



NORTH EAST
MEDICAL SERVICES
東北醫療中心

NEMS MRN:

NAME:

DOB:

MEDICAL RECORD REQUEST FOR CORRECTION/AMENDMENT FORM
醫療記錄更正/修改申請

Date of Request:

申請日期

____/____/____

Name:

姓名

Phone Number:

電話號碼

Address:

地址

Email Address:

電郵地址:

City:

城市

State:

州

Zip Code:

郵政編碼

Date(s) of Information to be Amended:

記錄修改日期:

Type:

類型:

☐

Progress Note

進度筆記

☐

Health Assessment

健康評估

☐

Other

其它:

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete? Why? (Add attachment if additional space is needed)

請說明該記錄如何不準確或不完整，應如何更正以使其更加準確或完整，以及更正的理由。（如需額外空間，請添加附件）

We may deny your request for an amendment if the information in our Medical Record was:

如果出現以下情況，我們可能會拒絕您修改醫療記錄的申請：

- 1) Accurate and complete;

該記錄準確並完整；

- 2) Not created by us, unless the person or entity that created the information is no longer available to make the amendment;

該記錄並非由行健醫療中心創建，除非創建該記錄的個人或機構無法再進行修改；



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- 3) Not part of the medical information kept by or for NEMS;
該記錄不屬於東北醫療中心保存或為其保存的醫療記錄的一部分；
- 4) Not part of the information which you would be permitted to inspect and copy (e.g. psychotherapy notes).
該記錄不屬於您被允許檢查和複製的資料的一部分（例如心理治療筆記）。

When amendment is accepted, your provider will supplement your Medical Record with an addendum since no one is allowed to alter the original documentation in a record.

當修改申請被批准後，您的醫師將通過附錄補充您的醫療記錄，因為任何人都不允許更改記錄中的原始文件。

We will respond to your request within 60 days. If this request is denied, you have the right to submit a written disagreement.

我們將在 60 天內回覆您的申請。如果此申請被拒絕，您有權通過書面形式提交異議。

Would you like this amendment sent to anyone to whom we may have disclosed the information in the past?
您是否希望將此修正發送給我們過往可能向其披露過該資料的任何人？

☐ No
否

☐ Yes - If yes, please specify the name and address of the organization or individual. A copy of this form will now accompany each subsequent request for information regarding the dates covered in this entry.

是 - 如是，請註明機構或個人的名稱和地址。此表格的副本將隨附於每個後續請求，以獲取有關本申請所涵蓋日期的資料。

1. Name: 姓名	Address: 地址
2. Name: 姓名	Address: 地址
3. Name: 姓名	Address: 地址
4. Name: 姓名	Address: 地址
5. Name: 姓名	Address: 地址



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Signature of Patient or Legal Representative*
會員或合法代表簽名

Date
日期

Name of Legal Representative
合法代表姓名

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

Office Use Only:

Print Provider Name

Amendment/Correct
☐ Approve ☐ Deny

Denial Reason
☐ 1 ☐ 2 ☐ 3 ☐ 4

Date

Received by HIS Department
Date

Routed to Provider

Received Response from Provider

Patient Notified

Comments from Healthcare Provider:

Provider Signature: _____

Date: _____

Patient's Response to Provider's Statement: ☐ Agreement ☐ Disagreement



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>

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 լեզվապան օգնության և լրացուցիչ ծառայությունները հասանելիություն կա:

► Arabic (العربية)

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

► 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 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 ਮੁਫਤ 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