NEMS 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:

EMAIL:

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION
AUTORIZACIÓN PARA DIVULGAR INFORMACIÓN DE SALUD

Clinic Location Ubicación de la clínica: 5580 W. Flamingo Rd. Suite 150 Las Vegas, NV 89103

Completion of this document authorizes the use or disclosure of health information about you.
Al completar este documento usted autoriza el uso o divulgación de su información de salud.

I AUTHORIZE | Yo autorizo

Name of Disclosing Party | Nombre de la Parte Divulgadora

Address/Email Address/Fax Number
Dirección/Dirección de correo electrónico/Número de fax

City | Ciudad State | Estado Zip Code | Código postal

TO DISCLOSE TO | Para divulgar a

Name of Recipient | Nombre del destinatario

Address/Email Address/Fax Number
Dirección/Dirección de correo electrónico/Número de fax

City | Ciudad State | Estado Zip Code | Código postal

SPECIFY THE HEALTH INFORMATION FOR DATES OF SERVICE
Especificar la información de salud para las fechas de servicio:

From | Desde: ____ / ____ / ____ (Month | Mes / Day | Día / Year | Año)

To | Hasta: ____ / ____ / ____ (Month | Mes / Day | Día / Year | Año)

By checking the box(es) below, I specifically authorize release of the following:
Al marcar la(s) casilla(s) a continuación, autorizo específicamente la divulgación de lo siguiente:

- ☐ **Complete Medical Information** / **Información médica completa**
- ☐ Radiology Reports (CT, MRI, X-Rays, etc.) / Informes radiológicos (TC, IRM, RX, etcétera)
- ☐ Immunizations / Vacunas
- ☐ Office Visit Notes / Notas de visita médica
- ☐ Lab/Pathology Reports / Informes de laboratorio/patología
- ☐ Other | Otro: _____

PROTECTED CLASSES OF INFORMATION By checking the box(es) below, I specifically authorize release of the following: **CLASES DE INFORMACIÓN PROTEGIDAS** Al marcar la(s) casilla(s) a continuación, autorizo específicamente la divulgación de lo siguiente:

- ☐ Drug and Alcohol Abuse Diagnosis or Treatment Records / Registros de diagnóstico o tratamiento de abuso de drogas y alcohol
- ☐ Mental/Behavioral Health Diagnosis or Treatment Records / Registros de diagnóstico o tratamiento de salud mental/conductual
- ☐ Gender Affirming, Abortion/Contraception Services / Servicios de Afirmación de Género, Aborto/Anticoncepción
- ☐ HIV Test Results / Resultados de prueba VIH
- ☐ Genetic Testing Results / Resultados de pruebas genéticas
- ☐ Psychotherapy Notes / Notas de Psicoterapia

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REQUESTED FORMAT: (Please select one) **/ FORMATO SOLICITADO:** (Por favor, seleccione uno)

☐ Email (encrypted) Email (cifrado)
☐ Email (unencrypted)** Email (sin cifrar)**
☐ Patient Portal Portal del Paciente
☐ Fax

☐ Sharing of PHI (to authorize exchange between the organizations/persons listed above.)
Intercambio de Información de Salud Protegida (para autorizar el intercambio entre las organizaciones/ personas mencionadas anteriormente).

Paper: ☐ Paper: Pick-up OR
Impreso: Impreso: Presencial O
☐ Paper: Mail ($0.25/page fees may apply)
Impreso: Correo (se puede cobrar una tarifa de $0.25 por página)

****Note:** Sending information over unencrypted email is not secure and increases risks that your information could be intercepted, viewed, copied, or shared by an unauthorized third party. By selecting the "Email (unencrypted)" option, I acknowledge that NEMS has warned me of the risks, and I still prefer and give permission to NEMS to send the requested records through unencrypted e-mail.** If you are requesting information to be sent to yourself or to a third party under your right of access to your health information, you may choose unencrypted email. If this authorization request is from a third party, NEMS must send the information in a secure manner.

****Nota:** El envío de información a través de correo electrónico no cifrado no es seguro y aumenta los riesgos de que su información pueda ser interceptada, vista, copiada o compartida por un tercero no autorizado. Al seleccionar la opción "Correo electrónico (sin cifrar)", reconozco que NEMS me ha advertido de los riesgos, y aún prefiero y doy permiso a NEMS para enviar los registros solicitados a través de correo electrónico sin cifrar.** Si solicita que se le envíe información a usted o a un tercero en virtud de su derecho de acceso a su información de salud, puede elegir correo electrónico sin cifrar. Si esta solicitud de autorización es de un tercero, NEMS debe enviar la información de manera segura.

The release of the above-specified information is for the purpose of
La divulgación de la información especificada anteriormente tiene como finalidad

☐ Patient/Legal Representative Request
Solicitud del Paciente/Representante Legal

☐ Disability Eligibility
Elegibilidad para discapacitados

☐ Continuity of Care
Continuidad de atención

☐ Continuing Medical Care by NEMS Provider:
Atención médica continua por parte del proveedor de NEMS: _____

☐ Other
Otro _____

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DURATION: This authorization will be effective on the date of my signature and will remain in effect for one (1) year from the date of signature unless a different date is specified here
DURACIÓN: Esta autorización entrará en vigor en la fecha de mi firma y permanecerá en vigor durante un (1) año a partir de la fecha de la firma, a menos que se especifique una fecha diferente a continuación

_____
(Date | Fecha)

REVOCATION: I understand that I may revoke this authorization at any time by writing to NEMS Member Services Department 1520 Stockton St., San Francisco, CA 94133. My revocation will be effective upon receipt but will not apply to any information that was disclosed based on this authorization before the revocation is received.
REVOCACIÓN: Entiendo que puedo revocar esta autorización en cualquier momento escribiendo al Departamento de Servicios para Miembros de NEMS 1520 Stockton St., San Francisco, CA 94133. Mi revocación entrará en vigor a partir de la recepción, pero no se aplicará a ninguna información que se haya divulgado sobre la base de esta autorización antes de que se reciba la revocación.

REDISCLOSURE: I understand that once my health information is disclosed, it may no longer be protected by the federal regulations governing the privacy and security of health information.
REDIVULGACIÓN: Entiendo que una vez que se divulgue mi información de salud, es posible que ya no esté protegida por las regulaciones federales que rigen la privacidad y seguridad de la información de salud.

MY RIGHTS: I understand that I may refuse to sign this authorization and NEMS may not condition my treatment, payment, enrollment in a health plan or eligibility for health care benefits on my decision to sign this authorization, except where disclosure is necessary for treatment or eligibility for health care benefits. I understand that I may request a copy of this authorization.
MIS DERECHOS: Entiendo que puedo negarme a firmar esta autorización y NEMS no puede condicionar mi tratamiento, pago, inscripción en un plan de salud o elegibilidad para los beneficios de atención médica sobre mi decisión de firmar esta autorización, excepto cuando la divulgación sea necesaria para el tratamiento o la elegibilidad para los beneficios de atención médica. Entiendo que puedo solicitar una copia de esta autorización.

Signature of Patient or Legal Representative* Firma del paciente o representante legal	Date Fecha
Name of Legal Representative Nombre del representante legal	Relationship of Legal Representative Relación del Representante Legal

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Signature of Witness (Required if patient is unable to sign)
Firma del testigo (se requiere si el paciente no puede firmar)

Date
Fecha

STAFF USE ONLY: (please initial if applicable)

Form Assisted by: _____ Faxed by: _____ Record Released by: _____ Date _____

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