



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**  
**健康資料使用授權書**

Clinic Location 診所地點: \_\_\_\_\_

Completion of this document authorizes the use or disclosure of health information about you.  
 填寫這份文件即授權使用或透露有關您的健康資料。

**I AUTHORIZE 本人授權**

**TO DISCLOSE TO 把資料提供給**

Name of Disclosing Party  
 透露方名稱/姓名

Name of Recipient  
 接收者名稱/姓名

Address/Email Address/Fax Number  
 地址/電郵地址/傳真號碼

Address/Email Address/Fax Number  
 地址/電郵地址/傳真號碼

City 市 State 州 Zip Code 郵政編碼

City 市 State 州 Zip Code 郵政編碼

**SPECIFY THE HEALTH INFORMATION FOR DATES OF SERVICE 指定健康資料的服務日期:**

From 由: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month 月 Day 日 Year 年

To 至: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month 月 Day 日 Year 年

**By checking the box(es) below, I specifically authorize release of the following:**

**通過勾選以下方框，本人授權透露:**

- Complete Medical Information**  
 全部醫療資料
- Radiology Reports (CT, MRI, X-Rays, etc.)  
 放射科報告 (CT 断层掃描, 核磁共振, X 光片之類)
- Immunizations  
 免疫接種
- Office Visit Notes  
 會診備註
- Lab/Pathology Reports  
 化驗測試/病理報告
- Other  
 其它: \_\_\_\_\_

**PROTECTED CLASSES OF INFORMATION 受保護的資料類型 :**

By checking the box(es) below, I specifically authorize release of the following:

通過勾選以下方框，本人授權透露:

- Drug and Alcohol Abuse Diagnosis or Treatment Records  
 藥物及酒精濫用診斷或治療紀錄
- HIV Test Results  
 愛滋病毒檢測結果
- Mental/Behavioral Health Diagnosis or Treatment Records  
 心理/行為健康診斷或治療紀錄
- Genetic Testing Results  
 基因測試資料
- Gender Affirming, Abortion/Contraception Services  
 性別認可、墮胎/避孕服務
- Psychotherapy Notes  
 心理治療資料



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**REQUESTED FORMAT: (Please select one) 索取資料的方式: (請選擇一個)**

- Email (encrypted)       Email (unencrypted)\*\*       Patient Portal       Fax  
 電郵 (加密)                  電郵 (未加密) \*\*                  病人平台                  傳真
- Sharing of PHI (to authorize exchange between the organizations/persons listed above.)  
 共享 PHI (授權與上述機構/個人共享資料。)
- Paper**     Paper: Pick-up    OR     Paper: Mail (\$0.25/page fees may apply)  
**紙張:**    紙張自取                  或                  紙張郵寄 (可能需支付每頁\$0.25 的用費)

**\*\*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.

**\*\*注意:** 使用未加密的電子郵件發送的信息並不安全，並且可能增加您的信息被未經授權的第三方截獲、讀取、複製、或分享的風險。通過選擇“電子郵件（未加密）”選項，本人承認在東北醫療中心已警示我相關風險的前提下，我仍然選擇同意授權予東北醫療中心使用未經加密的電子傳送我的醫療紀錄。如果您要求將資料傳送給自己或有權訪問您健康資料的第三方，您可以選擇未加密的電子郵件。如果該授權請求來自第三方，東北醫療中心必須以安全的方式傳送資料。

**The release of the above-specified information is for the purpose of**  
**透露以上指定資料的主要目的為：**

- Patient/Legal Representative Request       Disability Eligibility       Continuity of Care  
 病人／合法代表人的要求                  殘障資格                  醫療照護連續性
- Continuing Medical Care by NEMS Provider:  
 繼續由東北醫師提供醫療護理: \_\_\_\_\_
- Other  
 其它: \_\_\_\_\_

**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

**有效期:** 此授權在簽署後立即生效，並且除非本人在此指定有效期限，否則在 \_\_\_\_\_  
 簽名日期後一 (1) 年內仍保持有效。    (Date | 日期)



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**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**  
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**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.

