hum referrals email: hohum@champlainhousingtrust.org:
 - a. A scanned copy of photo ID or, if the guest has no photo ID, a photo of the guest; **and**
 - b. Ho Hum Reservation Form (Attachment A); **and**
 - c. Signed Guest Agreement Form (Attachment B); **and**
 - d. Champlain Housing Trust HIPAA form (Attachment C); **and**
 - e. If the individual does not have a primary care provider in the Burlington area and is willing to have the Community Health Centers of Burlington take on that role while they are staying at the Ho Hum, please also send the Community Health Centers of Burlington Patient Registration Form (Attachment D); **and**
 - f. **If** the individual has tested positive for COVID-19, a confirmation of testing.

10. **Please do not send guests to the site until you have received confirmation of reservation.** Upon receiving all required information/documentation and determining that the individual is accepted at the site, Ho Hum staff will confirm the reservation, ensure that the guest and Ho Hum staff are both prepared for arrival. All guests must arrive after 10 a.m. and before 9 p.m.
11. Clinical Staff with the Community Health Centers of Burlington will work to arrange telehealth care for individuals if they are not arranging their own care.
12. Guests' Primary Care Providers and Community Health Centers of Burlington staff will participate in the discharge process to provide final authorization that staff can discharge guests.

Referral Checklist – Information to Have Available

During the referral process, the referring agency will be asked to provide the following information (as available) from the potential guest to support staff in assessing appropriate placement.

- Guest Name
- Date of Birth
- Do you have an existing Release of Information with the Champlain Housing Trust and Community Health Centers of Burlington, or can you complete one now? (Verbal and/or written)
- Are they on Medication Assisted Therapy? (this is not a barrier, just important)
- Living situation – what is the reason why they do not have a place to self-isolate? Where will they return to when they recover?
- Date of test – place and verification of positive result
- Date of onset of symptoms, if known
- Current symptoms
- Ability to care for self – for example ambulating, doing personal laundry, driving, taking medications, managing any chronic conditions
- Supply of medications – will they have at least 14 days with them when they arrive? If not, who orders their prescription?
- Are there any safety plans in place that we need to be aware of?

Please do not send guests to the site until you have received confirmation of placement from the Ho Hum.

Kiambatisho A

Fomu ya Uwekaji Nafasi Ho Hum

Inapaswa kujazwa na shirika linalotoa rufaa na kutumwa kwa anuani ya barua pepe:
hohum@champlainhousingtrust.org; mohler@champlainhousingtrust.org; na
etaylor@champlainhousingtrust.org

Shirika Linalotoa Rufaa: _____

Jina la Mkuu wa Kaya (HH): _____

Tarehe ya Kuzaliwa ya HH: _____

Nambari ya Simu ya HH: _____

Idadi ya Watu Wazima katika kaya: _____

Idadi ya Watoto: _____

Miaka ya Watoto: _____

Kuna Mnyama Anayetoa Huduma? ___ Ndiyo ___ Hapana

Tarehe ya Kuingia: _____

Tarehe ya Kuondoka: _____

Mfanyakazi Anayeidhinisha Kuka:

Je, nyumba ina msimamizi visa aliyepo anayetoa huduma na msaada? ___ Ndiyo ___ Hapana

Kama ndivyo, Huduma za Usimamizi Visa zitatolewa na: _____

Simu ya Msimamizi Visa: _____

Barua Pepe ya Msimamizi Visa: _____

Je, umepiga simu ili kuthibitisha upatikanaji wa chumba? Kama bado, tafadhali piga simu Ho Hum kwa nambari 802-233-8922.

Inapaswa kujazwa na Champlain Housing Trust na kurudishwa kwa mfanyakazi anayeidhinisha kuka.

Kwa wageni walio hapo juu:

Tarehe ya Kuingia: _____

Tarehe ya Kuondoka: _____

Sababu ya kuondoka:

___ Mwisho wa kipindi kilichoidhinishwa kuka

___ Ukiukaji wa sheria za wageni

___ Nyingine: _____

Ho Hum Reservation Form

To be completed by agency and emailed to: hohum@champlainhousingtrust.org; mohler@champlainhousingtrust.org; and etaylor@champlainhousingtrust.org

Referring Agency: _____

Head of Household Name (HH): _____

HH Date of Birth: _____

HH Phone Number: _____

Number of Adults in household: _____ Number of Children: _____

Ages of Children: _____

Service Animal? Yes No

Check In Date: _____

Check Out Date: _____

Staff person Authorizing Stay:

Does the household have an existing case manager providing services and support? Yes No

If so, Case Management Services to be provided by: _____

Case Manager's Phone: _____

Case Manager's Email: _____

Have you called to confirm room availability? If not, please call Ho Hum at 802-233-8922.

