NORTH EAST MEDICAL SERVICES
東 北 醫 療 中 心

Please return this form to or call for assistance.
Vui lòng gửi lại mẫu đơn này hoặc gọi điện để được hỗ trợ

North East Medical Services
Attention: Member Services Manager
1520 Stockton Street
San Francisco, CA 94132
1-888-500-1886

PATIENT COMPLAINT/GRIEVANCE FORM
Phàn Nàn Của Bệnh Nhân

Date| Ngày: ____ / ____ / ____

PATIENT INFORMATION | Thông tin Bệnh nhân

Name: _____ NEMS MRN: _____
Họ tên Số hội viên NEMS

Phone Number: _____ Best Time to Call: _____
Số Điện Thoại Thời gian Thuận tiện để Gọi điện

Language: _____ Email: _____
Ngôn ngữ Địa chỉ Email

Address: _____
Địa chỉ

City: _____ State: _____ Zip Code: _____
Thành phố Tiểu Bang Mã Vùng

Name and Relationship of Person Filing
(If Different from Above): _____
Tên và Mối Quan hệ của Người điền đơn nếu Khác với người bên trên

NEMS NORTH EAST MEDICAL SERVICES
東 北 醫 療 中 心

GRIEVANCE FORM
Phàn Nàn Của Bệnh Nhân

INSURANCE INFORMATION | Thông tin Bảo hiểm

- ☐ Medicare / MediCare
- ☐ Medi-Cal / Medi-Cal
- ☐ Medi-Medi / Medi-Medi
- ☐ Self-Pay / Tự chi trả
- ☐ SFHP / SFHP
- ☐ HSF / HSF
- ☐ Private Insurance / Bảo hiểm Tư nhân
- ☐ Blue Cross / Blue Cross
- ☐ HPSM / HPSM
- ☐ SCFHP / SCFHP
- ☐ Other / Bảo hiểm Khác _____

DETAILS OF PROBLEM | Chi tiết Vấn đề

Occurred Date: ____/____/____ Ngày xảy ra

Location/Department: _____ Địa điểm/Phòng ban

Staff Name: _____ Tên Nhân viên

Describe in Detail *(Add attachment if additional space is needed)*
Miêu tả Chi tiết (thêm giấy nếu cần)

_____

_____

_____

_____

_____

_____

NEMS NORTH EAST MEDICAL SERVICES
東 北 醫 療 中 心

GRIEVANCE FORM
Phàn Nàn Của Bệnh Nhân

PATIENT'S EXPECTATION OF RESOLUTION | Mong muốn của Bệnh nhân về Cách Giải quyết

Describe in Detail the Patient's Expectation of Resolution
Mô tả Chi tiết về Mong muốn của Bệnh nhân về Cách Giải quyết

Signature of Patient or Legal Representative*
Chữ Ký của Nhân Hoặc Người Đại Diện Hợp Pháp

Date | Time
Ngày | Giờ

Name of Legal Representative
Tên của Người Đại Diện Hợp Pháp

Relationship of Legal Representative
Mối Quan Hệ của Người Đại Diện Hợp Pháp

Signature of Witness (Required if patient is unable to sign)
Chữ Ký của Người Làm Chứng (Bắt buộc nếu bệnh nhân không thể ký tên)

Date | Time
Ngày | Giờ

NORTH EAST
MEDICAL SERVICES
東 北 醫 療 中 心

GRIEVANCE FORM
Phàn Nàn Của Bệnh Nhân

FOR NEMS STAFF USE ONLY

Date Received by Clinic	Date Received by Grievance Department	Date Entered in Epic

Grievance Report Date _____ Staff Name & Title _____

Description of problem/complaint/grievance (check appropriate boxes):

- ☐ Access to Care
- ☐ Charges
- ☐ Quality of Services
- ☐ Facility Adequacy
- ☐ Staff Attitude
- ☐ Referral/Authorization
- ☐ Quality of Care
- ☐ Discrimination
- ☐ Other _____
- ☐ Language Access

