NORTH EAST MEDICAL SERVICES
東 北 醫 療 中 心

NEMS MRN:

NAME:

DOB:

REQUEST FOR A RESTRICTION ON USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)
限制使用或透露受保護醫療資料 (PHI) 申請

Request approval by Privacy Officer before effective: Please provide phone number for Privacy Officer to contact you if we cannot comply with the request. Request will be implemented of the date received by the Privacy Officer.

在申請生效前獲取隱私保密監察專員批准：請提供電話號碼，以便隱私保密監察專員在無法批准您的申請時與您聯繫。 申請將於隱私保密監察專員收到之日起生效。

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 _____

NEMS may use and disclose your protected health information for treatment, payment and health care operations. NEMS may also disclose to those involved in your care (family member, close relative, friend, etc.) information directly relevant to their involvement with your care, or payment for such care, or to notify them of your location, general condition, or death.

東北醫療中心 (NEMS) 可能會使用和透露您的受保護醫療資料 (PHI) 以進行治療、付款和醫療運營。 東北醫療中心 (NEMS) 也可能向參與您護理的人員（家庭成員、近親、朋友等）透露與他們參與您的護理或此類護理費用相關的信息，或通知他們您的位置、一般狀況或死亡。

To request a restriction, please fill out this form.
想要請求限制，請填寫此表格。

I request that NEMS:
本人希望限制東北醫療中心 (NEMS)：

☐ **Restrict the use and disclosure of my information for the following treatment, payment, and health care operations purposes:**
限制出於以下治療、付款和醫療運營的目的使用和透露我的資料：

_____

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☐ **Restrict the use and disclosure of my information to the following person or entity (provide name of person or entity and relationship):**
限制以下個人或機構使用和透露我的資料（提供個人或機構的名稱以及關係）：

_____

_____

☐ ***I request to terminate a prior request for restriction dated:***
我請求終止先前於此日期提交的限制申請：

_____

By completing this form and signing below, I understand that:
通過填寫此表格並在下方簽署，本人明白：

- The completion of this form does not mean your request has been accepted. The request will be reviewed by the Privacy Officer, who will inform you if your request has been rejected.
  填寫此表格並不代表您的申請已被批准。 隱私保密監察專員將審核您的申請，並將在無法批准您的申請時通知您。

- Even if your request for restriction is accepted, we may use your information if needed to provide you with emergency treatment or in certain limited circumstances.
  即使您的限制申請被批准，我們也可能在需要為您提供緊急治療或某些有限的情況下使用您的資料。

- We must agree to your request to restrict disclosure of your PHI to a health plan if the disclosure is to carry out payment or health care operations and is not otherwise required by law; and the PHI pertains solely to a health care item or service that you, or someone other than the health plan on your behalf, has paid in full.
  如果透露的目的是為了進行付款或醫療運營且法律沒有其它規定，我們必須批准您的申請，限制與醫療保健計劃透露您的 PHI； 並且 PHI 僅涉及您或代表您的其他人（醫療保健計劃除外）已全額支付的醫療護理項目或服務。

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- We have the right to terminate this restriction by informing you of the termination in writing; the termination will only apply to information created or received after we have informed you of the termination.
  我們有權以書面形式通知您以終止此限制； 並且該終止僅對我們通知您終止後所創建或接收的資料有效。
- You have the right to terminate this restriction by making a written request to terminate.
  您有權通過書面形式請求終止此限制。

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: Verify the identity of individual to ensure that the requester has the authority to request this restriction.

Type of ID submitted	Staff name verifying the identity	Date	Request Response ☐ Approve ☐ Deny

Date	Received from patient	Forwarded to Privacy Officer	Answer received from Privacy Officer	Answer given to patient

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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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