To be completed by Champlain Housing Trust and returned to staff person authorizing stay.

For guests above:

Check In Date: _____

Check Out Date: _____

Reason for check out:

End of authorized stay

Violation of guest rules

Other: _____

Makubaliano na Mgeni wa Ho Hum: Haki na Majukumu Yako

Ili kufikia dawati la mapokezi, piga 0 au 861-7329. Ikiwa hakuna anayejibu, piga simu 862-6244. Kwa Dharura, piga 9-1-1

Vigezo

Ili kuwa mgeni katika Ho Hum lazima:

- Ushukiwe kuwa na maambukizi ya COVID-19, uwe katika hatari kubwa ya kuambukizwa, au umepimwa na kukutwa kuwa una COVID-19
- Uwe na uwezo wa kusimamia shughuli zako za maisha ya kila siku
- Usiwe na mahali pengine panapofaa pa kujiweka karantini/kujitenga (ili kusaidia katika upataji nafuu kwa njia inayofaa na kuzuia kuambukiza wengine)
- Uweze kufuata Majukumu kama yalivyoorodheshwa hapo chini
- **Uchague kuwa hapa** (kujitenga kwenye eneo hili ni kwa hiari) na ukubali sheria ikiwa utachagua kukaa.

Haki Zako: Nini unaweza Kutarajia kutoka kwetu

Tunafurahi kuwa uko hapa na unaweza kutarajia yafuatayo kutoka kwetu:

- Wafanyakazi watakaokupa ushirikiano walopo kwenye eneo na wanaopatikana kwa simu ili kusaidia kuhakikisha mahitaji yako na mahitaji ya wengine yametimizwa
Chumba safi cha kulala na bafu unapofika, na vifaa vya kukiweka safi
- Huduma za udobi, kama inavyohitajika (piga simu kwa Dawati la Mapokezi ili uweke miadi)
- Chakula kitaletwa chumbani kwako kila siku.
- Usalama katika eneo ili kuhakikisha kuwa ni mazingira salama kwako na kwa wengine
- Ufikiaji wa mtoa huduma ya afya na upimaji
- Vifaa vya kujikinga binafsi ikiwa ni pamoja na barakoa, glavu na vifaa vya usafishaji chumba.

Majukumu Yako: Tunayotarajia kutoka Kwako

Kwa afya na usalama wako na afya na usalama wa wengine, tunakuomba ukubali majukumu yafuatayo. Ikiwa hutatenda kulingana na majukumu haya, unaweza kuombwa uondoke:

Afya na Ustawi

- Utawajibika kwa afya yako mwenyewe. Tafadhali zingatia jinsi unavyohisi na mjulishe mtoa huduma wako wa matibabu ikiwa utanza kuugua na tutakusaidia upate huduma ya matibabu unayohitaji.
- Tafadhali dumisha usafi binafsi.
- Tafadhali weka chumba chako kikiwa safi, na ukisafishe baada ya kuoga, ukitumia vifaa vya kufukiza ili kuua viini kwa kusafisha sehemu kila siku.
- Tafadhali kila wakati vaa barakoa na glavu wakati unapokuwa karibu na wengine.
- Tafadhali jitunze, pumzika ili usaidie upataji nafuu, na ubaki salama.
- Tafadhali waheshimu wengine, ikiwa ni pamoja na wageni wengine, wafanyakazi na wanaojitolea.

