



**Attn: HIS Department**

5580 W. Flamingo Road, Suite 105

Las Vegas, NV 89103-0165

Tel: (702) 589-9686 | Fax: (702) 589-9687

Medical Records Fax: (415) 933-6843

Email: eroi@nems.org

NEMS MRN:  
 NAME:  
 DATE OF BIRTH:  
 EMAIL:

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**  
**健康資料使用授權書**

Completion of this document authorizes the use or disclosure of health information about you.  
 填寫這份文件即授權使用或透露有關您的健康資料。

**I AUTHORIZE 本人授權**

**TO DISCLOSE TO 把資料提供給**

Name of Disclosing Party 透露方名稱/姓名			Name of Recipient 接收者名稱/姓名		
Address/Email Address/Fax Number 地址/電郵地址/傳真號碼			Address/Email Address/Fax Number 地址/電郵地址/傳真號碼		
City 市	State 州	Zip Code 郵政編碼	City 市	State 州	Zip Code 郵政編碼

**SPECIFY THE HEALTH INFORMATION FOR DATES OF SERVICE 指定健康資料的服務日期:**

From 由: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To 至: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month 月 Day 日 Year 年

**By checking the box(es) below, I specifically authorize release of the following:**

**通過勾選以下方框，本人授權透露:**

- |                                                                        |                                                                                                     |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Complete Medical Information</b><br>全部醫療資料 | <input type="checkbox"/> Radiology Reports (CT, MRI, X-Rays, etc.)<br>放射科報告 (CT 断层掃描, 核磁共振, X 光片之類) |
| <input type="checkbox"/> Immunizations<br>免疫接種                         | <input type="checkbox"/> Office Visit Notes<br>會診備註                                                 |
| <input type="checkbox"/> Other<br>其它: _____                            | <input type="checkbox"/> Lab/Pathology Reports<br>化驗測試/病理報告                                         |

**PROTECTED CLASSES OF INFORMATION 受保護的資料類型 :**

By checking the box(es) below, I specifically authorize release of the following:

通過勾選以下方框，本人授權透露:

- |                                                                                                    |                                                            |                                                        |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Drug and Alcohol Abuse Diagnosis or Treatment Records<br>藥物及酒精濫用診斷或治療紀錄   | <input type="checkbox"/> Genetic Testing Results<br>基因測試資料 | <input type="checkbox"/> Psychotherapy Notes<br>心理治療資料 |
| <input type="checkbox"/> Mental/Behavioral Health Diagnosis or Treatment Records<br>心理/行為健康診斷或治療紀錄 |                                                            |                                                        |
| <input type="checkbox"/> Gender Affirming, Abortion/Contraception Services<br>性別認可、墮胎/避孕服務         |                                                            |                                                        |
| <input type="checkbox"/> HIV Test Results<br>愛滋病毒檢測結果                                              |                                                            |                                                        |



Attn: HIS Department

5580 W. Flamingo Road, Suite 105

Las Vegas, NV 89103-0165

Tel: (702) 589-9686 | Fax: (702) 589-9687

Medical Records Fax: (415) 933-6843

Email: eroi@nems.org

NEMS MRN:

NAME:

DATE OF BIRTH:

EMAIL:

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**  
**健康資料使用授權書**

**REQUESTED FORMAT: (Please select one) 索取資料的方式: (請選擇一個)**

- Email (encrypted)       Email (unencrypted)\*\*       Patient Portal       Fax  
 電郵 (加密)                  電郵 (未加密) \*\*                  病人平台                  傳真
- Sharing of PHI (to authorize exchange between the organizations/persons listed above.)  
 共享 PHI (授權與上述機構/個人共享資料。)
- Paper**     Paper: Pick-up    OR     Paper: Mail (\$0.25/page fees may apply)  
**紙張:**      紙張自取                  或                  紙張郵寄 (可能需支付每頁\$0.25 的用費)

**\*\*Note:** Sending information over unencrypted email is not secure and increases risks that your information could be intercepted, viewed, copied, or shared by an unauthorized third party. By selecting the "Email (unencrypted)" option, I acknowledge that NEMS has warned me of the risks, and I still prefer and give permission to NEMS to send the requested records through unencrypted e-mail.\*\* If you are requesting information to be sent to yourself or to a third party under your right of access to your health information, you may choose unencrypted email. If this authorization request is from a third party, NEMS must send the information in a secure manner.

**\*\*注意:** 使用未加密的電子郵件發送的信息並不安全，並且可能增加您的信息被未經授權的第三方截獲、讀取、複製、或分享的風險。通過選擇“電子郵件 (未加密)”選項，本人承認在東北醫療中心已警示我相關風險的前提下，我仍然選擇同意授權予東北醫療中心使用未經加密的電子傳送我的醫療紀錄。如果您要求將資料傳送給自己或有權訪問您健康資料的第三方，您可以選擇未加密的電子郵件。如果該授權請求來自第三方，東北醫療中心必須以安全的方式傳送資料。

**The release of the above-specified information is for the purpose of**  
**透露以上指定資料的主要目的為：**

- Patient/Legal Representative Request       Disability Eligibility       Continuity of Care  
 病人/合法代表人的要求                  殘障資格                  醫療照護連續性
- Continuing Medical Care by NEMS Provider:  
 繼續由東北醫師提供醫療護理: \_\_\_\_\_
- Other  
 其它: \_\_\_\_\_

**DURATION:** This authorization will be effective on the date of my signature and will remain in effect for one (1) year from the date of signature unless a different date is specified here .

