



**NORTH EAST  
MEDICAL SERVICES**

東北醫療中心

a california *health+* center

NEMS #:

NAME:

DOB:

**REGISTRATION FORM 會員註冊登記表**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
姓名 Last 姓氏 First 名字 Middle 中間名字 出生日期

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
地址 市 州 郵政編碼

HOME PHONE 住所電話: \_\_\_\_\_ CELL PHONE 手提電話: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ REFERRED TO NEMS BY: \_\_\_\_\_  
電郵地址 誰轉介您到東北 / 您如何得知本中心

SEX 性別身份:  Male 男  Female 女  Trans. Male 變性男  Trans. Female 變性女  Other 其他

SEXUAL ORIENTATION 性取向:  Straight 異性戀  Lesbian or Gay 同性戀  Bisexual 雙性戀  Other 其他

ENGLISH LEVEL:  Good  Fair  Little  None DIALECT(S) SPOKEN: \_\_\_\_\_  
英語程度 好 一般 略懂 不會 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:  Chinese 華裔  Vietnamese 越南裔  Filipino 菲律賓裔  Burmese 緬甸裔  Japanese 日裔  
 Asian Indian 印度裔  Korean 韓裔  Other Asian 其他: \_\_\_\_\_  
 Native Hawaiian 夏威夷原住民  Other Pacific Islander 其他太平洋島民  White 白人  
 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

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:  Single  Married  Divorced  Widowed  Separated  
婚姻狀況 單身 已婚 離婚 喪偶 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:

Self-Pay 自付  Medicare 聯邦醫療保險卡  Medi-Cal 加州醫藥卡  Other 其它: \_\_\_\_\_  
 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)

**PARENT/LEGAL GUARDIAN INFORMATION (Complete if patient is under age 18)**

若登記人是 18 歲以下, 請填寫家長 / 合法監護人資料:

Name: \_\_\_\_\_ (circle one) Mother / Father / Guardian DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_  
姓名 (圈選一項) 母親 / 父親 / 合法監護人 出生日期 電話號碼  
Name: \_\_\_\_\_ (circle one) Mother / Father / Guardian DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

If you are under age 18, we may be required to contact your parent/guardian to obtain their consent before providing certain services to you.

**PERSON TO BE CONTACTED IN CASE OF EMERGENCY 緊急聯絡人:**

Name 姓名: \_\_\_\_\_ Phone # 電話號碼: \_\_\_\_\_  
Relationship 關係: \_\_\_\_\_



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## REGISTRATION FORM 會員註冊登記表

I hereby authorize North East Medical Services (NEMS) to provide health services to the above-named person and authorize insurance benefits to be paid directly to NEMS. I understand that I am ultimately responsible for all charges incurred, including any payments and deductibles required by my health insurance or as provided under NEMS' Sliding Fee Discount Program if I do not have health insurance. I understand that NEMS does not provide on-site emergency services. Furthermore, I hereby authorize the release of pertinent medical information to insurance carriers, if applicable. 本人謹此授權東北醫療中心為上述登記人提供醫療服務，並委託醫療保險公司直接給東北醫療中心付費。本人明白我應負責應付的全部費用，包括我的醫療保險要求的任何款項和扣除額，或者如果我沒有醫療保險，則根據東北醫療中心的減費優惠計劃所計算的任何費用。我瞭解東北醫療中心不提供急診服務。另外，我謹此授權東北醫療中心在有需要的情況下，可向我的醫療保險公司提供我的相關醫療記錄。

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。

I understand that psychosocial information will be shared with my NEMS provider as needed to maintain total care. 我明白為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。

I understand that the picture of the above-named person will be placed on the NEMS Member Identification (ID) Card. 我明白上述登記人的相片將會印於東北醫療中心會員證（黃卡）上。

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。

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。

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。

\_\_\_\_\_  
Signature of Patient or Legal Representative 登記人或合法代表簽名

\_\_\_\_\_  
Relationship to Patient 與登記人關係

\_\_\_\_\_  
Signature of Witness 見證人簽名

\_\_\_\_\_  
Date 日期

Notes / 注意:

\*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 僅限職員使用:** If patient refuses to sign, please check box, initial and date:

REFUSAL TO SIGN

Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_