



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

Clinic Location: _____

Completion of this document authorizes the use or disclosure of health information about you.

I AUTHORIZE

TO DISCLOSE TO

Name of Disclosing Party

Name of Recipient

Address/Email Address/Fax Number

Address/Email Address/Fax Number

City State Zip Code

City State Zip Code

SPECIFY THE HEALTH INFORMATION FOR DATES OF SERVICE:

From: _____ / _____ / _____
Month Day Year

To: _____ / _____ / _____
Month Day Year

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

- Complete Medical Information
- Radiology Reports (CT, MRI, X-Rays, etc.)
- Immunizations
- Office Visit Notes
- Lab/Pathology Reports
- Other: _____

Protected classes of information :

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

- Drug and Alcohol Abuse Diagnosis or Treatment Records
- HIV Test Results
- Gender Affirming, Abortion/Contraception Services
- Genetic Testing Results
- Mental/Behavioral Health Diagnosis or Treatment Records
- Psychotherapy Notes

REQUESTED FORMAT - Please select one:

- Email (encrypted)
- Email (unencrypted)**
- Patient Portal
- Fax
- Sharing of PHI (to authorize exchange between the organizations/persons listed above.)

Paper: Paper: Pick-up OR Paper: Mail (\$0.25/page fees may apply)

****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



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AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

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.

The release of the above-specified information is for the purpose of

Patient/Legal Representative Request Disability Eligibility Continuity of Care

Continuing Medical Care by NEMS Provider: _____

Other: _____

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 _____ (Date)

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.

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.

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.

Signature of Patient or Legal Representative*

Date

Name of Legal Representative

Relationship of Legal Representative

Signature of Witness (Required if patient is unable to sign)

Date

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. 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, 2nd 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।