NEMS NORTH EAST MEDICAL SERVICES

NORTH EAST MEDICAL SERVICES
東 北 醫 療 中 心

Attn: HIS Department
2171 Junipero Serra Blvd, Daly City, CA 94014
Tel: +1 (888) 500-1886 | Fax: (415) 933-6843
Email: eroi@nems.org

NEMS MRN:

NAME:

Date of Birth:

HEALTH INFORMATION EXCHANGE (HIE) PATIENT OPT-OUT FORM

FORMULARIO DE EXCLUSIÓN VOLUNTARIA DE INTERCAMBIO DE INFORMACIÓN DE SALUD (HIE) DEL PACIENTE

Date of Request:
Fecha de solicitud: _____/_____/_____

Name:
Nombre _____

Phone Number:
Número de teléfono _____

Address:
Dirección _____

Email Address:
Correo electrónico _____

City:
Ciudad _____

State:
Estado _____

Zip Code:
Código postal _____

North East Medical Services participates in Health Information Exchanges (the "NEMS HIE"). A Health Information Exchange allow doctors, nurses, pharmacists, and other health care providers to securely share your health information electronically and allows providers to have the most recent information to care for you as a patient. NEMS patients are automatically enrolled in the NEMS HIE.

North East Medical Services participa en los intercambios de información de salud (el "NEMS HIE"). Un intercambio de información de salud permite a los médicos, enfermeras, farmacéuticos y otros proveedores de atención médica compartir de forma segura su información de salud electrónicamente y permite a los proveedores tener la información más reciente para atenderlo como paciente. Los pacientes de NEMS se inscriben automáticamente en el NEMS HIE.

Right to Opt-Out. You have the right to opt-out if you do not want NEMS to share your health information through the NEMS HIE. This will not affect your ability to access any health care or medical services.

Derecho a optar por no participar. *Tiene derecho a optar por no participar si no desea que NEMS comparta su información médica a través de NEMS HIE. Esto no afectará su capacidad para acceder a cualquier servicio médico o de atención médica.*

Risks of Opting-Out. The goal of the NEMS HIE is to allow your providers outside of NEMS to access the best available information about your health. If you opt-out, your health care providers outside of NEMS may have less information about you when making a diagnosis or decisions about your care.

Riesgos de la exclusión. *El objetivo del NEMS HIE es permitir que sus proveedores fuera de NEMS accedan a la mejor información disponible sobre su salud. Si opta por no participar, es posible que sus proveedores de atención médica fuera de NEMS tengan menos información sobre usted al hacer un diagnóstico o tomar decisiones sobre su atención.*

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☐ **Opt-out.** NEMS may not share my health information through NEMS HIE.

Optar por no participar. *NEMS no tiene permiso de compartir mi información de salud a través de NEMS HIE.*

I understand that even if I opt-out:

Entiendo que incluso si opto por no participar:

• my opt-out request does not prohibit NEMS from sharing my health information with other healthcare providers through other methods. My permission is not required for such sharing

mi solicitud de exclusión voluntaria no prohíbe que NEMS comparta mi información médica con otros proveedores de atención médica a través de otros métodos. No se requiere mi permiso para compartir de dicha manera

• any information that was shared through the NEMS HIE will remain available to providers who have access

cualquier información que se haya compartido a través del NEMS HIE permanecerá disponible para los proveedores que tengan acceso

• NEMS may share my information with public health authorities to the extent permitted or required by HIPAA and applicable California law

NEMS puede compartir mi información con las autoridades de salud pública en la medida permitida o requerida por HIPAA y la ley aplicable de California

• in cases of medical emergency, and your doctor requests to view your medical record to diagnose or treat your emergency medical condition, NEMS will disclose your information to your doctor through the NEMS HIE

en casos de emergencia médica y su médico solicita ver su registro médico para diagnosticar o tratar su condición médica de emergencia, NEMS divulgará su información a su médico a través del NEMS HIE

☐ **Cancel Opt-out.** I request to cancel my previous decision to opt-out. By completing and signing this form, I am allowing my health information to be accessible to my health care providers through the NEMS HIE, as permitted or required by NEMS or Federal / State law.

Cancelar la exclusión. *Solicito cancelar mi decisión anterior de optar por no participar. Al completar y firmar este formulario, permito que mis proveedores de atención médica puedan acceder a mi información médica a través del NEMS HIE, según lo permita o exija NEMS o la ley federal / estatal.*

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FORMULARIO DE EXCLUSIÓN VOLUNTARIA DE INTERCAMBIO DE INFORMACIÓN DE SALUD (HIE) DEL PACIENTE

Signature of Patient or Legal Representative* Firma del paciente o representante legal	Date | Time Fecha | Hora
Name of Legal Representative Nombre del representante legal	Relationship of Legal Representative Relación del Representante Legal
Signature of Witness (Required if patient is unable to sign) Firma del testigo (se requiere si el paciente no puede firmar)	Date | Time Fecha | Hora

Please send the completed form to NEMS Health Information Services at 2171 Junipero Serra Blvd, Daly City, CA 94014 or eroi@nems.org.** You may also opt-out or cancel your opt-out (opt back in) electronically at nems.org/mychart.

*Envíe el formulario completo a NEMS Health Information Services a 2171 Junipero Serra Blvd, Daly City, CA 94014 o a eroi@nems.org.** También puede optar por no participar o cancelar su exclusión voluntaria (volver a participar) electrónicamente en nems.org/mychart.*

**If you email us, your message may not be encrypted or secure. Sending information over unencrypted email or online messages is not secure and increases the risk that your information could be intercepted, viewed, copied, or shared by an unauthorized third party.

*** Si nos envía un correo electrónico, es posible que su mensaje no esté encriptado o seguro. El envío de información a través de correo electrónico no cifrado o mensajes en línea no es seguro y aumenta el riesgo de que su información pueda ser interceptada, vista, copiada o compartida por un tercero no autorizado.*

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

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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