Kukaa katika Ho Hum

- Wakati unakaa Ho Hum, lazima ubaki kwenye eneo wakati wote. Wageni hawaruhusiwi isipokuwa kama ilivyopangwa mapema na dawati la mapokezi, bidhaa za kuletewa zinapaswa kuachwa nje ya ofisi.
- Unaweza kwenda nje ili kupata hewa safi katika eneo kwenye majengo alimradi kama utadumisha umbali wa futi sita kutoka kwa wengine ambao wanaweza kuwa nje. Tafadhali vaa barakoa ukiwa nje, ili ulinde afya za wengine. Unahitajika kubaki kwenye majengo, na hilo linafuatiliwa na wafanyakazi. Ikiwa uko pamoja na watoto, lazima wasimamiwe kila wakati wanapokuwa nje.
- Hupaswi kunywa vinywaji vya vileo nje ya vyumba.
- Uvutaji sigara ukiwa vyumbani hauruhusiwi. Utaombwa uondoke na unaweza kulipishwa faini ya \$100 ikiwa kuna uvutaji sigara katika vyumba vyenu. Unaweza kuvuta sigara nje huku milango ya chumba ikiwa imefungwa na ukiwa futi kumi mbali na jengo hilo.
- Huduma za simu za ndani ya chumba zinapatikana.
- Vyumba vya mtu mmoja vinajumuisha jokofu ndogo na wimbi mikro. Vyumba vilivyo na eneo la jikoni vitakuwa na jokofu na stovu. Wageni hawaruhusiwi kutumia vifaa vyao vya kupikia, ikiwa ni pamoja na jiko la umeme na sufuria za kukaangia za umeme, ndani ya chumba chochote cha jengo na hawaruhusiwi kutumia kifaa chochote cha kupikia kinachowaka mwali kwenye jengo, ikiwa ni pamoja na kwenye uwanja na deki.
- Hakuna wanyama kipenzi wanaoruhusiwa. Wanyama wanaotoa huduma wanaosaidia watu wenye ulemavu wanaruhusiwa.
- Wahalifu wa kingono waliosajiliwa hawaruhusiwi kukaa kwa sababu ya hatari kwa wageni wengine na wataombwa waondoke wakigundulika kuwamo kwenye masijala.
- Ukiamua kukatiza kipindi chako cha kukaa katika Ho Hum, tunaweza kukupangia usafiri kwenda mahali adilifu ndani ya Jimbo alimradi kipindi chako cha kujitenga na karantini kinatimiza mapendekezo ya utunzaji wa afya. **Mara utakapoondoka Ho Hum huwezi kurudi.**

Tabia

- Ikiwa unahitajika kufuata vikwazo au masharti fulani kutoka kwa mipango mingine, unatarajiwa kuyafuata ukiwa hapa.
- Ikiwa utagundulika kuwa unauza dawa za kulevya kwenye miliki hii, tutawajulisha polisi, na kuomba kupewa amri ya kuruka mipaka.
- Silaha, ukatili na tabia ya kutishia, ikiwa ni pamoja na matamshi ya unyanyasaji kijinsia, haviruhusiwi.
- Lazima uwe umevaa mavazi na uwe na viatu au ndala kila wakati.
- Ikiwa utakiuka sheria hizi za wageni, unaweza kuombwa uondoke.

Vitu binafsi

- Tafadhali ondoka pamoja na vitu vyovyote utakavyokuja navyo.

Kwa kusaini hapo chini ninakubali kwamba nimesoma makubaliano haya na ninaelewa haki zangu (kile ninachoweza kutarajia kutoka kwa Ho Hum) na majukumu yangu (kinachotarajia kutoka kwangu, na ambayo ni lazima niyafuate) ambayo yameorodheshwa hapo juu.

Saini ya Mgeni _____

Tarehe _____

Jina la Mgeni _____

Tarehe _____

Saini ya Mfanyakazi _____

Tarehe _____

Ho Hum Guest Agreement: Your Rights and Responsibilities

To reach the front desk, dial 0 or 861-7329. If no one answers, dial 862-6244. For Emergencies, dial 9-1-1

Criteria

In order to be a guest at the Ho Hum you must:

- Be suspected of being positive for COVID-19, be at high-risk, or have tested positive for COVID-19
- Be able to manage your own activities of daily living
- Have no other suitable place to self-quarantine/isolate (to support healthy recovery and prevent infecting others)
- Be able to follow Responsibilities as listed below
- **Choose to be here** (isolating at this site is voluntary) and agree to the rules if you choose to stay.

Your Rights: What you can Expect from Us

We are glad that you are here and you can expect the following from us:

- Supportive staff on site and available by telephone to help ensure your needs and the needs of others are met
Clean bedroom and bathroom when you arrive, and supplies to keep it clean
- Laundry services, as needed (call the Front Desk to make an appointment)
- Food delivered to your room daily.
- Security onsite to ensure that it is a safe environment for you and others
- Access to a healthcare provider and to testing
- Personal protective equipment including a face mask, gloves and room cleaning supplies.