Action Taken:

Resolution

Resolved on _____ Staff Name _____

Staff Signature _____

NONDISCRIMINATION DISCLOSURE AND NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

Our Commitment to Nondiscrimination

In this Notice, we use terms like "we" "our" or "us" to refer to North East Medical Services (NEMS) and NEMS PACE. This notice is available on our website at nems.org. We comply with applicable Federal and state civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ancestry, ethnic group identification, religion, age, sex, gender, gender identity, gender expression, sexual orientation, marital status, medical condition, mental disability, physical disability, or genetic information. This commitment applies to all programs, services, and activities of NEMS PACE, including enrollment, participant care, participant services, and operations of our PACE center.

Laws That Protect You

NEMS and NEMS PACE provides services consistent with the requirements of the following laws, among others:

- Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), which prohibits discrimination based on race, color, and national origin in programs receiving federal financial assistance.
- Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), which prohibits discrimination based on disability in programs receiving federal financial assistance.
- The Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.), which prohibits discrimination based on age in programs receiving federal financial assistance.
- Title III of the Americans with Disabilities Act of 1990 (42 U.S.C. § 12181 et seq.), which prohibits discrimination on the basis of disability by private entities that operate places of public accommodation, and Section 202 of Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. § 12132), which prohibits discrimination on the basis of disability by public entities, to the extent applicable.
- Section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. § 18116), which prohibits discrimination based on race, color, national origin, sex, age, or disability in health programs and activities receiving federal financial assistance.
- California Government Code Section 11135, which prohibits discrimination in programs and activities funded by or receiving financial assistance from the state on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, or sexual orientation.
- California Welfare and Institutions Code Section 14197.09 (SB 923), which requires PACE organizations to provide transgender, gender diverse, and intersex (TGI) participants with access to culturally competent, affirming care.
- The Unruh Civil Rights Act (California Civil Code Section 51 et seq.), which guarantees full and equal accommodations, advantages, facilities, privileges, and services in all business establishments to all persons regardless of sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status.

NONDISCRIMINATION DISCLOSURE AND NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

We:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language and oral interpreters
  - Written information in other formats (e.g., large print, audio, accessible electronic formats, other formats).
  - Assistance with completing forms and other written materials
  - Other auxiliary aids and services as needed

To request any of these services, please contact us using the information provided at the end of this notice.

- Provide free language services to people whose primary language is not English, such as:
  - Qualified spoken language interpreters for in-person, telephone, and telehealth encounters
  - Qualified sign language interpreters
  - Information written in other languages spoken by participants in our service area

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact NEMS at 1-888-500-1886 or NEMS PACE at 1-888-981-8909.

How to file a grievance with NEMS or NEMS PACE

If you believe that we discriminated against you or another person based on any of the characteristics listed above, you can file a grievance with our Member Services. If you need help filing a grievance, our Member Services Department is available to help you.

- **By phone:** Call NEMS 1-888-500-1886, NEMS PACE 1-888-981-8909
- **By mail:** Call us and ask to have a grievance form sent to you.
- **In person:** Visit the Member Services Department.

You may also contact our Civil Rights Coordinator
Attn: NEMS Section 1557 Coordinator
North East Medical Services
1520 Stockton Street
San Francisco, CA 94133
NEMSSection1557@nems.org

How to file a grievance with U.S. Department of Health and Human Services, Office of Civil Rights

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- **By phone:** Call 1-800-368-1019 (TTY 711 or 1-800-537-7697)
- **By mail:** Fill out a complaint form or send a letter to:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201
  Complaint forms are available at:
  http:www.hhs.gov/ocr/office/file/index.html
- **Online:** Visit the Office of Civil Rights Complaint Portal at:
  https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

NEMS NORTH EAST MEDICAL SERVICES
東 北 醫 療 中 心

NEMS PACE

NONDISCRIMINATION DISCLOSURE AND NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

Spanish (Español)
Si habla español, se encuentran disponibles servicios de asistencia lingüística gratuitos y ayudas/servicios auxiliares.