**撤銷：**本人明白我有權隨時通過書面方式向東北醫療會員部（地址為 1520 Stockton St., San Francisco, CA 94133）。提出撤銷授權申請。撤銷要求於接獲通知時即時生效，收到撤銷通知前東北醫療中心根據該授權使用/透露資料的行為則不屬此範圍。

**REDISCLASURE:** 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.

**重新透露：**本人明白，一旦我的健康資料被透露，它將不再受有關健康信息隱私和安全的聯邦法規的保護。加州法律禁止接收者進一步透露您的健康資料，除非接收者獲得您的另一次授權或法律允許透露。此保護不適用於加州以外的接收者。

**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.

**本人的權利：**本人明白我有權拒絕簽署此授權書。東北醫療中心不會以我簽署此授權書的決定作為我治療、付款、加入健康計劃或獲得醫療保健福利資格的條件，除非在特定情況下必須透露資料以獲得治療或醫療保健福利資格。本人明白我有權索取此授權書的影印副本。

\_\_\_\_\_  
 Signature of Patient or Legal Representative\*  
 病人或法定代理人簽名

\_\_\_\_\_  
 Date  
 日期

\_\_\_\_\_  
 Name of Legal Representative  
 法定代理人姓名

\_\_\_\_\_  
 Relationship of Legal Representative  
 合法代表與會員的關係

\_\_\_\_\_  
 Signature of Witness (Required if patient is unable to sign)  
 見證人簽名（會員無法自行簽字時此項必填）

\_\_\_\_\_  
 Date  
 日期

STAFF USE ONLY: (please initial if applicable)

Form Assisted by: \_\_\_\_\_ Faxed by: \_\_\_\_\_ Record Released by: \_\_\_\_\_ Date \_\_\_\_\_



## NONDISCRIMINATION DISCLOSURE

In this Disclosure, 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](https://nems.org). We comply with applicable Federal civil rights laws and does not differentiate, exclude, or discriminate against any individual on the basis of race, color, creed, religion (e.g., religious dress and grooming practices), age (e.g., those over 40), sex/gender (e.g., sex characteristics, intersex traits, pregnancy, childbirth, breastfeeding and/or related medical conditions), gender identity, gender expression, sexual orientation, sex stereotypes, marital status, medical condition (e.g., genetic characteristics, cancer or a record or history of cancer), military or veteran status, national origin (e.g., limited English proficiency, language use and possession of a driver’s license issued to persons unable to prove their presence in the United States is authorized under federal law), ancestry, disability (e.g., mental and physical, including HIV/AIDS, and cancer), genetic information, retaliation for reporting patient abuse in tax-supported institutions, enrollment in a Health Benefit Plan, state of health, need for health services, status as a litigant, status of a Medicare or Medicaid beneficiary, source of payment for care, or any other basis prohibited by law.

We:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (e.g., large print, audio, accessible electronic formats, other formats).
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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 failed to provide these services or discriminated in another way 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 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

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### 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>

**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 լեզվապահ օգնություն և լրացուցիչ ծառայությունները հասանելիությունն կա:

▶ **Arabic (العربية)**

خدمات تتوفر ، العربية تتحدث كنت إذا الخدمات/والمساعدات اللغوية المساعدة مجانًا المساعدة.

▶ **Persian (فارسی)**

کمک خدمات ، کنیدی صحبت فارسی زبان به اگر دسترس در رایگان کمکی خدمات/وسایل و زبانی است .

▶ **Russian (Русский)**

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

**Member Services – California**

1520 Stockton Street  
San Francisco, CA 94133  
1-888-500-1886  
TTY: 1-800-735-2929  
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**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, 2<sup>nd</sup> floor  
San Francisco, CA 94133  
1-888-981-8909  
TTY: 1-800-735-2929

▶ **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 /aunaga fesoasoani e aunoa ma se togoti

▶ **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 ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਅਤੇ ਸਹਾਇਕ ਸਹਾਇਤਾ/ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ।