



**NORTH EAST
MEDICAL SERVICES**
東北醫療中心

a california *health+* center

NEMS ID: _____

NAME: _____

DOB: _____

REGISTRATION FORM

會員註冊登記表

Date

日期: _____ / _____ / _____

Name

姓名:

Last 姓氏

First 名字

Middle 中間名字

Date of Birth

出生日期:

_____ / _____ / _____

Address

地址:

City

市:

State

州:

Zip

郵政編碼:

Home Phone

住所電話:

Cell Phone

手提電話:

Email Address

電郵地址:

Referred to NEMS by

您如何得知本中心:

Sex

性別:

Male 男

Female 女

English Level

英文程度:

Good 好

Fair 一般

Little 略懂

None 不會

Dialect(s) Spoken

您的方言:

Ethnicity

族裔:

Non-Hispanic/Latino
非西班牙或拉丁裔

Hispanic/Latino
西班牙或拉丁裔

Race/Ethnic Group (Check all that apply) 種族 / 族群，請勾選所有適用選項:

Asian (Please specify) 亞洲人:

Chinese 華裔

Vietnamese 越南裔

Filipino 菲律賓裔

Japanese 日裔

Korean 韓裔

Burmese 緬甸裔

Native Hawaiian 夏威夷原住民

Asian Indian 印度裔

Other Pacific Islander 其他太平洋島民

Black/African American

黑人/非裔美國人

American Indian/Alaskan Native

美洲印第安人/阿拉斯加原住民

White

白人

Other

其他: _____



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Student Status

學生身份:

- Full-Time 全職學生 Part-Time 半職學生 Not a student 非學生

Marital Status

婚姻狀況:

- Single 單身 Married 已婚 Divorced 離婚 Widowed 喪偶 Separated 分居

Medical Payment Status (Check all that apply) 支付醫藥費的方式如多於一種，請勾選所有適用選項:

- Medicare 聯邦醫療保險卡 Medi-Cal 加州醫藥卡 Self-pay 自付
- Private Insurance (Please provide copy of insurance card) 私人醫藥保險 (請提供保險卡正反面副本)

- Other 其它: _____

Written Documents in Alternative Formats

書面文件的其它格式:

- Large print 大號字體 Audio CD 音頻光碟 Data CD 數據光碟 Braille 盲文/點字
- Encrypted Audio CD 加密音頻光碟 Encrypted Data CD 加密數據光碟

- I need a format not listed here 我需要未列出的格式: _____

- No alternative format needed 不需要其它格式

Parents' Information (Complete if patient is under 18)

若登記人是 18 歲以下，請填寫家長 / 合法監護人資料:

Father's Name

父親名字: _____

Date of Birth

出生日期: _____ / _____ / _____

Mother's Name

母親名字: _____

Date of Birth

出生日期: _____ / _____ / _____

Person to be Contacted in Case of Emergency

緊急聯絡人:

Name

姓名: _____

Phone Number

電話號碼: _____

Relationship

關係: _____



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By signing below, I authorize North East Medical Services (NEMS) to provide medical and health care services as authorized by NEMS or its healthcare providers. I further authorize insurance benefits to be paid directly to NEMS. I understand that I am ultimately responsible for all charges incurred including, but not limited to, the following: i) any payments, coinsurance, or and deductibles required by my health insurance; ii) payments for any items or services not covered by my health insurance; or iii) as provided under NEMS' Sliding Fee Discount Program if I do not have health insurance.

本人授權東北醫療中心 (NEMS) 提供經東北或其醫療保健提供者授權的醫療保健服務。本人進一步授權將保險福利直接支付至東北醫療中心。本人明白，本人應負責承擔最終產生的所有費用，包括但不限於，i) 我的醫療保險要求的任何付款、共保額或自付額；ii) 本人的醫療保險未承保的任何項目或服務費用；或 iii) 如果本人沒有醫療保險，東北的減費優惠計劃規定的款項。

Patient initial
會員英文姓名縮寫

I understand that NEMS does not provide on-site emergency services.
本人理解，東北醫療中心不提供現場急救服務。

Patient initial
會員英文姓名縮寫

I understand that NEMS is required by law to report any assault, abuse, and worker's injury to the proper authorities.
我明白加州法律要求東北醫療中心向有關部門報告任何被襲擊，虐待及工傷事件。

Patient initial
會員英文姓名縮寫

I understand that psychosocial information will be shared with my NEMS provider as needed to maintain total care.
我明白爲了保持全面的身心健康，應和東北醫療中心的醫生/醫師分享心理狀態方面的資料。

Patient initial
會員英文姓名縮寫

I understand that my photo will be placed on the NEMS Member Identification (ID) Card.
本人明白，本人的照片將會印於東北會員身份證 (ID)上。

Patient initial
會員英文姓名縮寫

I acknowledge that I have received a copy of NEMS' Notice of Privacy Practices. I understand that I may exercise my rights as described in the notice.
我確認我已經收到東北醫療中心的保護隱私條例通知。我明白我有權行使通知書上列明的病人權利。



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Patient initial
會員英文姓名縮寫

I understand that NEMS may contact me as described in its Notice of Privacy Practices and send messages related to treatment, treatment alternatives or other health-related benefits and services that may be of interest. I understand that I may change how NEMS contacts me or opt-out of certain communications at any time by calling NEMS at (415) 391-9686.

我明白東北醫療中心可能會按照其「保護隱私條例通知」中說明的方式與我聯繫，並發送與治療、替代治療方案、或其它我可能感興趣並與健康相關的福利和服務。我明白我隨時可以致電 (415) 391-9686 與東北醫療中心聯繫更改或退出某些他們與我溝通的通訊方式。

Patient initial
會員英文姓名縮寫

I acknowledge that I have received a copy of the NEMS Member Handbook and have read, understand, and had the opportunity to ask questions about the contents of the handbook.