Chinese (中文)
如果您說中文，我們可提供免費語言協助和輔助設施服務。

Vietnamese (Tiếng Việt)
Nếu quý vị nói tiếng Việt, chúng tôi có thể cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí và các thiết bị và dịch vụ hỗ trợ phù hợp.

Japanese (日本語)
日本語を話す場合は、無料の言語支援および補助器具/サービスが利用可能です。

Korean (한국어)
한국어를 하신다면, 무료 언어 지원 및 보조 기기/서비스를 이용하실 수 있습니다.

Tagalog (Tagalog)
Kung nagsasalita ka ng Tagalog, mayroong libreng serbisyo ng tulong sa wika at mga pantulong na kagamitan/serbisyo na magagamit.

Armenian (Հայերեն)
Եթե դուք խոսում եք հայերեն, անվճար լեզվական օգնության և լրացուցիչ ծառայությունների հասանելիություն կա:

Arabic (العربية)
إذا كنت تتحدث اللغة العربية، فتوفر خدمات المساعدة اللغوية والمساعدات/الخدمات المساعدة مجانًا.

Persian (فارسی)
اگر به زبان فارسی صحبت می‌کنید، کمک خدمات دسترس در رایگان کمکی خدمات/وسایل و زبانی است.

Russian (Русский)
Если вы говорите по-русски, бесплатная языковая помощь и вспомогательные средства/услуги доступны.

Thai (ไทย)
หากคุณพูดภาษาไทย มีบริการช่วยเหลือทางภาษาและอุปกรณ์/บริการเสริมฟรีให้บริการ

Amharic (አማርኛ)
እርስዎ አማርኛ ከሚናገሩ ከሆነ፣ የቋንቋ እርዳታ እና ተጨማሪ አገልግሎቶች በነፃ ይገኛሉ።

French (Français)
Si vous parlez français, des services d'assistance linguistique gratuits et des aides/services auxiliaires sont à votre disposition.

German (Deutsch)
Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachhilfe und Hilfsmittel/Dienste zur Verfügung.

Ilocano (Ilocano)
No agsao kayo ti Ilocano, adda libre a tulong iti lengguahe ken dagiti kagawaan/serbisio nga makatulong.

Samoan (Samoa)
Afai e te tautala i le gagana Samoa, e avanoa auaunaga fesoasoani i gagana ma meafaigaluega /auaunaga fesoasoani e aunoa ma se totogi

Hindi (हिन्दी)
यदि आप हिन्दी बोलते हैं, तो मुफ्त भाषा सहायता और सहायक उपकरण/सेवाएँ उपलब्ध हैं।

Hmong (Hmoob)
Yog koj hais lus Hmoob, muaj kev pab txhais lus dawb thiab cov cuab yeej/kev pab ntxiv muaj.

Mon-Khmer, Cambodian (ភាសាខ្មែរ)
ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ
មានសេវាជំនួយភាសាដោយឥតគិតថ្លៃ
និងឧបករណ៍/សេវាជំនួយផ្សេងទៀតមានស្រាប់។

Punjabi (ਪੰਜਾਬੀ)
ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਅਤੇ ਸਹਾਇਕ ਸਹਾਇਤਾ/ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ।

Member Services – California
1520 Stockton Street
San Francisco, CA 94133
1-888-500-1886
TTY: 1-800-735-2929

Member Services – Nevada
5580 W. Flamingo Road, Suite 105
Las Vegas, NV 89103
1-888-500-1886
TTY: 1-800-326-6868

NEMS PACE
728 Pacific Avenue, 2nd floor
San Francisco, CA 94133
1-888-981-8909
TTY: 1-800-735-2929