NORTH EAST MEDICAL SERVICES
東 北 醫 療 中 心

NOTICE OF PRIVACY PRACTICES

Effective Date: 4/14/2003
Last Updated: 11/1/2025

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact NEMS' Compliance & Privacy Officer at 1-888-500-1886. To access the forms mentioned in this document, please visit our website at https://nems.org/.

ABOUT US

In this Notice, we use terms like "we," "us" or "our" to refer to North East Medical Services ("NEMS"). We are a licensed community clinic organization, a Health Center Program grantee under 42 U.S.C. § 254b, and a deemed Public Health Service employee under 42 U.S.C. §§ 233(g)-(n).

This Notice applies to NEMS, including all our clinic locations, clinical employees (including physicians, nurses and other clinical staff members), administrative employees and volunteers. Our health care delivery sites include the clinic facilities listed on our website at https://www.nems.org/. We share your protected health information to provide you with our health care services, to seek payment for our services and to conduct our business operations, which include, for example, quality assurance, compliance, and utilization review.

WHAT IS PROTECTED HEALTH INFORMATION ("PHI")?

"Protected health information," or "PHI," is information that identifies who you are and relates to your past, present, or future physical or mental health or condition; the provision of health care to you; or past, present, or future payment for the provision of health care to you. PHI does not include information about you that does not identify who you are. If you are an employee of NEMS, PHI does not include the health information (if any) in your personnel file.

PURPOSE OF THIS NOTICE

As a health care provider, we gather, maintain and disclose PHI about our patients. This Notice explains our legal duties and privacy practices with respect to PHI. Your NEMS health records contain PHI, which NEMS understands is private and personal. We are committed to keeping PHI confidential and secure. We are required by law to maintain the privacy of your PHI by implementing reasonable and appropriate safeguards.

HOW WE PROTECT YOUR PHI

We restrict access to your PHI to those employees and others who need access for NEMS to provide health care services and conduct its business operations. We have established and maintain physical, electronic and procedural safeguards to protect your PHI against unauthorized use or disclosure.

HOW WE USE AND DISCLOSE YOUR PHI

Federal and state law allow us to use and disclose your PHI without your authorization in certain circumstances. Some information, such as certain substance use disorder information, HIV information, genetic information and mental health information is entitled to special restrictions related to its use and disclosure. We typically use and disclose your health information in the following ways:

- **Treatment**. We may use and disclose your PHI to provide you with treatment, including primary health care, behavioral health treatment, dental care, and care coordination. We record your treatment information in our electronic health record system, Epic. NEMS' doctors, nurses, technicians, students, and other personnel may use the information in your health record to provide you with treatment and care coordination services. For example, your primary care provider may review notes from your behavioral health provider, including your prescription history, to avoid prescription interactions.

  We may also share your PHI with treatment providers, agencies, or facilities outside of NEMS to provide you with treatment and coordinate the care and services you need. For example, if we refer you to a cardiologist, we may send the cardiologist your recent laboratory test results to inform their medical decision-making; if we work with a social services agency (such as WIC or similar programs) and we believe that the services they provide will further your health care, we may share the minimum necessary PHI with them to provide you with their services.

  We may share your PHI electronically, through Epic's Care Everywhere functionality which allows electronic exchange between NEMS and other organizations that use Epic. (See the HIE section below for more information.)

- **Payment**. We may use and disclose your PHI to bill and collect payment for the health care services provided to you. For example, we may need to give information about you to your health insurance plan or another responsible party to receive payment or reimbursement for the services we provide to you.

- **Health Care Operations**. We can use and share your health information to run our practice, improve your care, and contact you when necessary:

  - **Improve your care:** For example, members of our clinical staff or quality improvement team may use your PHI to assess the quality of the health care services we provide.

  - **Contact you:** We may call, text, email or mail, to the phone number, email address, and mailing address you provide to notify you of appointment reminders, registration information, follow-up care messages, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. You are responsible for updating your information. You may contact NEMS Member Services at 1-888-500-1886 to update your contact information or to opt-out of certain communication methods. We must be able to contact you through at least one of the above listed methods; you cannot opt out of all methods of communications from us.

- **When required by law**. In some circumstances, we are required by federal or state laws to disclose certain PHI to others, such as public agencies for various reasons;
- **For public health activities**. NEMS may disclose your information to public health authorities for the purposes of preventing or controlling disease, injury, or disability. This may include reports about specific disease profiles;
- **For reporting suspected abuse, neglect or domestic violence**;
- **For health oversight activities**, such as reports to governmental agencies that are responsible for licensing or disciplinary action against physicians or other health care providers;
- **For lawsuits and other proceedings**. In connection with court proceedings or proceedings before administrative agencies;
- **For law enforcement purposes**. In response to a warrant or to report a crime;
- **Reports to coroners, medical examiners, or funeral directors** to assist them in performance of their legal duties;
- **For tissue or organ donations** to organ procurement or transplant organizations to assist them;
- **For research**. We may disclose PHI to researchers when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. This also may include preparing for research or contacting you about research studies that might interest you.
- **To avert a serious threat to the health or safety of you or other members of the public**;
- **For specialized government functions and activities** (e.g., military and veterans' activities);
- **In connection with services provided under workers' compensation laws**;
- **Health Information Exchange (HIE)**. We may share your PHI electronically through Health Information Exchanges (HIE) in which we participate. Currently, NEMS participates in Epic Care Everywhere. Through an HIE, providers at other organizations, including hospitals, laboratories, health care providers, public health departments, health plans, can share your PHI for treatment, payment, health care operations and other purposes. Participation in HIE allows NEMS and other providers to share electronic medical record information more quickly and easily for better coordination of care and to assist in making more informed treatment decisions. Participants in an HIE must comply with federal and state laws that protect the privacy and security of your PHI. You may opt out of HIE by contacting the HIS Department or filling out an "HIE PATIENT OPT-OUT FORM" and returning it to the HIS Department. Opting out stops NEMS from sharing your PHI with other health care providers through the HIE; it does not stop other health care providers from sharing your PHI with NEMS, and it does not stop a health care provider that already received your PHI from keeping it. If you change your mind and want to opt back in, you may do so by contacting the HIS Department.
- **Fundraising.** We may contact you to fundraise for our own benefit. For this purpose, we may use your contact information, such as your name, address, phone number, the dates on which and the department from which you received treatment or services at NEMS, your treating physician's name, your treatment outcome and your health insurance status. If we contact you for fundraising purposes, we will provide you a clear opportunity to elect not to receive any additional fundraising communications from us.

USES AND DISCLOSURES REQUIRING YOU TO HAVE THE OPPORTUNITY TO AGREE OR OBJECT

Before we make certain uses and disclosures of your PHI without your written authorization, we must provide you with an opportunity to agree or object. Such disclosures include those made to family members or other individuals involved in your care or payment for your care, or disclosures made in emergency situations for purposes of notifying, identifying or locating a family member, personal representative, or another person responsible for your care regarding your location, general condition, or death.

SPECIAL RULES FOR PARENTAL ACCESS TO PHI OF THEIR MINOR CHILDREN

Parents and guardians can generally control PHI of their minor children. In some cases, however, we are permitted or even required by law to deny a parent or guardian access to PHI of a minor, such as when the minor can legally consent to medical services without permission of their parent or guardian. Parents or guardians can request proxy access to their minor children's MyChart accounts. When the child turns twelve, a parent or guardians proxy access will be limited to certain information. Once the child turns eighteen, the parent or guardian's proxy access will be revoked.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

We must obtain your written authorization prior to the following uses and disclosures of your PHI:

- Psychotherapy Notes. Psychotherapy notes are notes made by a behavioral health professional regarding the contents of conversation during a counseling session when those notes are maintained separately from the medical record. We must obtain your authorization for most uses and disclosures of psychotherapy notes. "Psychotherapy notes" do not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, or summaries of your diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

- Marketing Activities. We must obtain your written authorization to use your PHI to send you marketing materials. We are not required to obtain an authorization for marketing information provided to you during a face-to-face communication or for promotional gifts of nominal value.

- Sale of PHI. We do not sell your PHI.

All other uses and disclosures of your PHI that are not described in this Notice require your written authorization.

YOUR RIGHTS REGARDING YOUR PHI

SUBMITTING AN AUTHORIZATION

You may access an "AUTHORIZATION TO DISCLOSE INFORMATION" form on our website at https://nems.org/. You may also request a form from us in person or request that we send one to you by writing to or emailing the Health Information Services Department ("HIS Department") as follows:

Attn: Health Information Services Manager
North East Medical Services
2171 Junipero Serra Blvd.
Daly City, CA 94014

You may submit your authorization at the address above or email us at eroi@nems.org. Please note that email messages may not be encrypted or secure and could be intercepted, viewed, copied, or shared by an unauthorized third party. If you choose to email us, you acknowledge that NEMS has warned you of the risks and you knowingly assume such risks.

You may revoke or modify your authorization at any time by writing to us at the same address. Please note that your revocation or modification may not be effective in some circumstances, such as when we have already acted in reliance on your authorization.

ACCESS TO YOUR PHI

You may access your PHI through the NEMS patient portal at mychart.nems.org. Please note that MyChart may not display all information contained in your medical record that we have about you. To access your complete medical record and other health information we have about you, please contact the HIS Department. We will provide you a copy or summary within the time required by law. We may charge a reasonable, cost-based fee.

In limited circumstances, we may deny your request to access your PHI. We will explain in writing the reason for our denial, and you will have the opportunity, unless limited exceptions apply, to request review of the denial.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request restrictions on how we use and disclose your PHI for treatment, payment, and health care operations. All requests must be made in writing. NEMS has a form titled "REQUEST FOR A RESTRICTION ON USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)" which you may request from the HIS Department. Upon receipt, we will review your request and notify you whether we have accepted or denied your request. If we agree to your request, we will comply with the restriction unless a disclosure is required in order to provide you with emergency treatment. Please note that we are not required to accept your request for restrictions, except that we are required, based on your written request, to restrict disclosure of your PHI to a health plan if: (1) the purpose of the disclosure is to carry out payment or health care operations and is not otherwise required by law; and (2) the PHI pertains solely to a health care item or service for which you or someone other than the health plan has paid in full.

To request restrictions, you must make your request in writing to the HIS Department. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply (for example, to your spouse).

RIGHT TO CONFIDENTIAL COMMUNICATIONS

You have the right to request that we provide your PHI to you in a confidential manner. For example, you may request that we send your PHI by an alternate means (e.g., sending by a sealed envelope, rather than a post card) or to an alternate address (e.g., calling you at a different telephone number, or sending a letter to you at your office address rather than your home address). We will accommodate any reasonable request, unless it is administratively too burdensome, or prohibited by law. You may use the form "REQUEST FOR CONFIDENTIAL COMMUNICATIONS BY ALTERNATIVE MEANS OR ALTERNATIVE LOCATION" to make this request to NEMS.

RIGHT TO AMEND YOUR PHI

You have the right to request amendments to your PHI for so long as the information is maintained in our medical and billing records. If you wish to have your PHI corrected or updated, please write to us and tell us what you want changed and why. NEMS has a form titled "MEDICAL RECORD REQUEST FOR CORRECTION/AMENDMENT FORM" which you may request from the HIS Department. We will respond to you in writing, either accepting or denying your request. If we deny your request, we will explain why. You may also send us an addendum that is no longer than 250 words for each item you believe is incorrect. Please clearly indicate that you want the addendum to be included in your PHI. If we accept your request, we will attach your addendum to the record(s) of your PHI. Your amended PHI will be available for your review upon request.

RIGHT TO REQUEST AN ACCOUNTING OF DISCLOSURES OF YOUR PHI

You have the right to request an accounting of certain disclosures that we make of your PHI. An accounting lists disclosures we have made prior to the date of your request. You can request an accounting by writing to the HIS Department. We will respond to your request within a reasonable period, but no later than 60 days after we receive your written request. Please note that certain disclosures need not be included in the accounting we provide to you, such as disclosures made for treatment, payment or health care operations, or disclosures made more than 6 years prior to the date of your request.

RIGHT TO RECEIVE A COPY OF THIS NOTICE

You have the right to request and receive a paper copy of this Notice, even if you have agreed to receive the Notice electronically. You may contact the HIS Department for a copy, and one will be provided to you at no charge.

RIGHT TO COMPLAIN

We must follow the privacy practices set forth in this Notice while in effect. If you have any questions about this Notice, wish to exercise your rights, or submit a complaint, please direct your inquiries to:

Attn: Compliance & Privacy Officer
North East Medical Services
1520 Stockton Street
San Francisco, CA 94133
1-888-500-1886

You may contact your Health Plan with your concerns as well. You also have the right to directly complain to the Secretary of the United States Department of Health and Human Service. We will not retaliate against you for filing a complaint against us.

BREACH

We are required to notify you in writing of any breach of your unsecured PHI in the most expedient time possible without unreasonable delay and no later than 15 business days after we discover the breach.

RIGHTS RESERVED BY NEMS

We may use and disclose your PHI to the fullest extent authorized by law. We reserve the right to change this Notice and make a new Notice applicable to all PHI that we maintain, regardless of when it was received or created. If we make material or important changes to our privacy practices, we will promptly revise this Notice and make it available upon request, in our clinic locations and on our website.

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