

東北醫

Health Information Services

1033 Clement Street, San Francisco, CA 94118 (415) 391-9686 Fax: (415) 933-6843

Email: eroi@nems.org

NEMS MRN :	
NAME:	
DATE OF BIRTH:	

HEALTH INFORMATION EXCHANGE (HIE) PATIENT OPT-OUT FORM

病人健康信息交換退出表格 —————————————————————						
Name 姓名: Birthdate 出生日期:	First 名字	/ Gender	Middle 中間名号 性別身份: □ Male 身		 r	
Address 地址:		,				
City 市:			State 州:	Zip 郵政編碼:		
Telephone Number 電話號碼:			Email Address 🖥	Email Address 電郵地址:		
Information Exchang your health informat you as a patient. NEI 東北醫療中心參與健原	e allow docto ion electroni MS patients a 隶信息交換計 安全地以電子	ors, nurses, pha cally and allow are automaticall 劃("東北健康(傳送的方式共享	armacists, and other s providers to have t y enrolled in the NEM 言息交換")。 醫生 您的健康信息,以便?	changes (the "NEMS Health care providers to he most recent informal AS HIE. 、護士、藥劑師,及其他認 您的醫療團隊掌握您的最	securely share tion to care for 醫護人員可以通	
through the NEMS H	IE. This will r K不希望東北醫	not affect your a	ability to access any	IEMS to share your hea nealth care or medical se t享您的健康信息,您有标	ervices.	
available information less information abo 退出的風險。 「東北伯	n about your h ut you when i 建康信息交換	health. If you op making a diagno 」的目的是讓您	ot-out, your health ca osis or decisions abo 在東北醫療中心以外I	ers outside of NEMS to a re providers outside of N ut your care. 內醫護人員可以查閱有關 诊斷或決定時可能會獲得	IEMS may have 您健康狀況的最	
	-	-	rmation through NEN 劃共享我的健康信息			
l understand that 如果本人選擇退出	·					
 my opt-out req 	uest does no	ot prohibit NEM	S from sharing my h	ealth information with o	ther healthcare	

providers through other methods. My permission is not required for such sharing.

我的退出請求並不禁止東北醫療中心通過其它方式與其他醫護人員共享我的健康信息。此類共享不需要我的 許可。



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 any information that was shared through the NEMS HIE will remain available to providers who have access.

任何曾通過「東北健康信息交換」共享的健康信息仍可供有權限的醫護人員查閱。

• NEMS may share my information with public health authorities to the extent permitted or required by HIPAA and applicable California law.

東北醫療中心可能會在健康保險流通與責任法案(HIPAA)和適用的加州法律允許或要求的範圍內與公共衛生 部門共享我的信息。

• in cases of medical emergency, and your doctor requests to view your medical record to diagnose or treat your emergency medical condition, NEMS will disclose your information to your doctor through the NEMS HIE.

如果出現緊急醫療狀況,並且您的醫生要求查看您的醫療紀錄以便診斷或治療您的緊急醫療狀況,東北醫療 中心會通過「東北健康信息交換」向您的醫生透露您的信息。

Cancel Opt-out.	request to cancel my	previous decision	n to opt-out. B	y completing and s	signing this form,
I am allowing my	health information to	be accessible to	my health care	e providers throug	h the NEMS HIE,
as permitted or r	equired by NEMS or F	ederal / State lav	٧.		

撤銷退出。我請求撤銷之前選擇退出的決定。通過完成並簽署此表格,我允許我的醫護人員根據東北醫療中 心或聯邦/州府法律的批准或要求通過「東北健康信息交換」查閱我的健康信息。

Signature of Patient or Legal Representative* 病人或法定代表人簽名	Date 日期
Name of Legal Representative 法定代表人關係	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

*By signing as a legal representative, I am certifying that I am legally authorized to act on behalf of the patient

Please send the completed form to NEMS Health Information Services at 1033 Clement St., San Francisco, CA 94118 or eroi@nems.org.** You may also opt-out or cancel your opt-out (opt back in) electronically at nems.org/mychart.

請將填妥的表格郵寄至東北醫療紀錄部 (1033 Clement St., San Francisco, CA 94118) 或電郵至: eroi@nems.org。** 您也可以登錄網 址 nems.org/mychart 選擇退出或撤銷退出(重新加入)「東北健康信息交換」計劃。

^{*} 通過作為法定代表人簽名,我證明我已獲得合法授權代表病人行事。

^{**}If you email us, your message may not be encrypted or secure. Sending information over unencrypted email or online messages is not secure and increases the risk that your information could be intercepted, viewed, copied, or shared by an unauthorized third party.

^{**} 如果您給我們發送電子郵件,您的信息可能未加密或不安全。發送未加密的電子郵件或在線發送信息是不安全的,並且會增加您的信息可能被未經授權的第三方截獲、查 看、複製或共享的風險。