Your Responsibilities: What we Expect from You

For your health and safety and the health and safety of others, we ask you to accept the following responsibilities. If you do not act according to these responsibilities, you may be asked to leave:

Health and Wellbeing

- You are responsible for your own health. Please pay attention to how you are feeling and let your medical provider know if you start to feel ill and we will help you get the medical care you need.
- Please maintain personal hygiene.
- Please keep your room clean, and clean up after yourself, using disinfecting supplies to clean surfaces every day.
- Please always wear a face mask and gloves when you are around others.
- Please take care of yourself, rest to support your recovery, and remain safe.
- Please be respectful of others, including other guests, staff, and volunteers.

Staying at the Ho Hum

- While you are staying at the Ho Hum, you must remain onsite at all times. Visitors are not permitted except as pre-arranged with the front desk, for deliveries to be dropped off outside of the office.
- You may go outside for fresh air onsite on the premises so long as you maintain a distance of at least six feet from others who may be outside. Please wear a mask when outside, to protect the health of others. You are required to stay on the premises, and that is monitored by staff. If you have children with you, they must be supervised at all times while outside.
- Alcoholic beverages may not be consumed outside of rooms.
- Smoking is not permitted in the rooms. You will be asked to leave and may be subject to a \$100 charge if there is smoking in your rooms. You may smoke outside with room doors closed and ten feet away from the building.
- In-room local phone service is available.
- Single rooms include a mini-fridge and microwave. Efficiency rooms include a refrigerator and stove. Guests may not use their own cooking devices, including hot plates and electric fry pans, within any room of the premises and may not use any open flame cooking device on the premises, including grounds and decks.
- No pets are allowed. Service animals assisting persons with disabilities are permitted.
- Registered sex offenders are not permitted to stay due to the vulnerability of other guests and will be asked to leave if found to be on the registry.
- If you decide to end your stay at the Ho Hum, we can arrange transportation to a reasonable destination within the State as long as your period of self-isolation and quarantine meets health care recommendations. **Once you leave the Ho Hum you may not be able to return.**

Behavior

- If you are required to follow certain restrictions or conditions from other programs, you are expected to follow them here.
- If you are found to be selling drugs on the property, we will notify the police, and obtain a no-trespass order.
- Weapons, violence and threatening behavior, including verbal sexual harassment, are not allowed.
- You must be clothed and have shoes or slippers on at all times.
- If you violate these guest rules, you may be asked to leave.

Personal Items

- Please take with you any items that you bring.

By signing below I agree that I have read this agreement and understand my rights (what I can expect from the Ho Hum) and my responsibilities (what is expected of me, and that I must follow) that are listed above.

Guest Signature_____

Date_____

Guest Name_____

Date_____

Staff Signature_____

Date_____



**IDHINI YA HIPAA KWA MATUMIZI AU UFICHUZI
WA TAARIFA ZA AFYA**

Andika Jina: _____

I. Idhini yangu

Ninaidhinisha Champlain Housing Trust, Inc itumie au ifichue taarifa zifuatazo za afya:

- Taarifa zangu zote za afya

- Taarifa zangu za afya zinazohusiana na matibabu au hali ifuatayo:

COVID-19 _____

- Taarifa zangu za afya kati ya kipindi cha _____ (tarehe) hadi _____ (tarehe)

- Nyingine: _____

Mshirika aliyepo hapo juu anaweza kufichua taarifa hizi za afya kwa mtoa huduma yoyote ya afya, huduma ya jamii au huduma ya makazi anayenipa huduma wakati wa kipindi changu cha kukaa katika Ho Hum.

Madhumuni ya idhini hii ni (teua yote yanayotumika):

- Kutoa huduma za afya, huduma za jamii na/au huduma zinazofanana wakati wa kipindi changu cha kukaa katika Ho Hum na/au kuwezesha uwezo wangu kupata makazi mengine.

- Nyingine: _____

Idhini hii inaisha:

- Mnamo (tarehe) _____

- Pale tukio lifuatalo litakapotokea: _____

II. Haki Zangu

Ninaelewa kuwa nina haki ya kubatilisha idhini hii, kwa maandishi, wakati wowote, isipokuwa pale ambapo matumizi au ufichuzi tayari umefanywa kulingana na idhini yangu halisi. Sina uwezo wa kubatilisha idhini hii ikiwa kusudi lake lilikuwa kupata bima. Ili kubatilisha idhini hii, lazima nifanye hivyo kwa maandishi na kuipeleka kwa mshirika anayefaa wa ufichuzi.