我確認我已經收到東北醫療中心的會員手冊，並且已經閱讀，理解並有機會對手冊的內容提出疑問。

Patient initial
會員英文姓名縮寫

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>.

Open Payments 資料庫是一種聯邦工具，用於搜索藥品和醫療器械公司向醫生和教學醫院支付的款項。此搜查工具網址為 <https://openpaymentsdata.cms.gov>

Patient initial
會員英文姓名縮寫

NEMS participates in an electronic health information exchange ("HIE"), called, "Care Everywhere," which allows other health care providers that use Care Everywhere to access information from your electronic medical record for continuity and coordination of your care. All information contained in your electronic medical record will be shared through Care Everywhere, including information related to sensitive services, unless we are required to restrict such information. Psychotherapy notes, information related to drug and alcohol abuse, diagnosis or treatment, and information related to sensitive services that NEMS is required to restrict will not be shared without a separate authorization from you. For more information on how we share your information through HIEs, please see our Notice of Privacy Practices. You may opt-out of Care Everywhere and any other HIEs that NEMS participates in by contacting NEMS Health Information Services at (415) 391-9686 or submitting a Health Information Exchange Opt-Out form.



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東北醫療中心 (North East Medical Services) 參與一個名為 “Care Everywhere” 的健康信息交換平台 (“HIE”)，它允許使用 Care Everywhere 的其他醫護人員訪問您的電子醫療記錄，以持續提供和協調您的護理。您的電子醫療記錄中包含的所有信息將通過 Care Everywhere 共享，其中包括與敏感服務相關的信息，法律要求限制的信息除外。心理治療記錄，與藥物和酒精濫用、診斷或治療的相關信息，以及東北需要限制的其它敏感服務的相關信息，如果沒有您的額外授權，將不會被透露。如想了解有關我們如何通過健康信息交換平台共享您的信息的詳情，請參閱我們的隱私條例通知。同時，您有權致電 (415) 391-9686 聯繫東北醫療記錄部或提交「健康信息交換退出表格」，以選擇退出 Care Everywhere 及東北醫療中心參與的任何其它健康信息交換計劃。

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

Notes:

*Text messages are not encrypted and may be read or intercepted by someone else. If someone has your phone, they may be able to read your messages.

短信信息是未被加密的，內容可能會被他人讀取或截獲。如果其他人擁有您的手機，他們可能可以讀取您的信息。

** Standard text message, data, and minute usage rates from your mobile or internet service provider may apply.

您的手機或互聯網服務供應商可能會向您收取短信、流動數據及電話的費用。

STAFF USE ONLY: If the patient refused to sign or initial all the acknowledgement statements, please check box, initial, and date:

REFUSAL TO SIGN Staff Initials: _____ Date: _____ / _____ / _____

North East Medical Services (NEMS) complies 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, cancer, and genetic characteristics), 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.

NEMS:

- Provides 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).
- Provides 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 Member Services Department at 415-391-9686 ext. 8160.

How to file a grievance with NEMS

If you believe that NEMS has failed to provide these services or discriminated in another way based on any of the characteristics listed above, you can file a grievance with NEMS Member Services. If you need help filing a grievance, NEMS Member Services Department is available to help you.

- **By phone:** Call 415-391-9686 ext. 8160
- **By mail:** Call us at 415-391-9686 ext. 8160 and ask to have a form sent to you.
- **In Person:** Visit the NEMS Member Services Department.

You may also contact the NEMS 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>

This notice is available at: nems.org

Spanish ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) o hable con su proveedor.

Chinese 注意: 如果您說中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) 或與您的提供者討論。

Vietnamese LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 415-391-9686 ext. 8160 (Người khuyết tật: 1-800-735-2929) hoặc trao đổi với người cung cấp dịch vụ của bạn."

Korean 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 415-391-9686 ext. 8160 (TTY: 1-800-735-2929)번으로 전화하거나 서비스 제공업체에 문의하십시오."

Persian توجه: کمک رایگان خدمات، کنیومی صحبت فارسی زبان به اگر ارائه برای مناسب کمکی خدمات و ها کمک همچنین، شماست دسترس در زبانی با است دسترس در رایگان صورت به دسترس قابل های قالب در اطلاعات تماس (415-391-9686 داخلی 8160 (TTY: 1-800-735-2929) کنید صحبت خود دهنده ارائه یا بگیرد.

Japanese 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。415-391-9686 ext. 8160 (TTY: 1-800-735-2929)までお電話ください。または、ご利用の事業者にご相談ください。

Armenian ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները Նույնպես տրամադրվում են անվճար: Չանգահարեք 415-391-9686 ext. 8160 հեռախոսահամարով (TTY` 1-800-735-2929) կամ խոսեք Ձեր մատակարարի հետ:

Arabic تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 415-391-9686 ext. 8160 (1-800-735-2929) أو تحدث إلى مقدم الخدمة."

Thai หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) หรือปรึกษาผู้ให้บริการของคุณ"

Tagalog PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyong upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) o makipag-usap sa iyong provider.

Punjabi ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।"

Hindi ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) पर कॉल करें या अपने प्रदाता से बात करें।"

Hmong LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkaug cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob."

Khmer សូមកម្មវត្តមាន: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាភាគតិចត្រូវមានសម្រាប់អ្នក។ ជំនួយនិងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានភាសាទម្រង់ដែលអាចចូលប្រើប្រាស់បានក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។"

Russian ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) или обратитесь к своему поставщику услуг.