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Intake Unit
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New York State Education Department
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475 Park Avenue South
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New York, New York 10016
1-800-442-8106

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(MOLST, Medical Orders for Life-Sustaining Treatment)

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환자 이름:
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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services (Medicare & Medicaid 서비스 센터)
OMB Approval No. 0938-0692

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

병원 내원 환자로서 여러분은 다음과 같은 권리를 가지고 있습니다:

- Medicare 보장이 되는 서비스를 받을 권리. 이는 의료적으로 필수인 병원 서비스와 의사의 지시가 있는 경우 퇴원 후에 필요할 수 있는 서비스를 포함합니다. 귀하는 이러한 서비스와, 누가 이러한 서비스 비용을 지불하고, 어디서 서비스를 제공받을 수 있는지를 알 수 있는 권리가 있습니다.
- 본인의 병원 입원에 대한 모든 결정 사항에 참여하시고, 비용을 지불하는 사람이 누구인지를 알아두시기 바랍니다.
- 여기 나열된 품질 개선 기구(Quality Improvement Organization, QIO)에게 본인이 제공받은 치료의 품질에 대한 우려 사항을 모두 보고해 주시기 바랍니다:

QIO 이름

QIO 전화번호

귀하의 Medicare 퇴원 권리

퇴원 계획하기: 茨褫襯膿蘢醜閏鞦鐓鐫鑼鑽钁钂钃钄钆钇钋钌钍钎钏钐钑钒钕钖钗钘钙钚钛钜钝钞钟钠钡钢钣钤钥钦钧钨钩钪钫钬钭钮钯钰钱钲钳钴钵钶钷钸钹钺钻钼钽钾钿铀铁铂铃铄铅铆铇铈铉铊铋铌铍铎铐铑铒铕铖铗铘铙铚铛铜铝铞铟铠铡铢铣铤铥铦铧铨铪铫铬铭铮铯铰铱铲铳铴铵银铷铸铹铺铻铼铽链铿销锁锂锃锄锅锆锇锈锉锊锋锌锍锎锏锐锑锒锓锔锕锖锗锘错锚锛锜锝锞锟锠锡锢锣锤锥锦锧锨锩锪锫锬锭键锯锰锱锲锳锴锵锶锷锸锹锺锻锼锽锾锿镀镁镂镃镄镅镆镇镉镊镋镌镍镎镏镐镑镒镓镔镕镖镗镘镙镚镛镜镝镞镟镠镡镢镣镤镥镦镧镨镩镪镫镬镭镮镯镰镱镲镳镴镵镶长 茁獭捏

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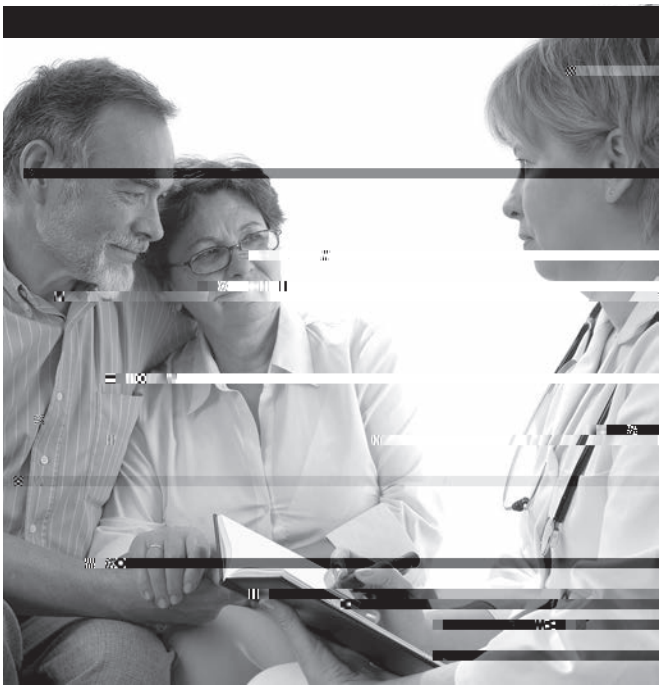

