



NORTH EAST
MEDICAL SERVICES
東北醫療中心

a california *health+* center

NEMS ID: _____

NAME: _____

DOB: _____

REGISTRATION FORM

Date: ____ / ____ / ____

Name: _____ Date of Birth: ____ / ____ / ____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Referred to NEMS by: _____

Sex: ☐ Male ☐ Female

English Level: ☐ Good ☐ Fair ☐ Little ☐ None

Dialect(s) Spoken: _____

Ethnicity: ☐ Non-Hispanic/Latino ☐ Hispanic/Latino

Race/Ethnic Group (Check all that apply):

☐ Asian (Please specify):

☐ Chinese

☐ Japanese

☐ Native Hawaiian

☐ Vietnamese

☐ Korean

☐ Asian Indian

☐ Filipino

☐ Burmese

☐ Other Pacific Islander

☐ Black/African American

☐ American Indian/Alaskan Native

☐ White

☐ Other: _____

Student Status: ☐ Full-Time ☐ Part-Time ☐ Not a student

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Medical Payment Status (Check all that apply):

☐ Medicare ☐ Medi-Cal ☐ Self-pay ☐ Private Insurance (Please provide copy of insurance card)

☐ Other: _____

Written Documents in Alternative Formats: ☐ No alternative format needed

☐ Large print ☐ Audio CD ☐ Data CD ☐ Braille ☐ Encrypted Audio CD ☐ Encrypted Data CD

☐ I need a format not listed here: _____

Parents' Information (Complete if patient is under 18):

Father's Name: _____ Date of Birth: ____ / ____ / ____

Mother's Name: _____ Date of Birth: ____ / ____ / ____



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Person to be Contacted in Case of Emergency:

Name: _____ Phone Number: _____

Relationship: _____

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.

Patient initial I understand that NEMS does not provide on-site emergency services.

Patient initial I understand that NEMS is required by law to report any assault, abuse, and worker's injury to the proper authorities.

Patient initial I understand that psychosocial information will be shared with my NEMS provider as needed to maintain total care.

Patient initial I understand that my photo will be placed on the NEMS Member Identification (ID) Card.

Patient initial 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.

Patient initial 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.

Patient initial 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.



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Patient initial

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>.

Patient initial

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.

Signature of Patient or Legal Representative*

Date

Name of Legal Representative

Relationship of Legal Representative

Signature of Witness (Required if patient is unable to sign)

Date

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.

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

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 همچین، شماست دسترس در زبانی با. است دسترس در رایگان صورت به دسترس قابل های قالب در اطلاعات تماس (TTY: 1-800-735-2929) داخلی 8160 415-391-9686 شماره کنید صحبت خود دهنده ارائه با 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 տեղեկատվությունը տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները Նույնպես տրամադրվում են անվճար: 2անգահարեք 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 หมายถึง: 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 serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo 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 ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਟਰਾਂਸਲੇਟਿੰਗ ਸੇਵਾਵਾਂ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 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 nkag 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 សូមកត់ត្រា: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាគតិកត្តាមានសម្រាប់អ្នក។ ជំនួយនិងសេវាកម្មដែលជាការជួយដល់សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវាបស់អ្នក។"

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.