Ninaelewa kuwa matumizi na ufichuzi ambao tayari umefanywa kulingana na ruhusa yangu halisi hauwezi kurejeshwa.

Ninaelewa kuwa inawezekana kwamba taarifa zilizotumiwa au kufichuliwa kwa idhini yangu zinaweza kufichuliwa tena na mpokeaji na hazilindwi tena na Viwango vya Faragha vya HIPAA.

Ninaelewa kuwa huduma zinazotolewa na mshirika yeyote hazitawekewa sharti la kutia saini idhini hii na kwamba ninaweza kuwa na haki ya kukataa kutia saini idhini hii.

Saini ya Mgonjwa: _____ Tarehe: _____

Saini ya Mwakilishi Aliyeidhinishwa: _____

Tarehe: _____

III. Idhini ya Ziada kwa Hali Fulani

Kumbukumbu hii ya matibabu inaweza kujumuisha taarifa kuhusu **unyanyasaji wa kimwili au kingono, ulevi, utumiaji wa dawa za kulevya, magonjwa ya zinaa, utoaji mimba, au matibabu ya afya ya akili**. Idhini tofauti inapaswa kutolewa kabla ya taarifa hizi kutolewa.

- Nakubali kutolewa kwa taarifa zilizopo hapo juu.

- Sikubali kutolewa kwa taarifa zilizopo hapo juu.

Saini ya Mgonjwa au Mwakilishi Aliyeidhinishwa: _____

Tarehe: _____ Wakati: _____

IV. Idhini ya Ziada kwa VVU/UKIMWI

Kumbukumbu hii ya matibabu inaweza kujumuisha taarifa kuhusu **upimaji wa VVU na/au utambuzi au matibabu ya UKIMWI**. Idhini tofauti inapaswa kutolewa ili taarifa hizi ziweze kutolewa.

- Nakubali kutolewa kwa taarifa zilizopo hapo juu.

- Sikubali kutolewa kwa taarifa zilizopo hapo juu.

Saini ya Mgonjwa au Mwakilishi Aliyeidhinishwa: _____

Tarehe: _____ Wakati: _____



**HIPAA AUTHORIZATION FOR USE OR DISCLOSURE
OF HEALTH INFORMATION**

Print Name: _____

I. My Authorization

I authorize Champlain Housing Trust, Inc. to use or disclose the following health information:

- All of my health information

- My health information relating to the following treatment or condition:

COVID-19 _____

- My health information covering the period from _____ (date) to _____ (date)

- Other: _____

The above party may disclose this health information to any healthcare, social service or housing provider providing services to me during my stay at the Ho Hum.

The purpose of this authorization is (check all that apply):

- To provide healthcare, social services and/or related services during my stay at the Ho Hum and/or to facilitate my ability to obtain other housing.

- Other: _____

This authorization ends:

- On (date) _____

- When the following event occurs: _____

II. My Rights

I understand that I have the right to revoke this authorization, in writing, at any time, except where uses or disclosures have already been made based upon my original permission. I may not be able to revoke this authorization if its purpose was to obtain insurance. In order to revoke this authorization, I must do so in writing and send it to the appropriate disclosing party.

I understand that uses and disclosures already made based upon my original permission cannot be taken back.

I understand that it is possible that information used or disclosed with my permission may be re-disclosed by the recipient and is no longer protected by the HIPAA Privacy Standards.

I understand that services provided by any party may not be made subject to signing this authorization and that I may have the right to refuse to sign this authorization.

Signature of Patient: _____ **Date:** _____

Signature of Authorized Representative: _____

Date: _____

III. Additional Consent for Certain Conditions

This medical record may contain information about **physical or sexual abuse, alcoholism, drug abuse, sexually transmitted diseases, abortion, or mental health treatment**. Separate consent must be given before this information can be released.

- I consent to have the above information released.

- I do not consent to have the above information released.

Signature of Patient or Authorized Representative: _____

Date: _____ **Time:** _____

IV. Additional Consent for HIV/AIDS

This medical record may contain information concerning **HIV testing and/or AIDS diagnosis or treatment**. Separate consent must be given to have this information released.

- I consent to have the above information released.

- I do not consent to have the above information released.

Signature of Patient or Authorized Representative: _____

Date: _____ **Time:** _____