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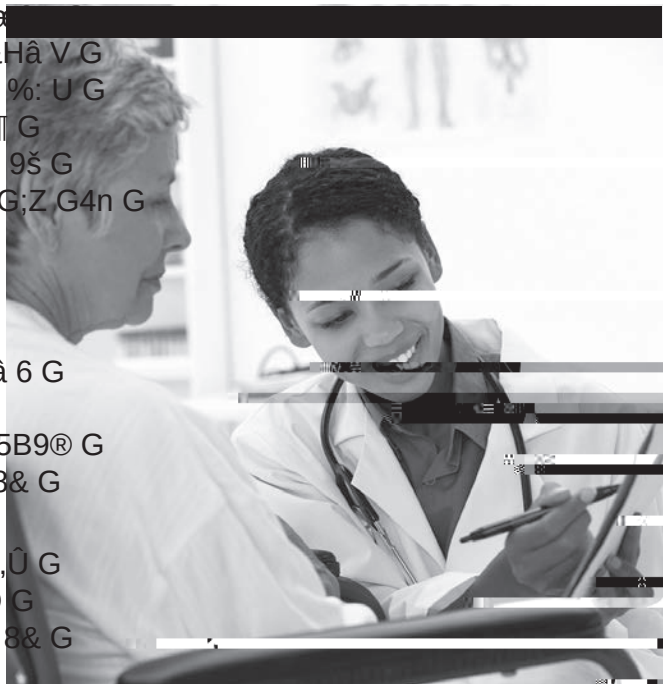

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- ÍG / G%V, 9Î9– G8ê7ç9&8&3r GH®9æ8& â G8F,Û G @®+" O j w y G:r8Î P9® G/J+® G(f$ê G>öHâ+Ò G :kG¿% %: U GGÊ%O GH®9æ$ê G] r9* G9Ê# 8& G 3 ,3G¶ G Ù9'*² G8^3 &n< G7 9',Æ G8W Â G 9®53/Þ,Û G3 C2 V G7š%/% %: U G9Ê G3 H¿8&3r G 9z, G5B9® G9Z9&Hâ$ê G%:9¢8& G&/9®GÊ7Ò G G¿% %: U GGÊ%O GH®9æ$ê GHâ/K G/Þ$û G(f$ê G@®+" G /Þ$û9® G3 C29Û% %: U G(fG² G8F,Û G@®+" G:r K9Ê G G¿, :W9'*² G0š9Î& :W G(f$ê GGÊ%O G3 H¿8&3r G /JD G9Ê3 9® G/Ö%J9Ê G&v G Ù9'*² G Z;R&n$ê G D ;ó S G 6D G(f$ê G%:+Î G/Ö%J9š GFBG¾G¿% %: U
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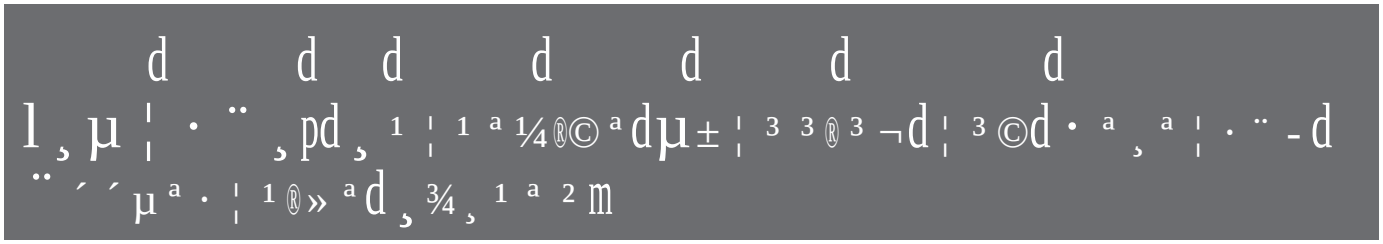

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- ÍG:#š G.N Ã G# 8&3r$ê G X S W W W,Û G9Ê3 9® G8 , 9Ê V G9æ569® G/Ö,þ S G%V, 9Î G(f$ê G%:+Î G9Ê':9Ê
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7 & *³ GG®$ê G,Û*•9š GFBG¾G¶ G4n G9Þ$ê S G V:k G# G.ê; +Ò GFBG¾G®$ê GGß9Z8& G%VG² G/JH
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