**有效期:** 此授權在簽署後立即生效，並且除非本人在此指定有效期限，否則在 \_\_\_\_\_  
 簽名日期後一 (1) 年內仍保持有效。                                          (Date | 日期)



Attn: HIS Department

5580 W. Flamingo Road, Suite 105

Las Vegas, NV 89103-0165

Tel: (702) 589-9686 | Fax: (702) 589-9687

Medical Records Fax: (415) 933-6843

Email: eroi@nems.org

NEMS MRN:

NAME:

DATE OF BIRTH:

EMAIL:

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**  
**健康資料使用授權書**

**REVOCACTION:** I understand that I may revoke this authorization at any time by writing to NEMS Member Services Department 1520 Stockton St., San Francisco, CA 94133. My revocation will be effective upon receipt but will not apply to any information that was disclosed based on this authorization before the revocation is received.

**撤銷：**本人明白我有權隨時通過書面方式向東北醫療會員部（地址為 1520 Stockton St., San Francisco, CA 94133）。提出撤銷授權申請。撤銷要求於接獲通知時即時生效，收到撤銷通知前東北醫療中心根據該授權使用/透露資料的行為則不屬此範圍。

**REDISCLASURE:** I understand that once my health information is disclosed, it may no longer be protected by the federal regulations governing the privacy and security of health information.

**重新透露：**本人明白，一旦我的健康資料被透露，它將不再受有關健康信息隱私和安全的聯邦法規的保護。加州法律禁止接收者進一步透露您的健康資料，除非接收者獲得您的另一次授權或法律允許透露。此保護不適用於加州以外的接收者。

**MY RIGHTS:** I understand that I may refuse to sign this authorization and NEMS may not condition my treatment, payment, enrollment in a health plan or eligibility for health care benefits on my decision to sign this authorization, except where disclosure is necessary for treatment or eligibility for health care benefits. I understand that I may request a copy of this authorization.

**本人的權利：**本人明白我有權拒絕簽署此授權書。東北醫療中心不會以我簽署此授權書的決定作為我治療、付款、加入健康計劃或獲得醫療保健福利資格的條件，除非在特定情況下必須透露資料以獲得治療或醫療保健福利資格。本人明白我有權索取此授權書的影印副本。

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

STAFF USE ONLY: (please initial if applicable)

Form Assisted by: \_\_\_\_\_ Faxed by: \_\_\_\_\_ Record Released by: \_\_\_\_\_ 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 (702)589-9686.

**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. If you need help filing a grievance, NEMS is available to help you.

- **By phone:** Call 702-589-9686
- **By mail:** Call us at 702-589-9686 and ask to have a form sent to you.
- **In Person:** Visit the NEMS clinic.

You may also contact the NEMS Civil Rights Coordinator

Attn: NEMS Section 1557 Coordinator  
North East Medical Services  
2171 Junipero Serra Blvd.  
Daly City, CA 94014  
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: <https://nems-lv.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 702-589-9686 (TTY: 1-800-326-6868) 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 702-589-9686 (TTY: 1-800-326-6868) 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 702-589-9686 (Người khuyết tật: 1-800-326-6868) 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. 702-589-9686 (TTY: 1-800-326-6868) 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 صورتبه دسترس قابل های قالب در اطلاعات تماس 8160 داخلی 415-391-9686 (TTY: 1-800-326-6868) كنيد صحبت خود دهندهارائه با يا بگيريد

**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。702-589-9686 (TTY: 1-800-326-6868) 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 702-589-9686 հեռախոսահամարով (TTY՝ 1-800-326-6868) 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 702-589-9686 (1-800-326-6868) أو تحدث إلى مقدم الخدمة

**Thai หมายเหตุ:** หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 702-589-9686 (TTY: 1-800-326-6868) 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 702-589-9686 (TTY: 1-800-326-6868) 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 ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 702-589-9686 (TTY: 1-800-326-6868) '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। 702-589-9686 (TTY: 1-800-326-6868) 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 ntauv 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 702-589-9686 (TTY: 1-800-326-6868) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob."

**Khmer សូមយកចិត្តទុកដាក់:** ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាភាគតិចភ្នំពេញមានសម្រាប់អ្នក។ ជំនួយនិងសេវាកម្មដែលជាការជួយដល់សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 702-589-9686 (TTY: 1-800-326-6868) 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 702-589-9686 (TTY: 1-800-326-6868) или обратитесь к своему поставщику услуг.