



# Dardaaranka Daryeelka Caafimaadka ee Minnesota: FOOM GAABAN<sup>1</sup>

Minnesota Health Care Directive: Short Form – Somali



HDIR

## Eeg bogga 3 ee tilmaamaha

See page 3 for instructions

Magacayga oo buuxa (ku qor) \_\_\_\_\_ Taariikhda dhalashadayda \_\_\_\_\_  
My full name (print) My date of birth

1. **Waxaan u magacaabay qofka soo socda inuu noqdo wakiilkayga daryeelka caafimaadka aasaasiga ah marka aanan awoodin inaan naftayda u hadlo.** Wakiilkayga daryeelka caafimaadka wuxuu leeyahay awoodaha soo socda: (1) oggolaanshaha, diidmada, ama ka noqoshada daawaynta daryeelka caafimaadka (sida shaybaaris, dawooyin, qalliin); (2) dib u eegis iyo sii daynta diiwaanada daryeelka caafimaadkayga; (3) doorashada dhakhaatiirtayda daryeelka caafimaadka; iyo (4) doorashada meesha aan ku noolanayo iyadoo loo eegayo baahida daryeelkayga caafimaadka. Waan fahansanahay in wakiilkayga daryeelka caafimaadku uusan codsan karin daryeel ka baxsan daawayta macquulka/caqli galka ah.

*I appoint the following person to be my primary (main) health care agent when I am unable to speak for myself. My health care agent has the following powers: (1) consent, refuse, or withdraw health care treatment (such as tests, medicines, surgery); (2) review and release my health care records; (3) choose my health care clinicians; and (4) choose where I live related to my health care needs. I understand my health care agent cannot request care that is outside reasonable medical practice.*

Magaca wakiilka aasaasiga ah \_\_\_\_\_  
Primary agent name

Xiriirka \_\_\_\_\_ Telefoonka \_\_\_\_\_  
Relationship Phone

(Ikhtihaar): **Waxaan qofkan u magacaabaya wakiilkayga daryeelka caafimaadka ee ii beddelaya** haddii ay dhacdo wakiilkayga daryeelka caafimaad ee ugu horreeya aan la heli karin:

*(Optional): I appoint this person as my alternate health care agent in the event my first health care agent is not available:*

Magaca wakiilka beddelka ah \_\_\_\_\_  
Alternate agent name

Xiriirka \_\_\_\_\_ Telefoonka \_\_\_\_\_  
Relationship Phone

2. (Ikhtiyaari): **Waxaan bixinayaa tilmaamaha soo socda ee ku saabsan rabitaankayga la xiriira daryeelkayga caafimaadka iyo qiyamkayga:**

*(Optional): I give the following instructions about my health care wishes and values:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Haddii aad u baahan tahay boos dheeraad ah, ku sii wad dhinaca kale oo ku bilow sanduuqa  
If you need more space, continue on other side and initial in the box

Saxiixayga \_\_\_\_\_ Taariikhda \_\_\_\_\_  
My signature Date

1 Foomka dheer (24595) ayaa diyaar ah haddii aad rabto inaad si buuxda u sharaxdo rabitaannadaada daryeelka caafimaadka. A long form (24595) is available if you wish to more fully describe your health care wishes.

**Qareenka Nootaayada ee Gobolka Minnesota**  
**Notary Public in the State of Minnesota**

Gobolka \_\_\_\_\_  
County of

Sumadda nootaanyada  
Notary seal

Anigoo jooga markay ahayd (taariikhda) \_\_\_\_\_, (magaca) \_\_\_\_\_ waxa uu qiray saxiixidiisa ama saxiixideeda dukumeentigan ama isaga ama iyadu waxay u oggolaadeen qofka saxiixaya dukumeentigan inuu isaga ama iyada u saxiixo.

*In my presence on (date) \_\_\_\_\_, (name) \_\_\_\_\_ acknowledged his or her signature on this document or that he or she authorized the person signing this document sign on his or her behalf.*

Saxiixa Nootaayada \_\_\_\_\_  
Signature of Notary

Gudoomintaydu waxay dhacayaa (taariikhda) \_\_\_\_\_  
My commission expires (date)

**MA Saxiixa Markhaatiga**  
**OR Witness Signatures**

Markhaati 1 \_\_\_\_\_  
Witness 1

Markhaati 2 \_\_\_\_\_  
Witness 2

Ku qor magaca or Magaca qor \_\_\_\_\_  
Print name

Ku qor magaca or Magaca qor \_\_\_\_\_  
Print name

(Markhaatiyadu waa inay ahaadaan 18 jir ama ka weyn mana noqon karaan wakiilkaaga daryeelka caafimaadka aasaasiga ah ama ka duwan. Hal markhaati ma noqon karo dhakhtarkaaga daryeelka caafimaadka ama shaqaale ka tirsan rugahaaga daryeelka caafimaadka.)

*(Witnesses must be 18 years of age or older and cannot be your primary or alternate health care agent. One witness cannot be your health care clinician or an employee of your health care clinician.)*

## Ma inaan buuxiyo Dardaaranka Daryeelka Caafimaadka?

Maya. Waad buuxin kartaa maanta ama wakhti dambe, ama waad diidi kartaa inaad dhammaystirto. Si kastaba ha ahaatee, buuxinta foomkan waxay kaa caawin doontaa inaad hubiso inaad hesho daryeelka aad rabto. Wixii aad jeceshahay inaad qoraal ahaan ku muujisaa waxay caawinaysaa kuwa aad jeceshahay inay ogaadaan in sidii aad jeclaanlahayd ay wax kuugu samaynayaan.

## Macluumaad nooc ee ah ayaa la i weydiinayaa?

**Su'aasha 1:** Su'aashani waxay ku sabsantahay "wakiilka" daryeelka caafimaadkaaga. Wakiilkaagu waa qof aad dooratay inuu ku hadlo oo uu kuu sameeyo go'aamo daryeel caafimaad haddii aadan awoodin. Tixgeli in aad magacowdo xubin qoyskaaga ah ama saaxiib si fiican kuu yaqaan oo fahma qiyamkaaga. **Inaad wakiilkaaga tusto dukumeentigan oo aad kala hadasho isaga ama iyada waa muhiim.** Samee nuqulo dheeraad ah si aad ula wadaagto wakiilkaaga daryeelka caafimaadka, adeeg bixiyeyaasha daryeelka caafimaadka, iyo dadka kale ee muhiimka u ah noloshada.

**Su'aasha 2 (ikhtiyaari):** Su'aashani waxay ku saabsan tahay daryeelka caafimaadka iyo rabitaannada kale ee laga yaabo inaad leedahay. Waxaa laga yaabaa inaad ku qorto wax gaar ah ama guud haddii aad rabto. Waxaad ku dari karta:

- hadafyadaada, qiyamkaaga iyo waxyaabaha aad doorbidayso ee ku saabsan daryeelka caafimaadka
- noocyada daawaynta ee aad rabto ama aadan rabin
- sida aad rabto in wakiilkaaga ama wakiiladaadu ay go'aan kugu gaaraan
- meesha aad jeceshahay in aad ka hesho daryeel (sida guriga ama cusbitaalka)
- go'aamada ku saabsan jidhkayga dhimashadayda kadib
- wax kasta oo aad rabto in lagu daro ama xaddidaya awoodaha wakiilkaaga daryeelka caafimaadka

## Qareenka Nootaayada ama Markhaatiga

Qareenka nootaayada ama 2 markhaati waa inay daawadaan adiga oo saxiixaya Dardaaranka Daryeelka Caafimaadka. Markhaatiyadu waa inay ahaadaan 18 jir ama ka weyn mana noqon karaan wakiilkaaga daryeelka caafimaadka aasaasiga ah ama ka duwan. Hal markhaati ma noqon karo dhakhtarkaaga daryeelka caafimaadka ama shaqaale ka tirsan rugahaaga daryeelka caafimaadka.

## Maxaan ku sameeyaa kadib markaan buuxiyo Dardaaranka Daryeelka Caafimaadkayga?

U sheeg dadka aad magacawday inay yihiin wakiiladaada aasaasiga ah iyo kuwa kale ee daryeelka caafimaadka haddii hore aad sidaas u samayn. Hubi inay dareemaan inay mustaqbalka kuu qaban karaan shaqadan muhiimka ah. Sii nuqul ka mid ah dardaaranka daryeelka caafimaadka dhakhtarka daryeelka caafimaadkaaga. Ku hay nuqullo dheeri ah diiwaannadaada iyo inaad la wadaagto wakiiladaada daryeelka caafimaadka iyo qoyska ama kuwa kale sida aad adigu rabto.

## Yaan la hadli karaa haddii aan su'aalo qabo?

Dhakhtarkaaga daryeelka caafimaadka ayaa ka jawaabi kara su'aalahaaga iyo welwelkaaga. Isaga ama iyada ayaa laga yaabaa inay kuu tixraacaan Fududeeyaha Qorshaynta Daryeelka Hore si uu caawimo. Dhigaalada dheeraadka ah waxaa la heli karaa iyadoo laga raadinayo "advance directive" barta [healthpartners.com](http://healthpartners.com).

**Isticmaal booska hoose si aad u sii waddo rabitaankaaga ku saabsan daryeelkaaga caafimaad (su'aasha 2 ee bogga hore), ama aad ku darto faallooyin.**