



**NORTH EAST
MEDICAL SERVICES**

東北醫療中心

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

AUTORIZACIÓN PARA DIVULGAR INFORMACIÓN DE SALUD

Completion of this document authorizes the use or disclosure of health information about you.

Al completar este documento usted autoriza el uso o divulgación de su información de salud.

I AUTHORIZE | Yo autorizo

TO DISCLOSE TO | Para divulgar a

Name of Disclosing Party | Nombre de la Parte Divulgadora

Name of Recipient | Nombre del destinatario

Address/Email Address/Fax Number

Dirección/Dirección de correo electrónico/Número de fax

Address/Email Address/Fax Number

Dirección/Dirección de correo electrónico/Número de fax

City | Ciudad State | Estado Zip Code | Código postal

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SPECIFY THE HEALTH INFORMATION FOR DATES OF SERVICE

Especificar la información de salud para las fechas de servicio:

From | Desde: / /
Month | Mes Day | Día Year | Año

To | Hasta: / /
Month | Mes Day | Día Year | Año

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

Al marcar la(s) casilla(s) a continuación, autorizo específicamente la divulgación de lo siguiente:

- | | |
|---|---|
| ☐ Complete Medical Information
Información médica completa | ☐ Radiology Reports (CT, MRI, X-Rays, etc.)
Informes radiológicos (TC, IRM, RX, etcétera) |
| ☐ Immunizations
Vacunas | ☐ Office Visit Notes
Notas de visita médica |
| | ☐ Lab/Pathology Reports
Informes de laboratorio/patología |

☐ Other | Otro: _____

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

CLASES DE INFORMACIÓN PROTEGIDAS Al marcar la(s) casilla(s) a continuación, autorizo específicamente la divulgación de lo siguiente:

- | | |
|---|---|
| ☐ Drug and Alcohol Abuse Diagnosis or Treatment Records
Registros de diagnóstico o tratamiento de abuso de drogas y alcohol | ☐ HIV Test Results
Resultados de prueba VIH |
| ☐ Mental/Behavioral Health Diagnosis or Treatment Records
Registros de diagnóstico o tratamiento de salud mental/conductual | ☐ Genetic Testing Results
Resultados de pruebas genéticas |
| ☐ Gender Affirming, Abortion/Contraception Services
Servicios de Afirmación de Género, Aborto/Anticoncepción | ☐ Psychotherapy Notes
Notas de Psicoterapia |



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REQUESTED FORMAT: (Please select one) / FORMATO SOLICITADO: (Por favor, seleccione uno)

- ☐ Email (encrypted) ☐ Email (unencrypted)** ☐ Patient Portal ☐ Fax
Email (cifrado) Email (sin cifrar)** Portal del Paciente
- ☐ Sharing of PHI (to authorize exchange between the organizations/persons listed above.)
Intercambio de Información de Salud Protegida (para autorizar el intercambio entre las organizaciones/
personas mencionadas anteriormente).

Paper: ☐ Paper: Pick-up OR

Impreso: Impreso: Presencial O

☐ Paper: Mail (\$0.25/page fees may apply)

Impreso: Correo (se puede cobrar una tarifa de \$0.25 por página)

****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.

****Nota:** El envío de información a través de correo electrónico no cifrado no es seguro y aumenta los riesgos de que su información pueda ser interceptada, vista, copiada o compartida por un tercero no autorizado. Al seleccionar la opción "Correo electrónico (sin cifrar)", reconozco que NEMS me ha advertido de los riesgos, y aún prefiero y doy permiso a NEMS para enviar los registros solicitados a través de correo electrónico sin cifrar.** Si solicita que se le envíe información a usted o a un tercero en virtud de su derecho de acceso a su información de salud, puede elegir correo electrónico sin cifrar. Si esta solicitud de autorización es de un tercero, NEMS debe enviar la información de manera segura.

The release of the above-specified information is for the purpose of

La divulgación de la información especificada anteriormente tiene como finalidad

- ☐ Patient/Legal Representative Request
Solicitud del Paciente/Representante Legal
- ☐ Disability Eligibility ☐ Continuity of Care
Elegibilidad para discapacitados Continuidad de atención
- ☐ Continuing Medical Care by NEMS Provider:
Atención médica continua por parte del proveedor de NEMS: _____



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☐ Other

Otro

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 .

DURACIÓN: Esta autorización entrará en vigor en la fecha de mi firma y permanecerá en vigor durante un (1) año a partir de la fecha de la firma, a menos que se especifique una fecha diferente a continuación (Date | Fecha)

REVOCATION: 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.

REVOCACIÓN: Entiendo que puedo revocar esta autorización en cualquier momento escribiendo al Departamento de Servicios para Miembros de NEMS 1520 Stockton St., San Francisco, CA 94133. Mi revocación entrará en vigor a partir de la recepción, pero no se aplicará a ninguna información que se haya divulgado sobre la base de esta autorización antes de que se reciba la revocación.

REDISCLOSURE: 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.

REDIVULGACIÓN: Entiendo que una vez que se divulgue mi información de salud, es posible que ya no esté protegida por las regulaciones federales que rigen la privacidad y seguridad de la información de salud.

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.

MIS DERECHOS: Entiendo que puedo negarme a firmar esta autorización y NEMS no puede condicionar mi tratamiento, pago, inscripción en un plan de salud o elegibilidad para los beneficios de atención médica sobre mi decisión de firmar esta autorización, excepto cuando la divulgación sea necesaria para el tratamiento o la elegibilidad para los beneficios de atención médica. Entiendo que puedo solicitar una copia de esta autorización.

Signature of Patient or Legal Representative*

Date



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Firma del paciente o representante legal

Fecha

Name of Legal Representative

Nombre del representante legal

Relationship of Legal Representative

Relación del Representante Legal

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

Firma del testigo (se requiere si el paciente no puede firmar)

Date

Fecha

STAFF USE ONLY: (please initial if applicable)

Form Assisted by: _____ Faxed by: _____ Record Released by: _____ Date _____



NORTH EAST MEDICAL SERVICES

東北醫療中心

NON-DISCRIMINATION DISCLOSURE & NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

Revised 07/2025

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، کننیمی صحبت فارسی زبان به اگر ارائه برای مناسب کمکی خدمات و ها کمک همچنین شماسست دسترس در زبانی با است دسترس در رایگان صورتبه دسترس قابل های قالب در اطلاعات تماس 8160 داخلی (TTY: 1-800-326-6868) 415-391-9686 شماره کنید صحبت خود دهنده ارائه با یا بگیرید.

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 տեղեկատվությունը 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 مجانًا. اتصل على الرقم 702-589-9686 (1-800-326-6868) أو تحدث إلى مقدم الخدمة.

Thai หมายถึง: หากคุณใช้ภาษาไทย

เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย 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 serbisyo 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 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 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 សេវាកម្មជំនួយភាសាគតិកត្តាមានសម្រាប់អ្នក។ ជំនួយនិងសេវាកម្មដែលជាការជួយដល់សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយគតិកត្តាផងដែរ។ ហៅទូរសព្ទទៅ 702-589-9686 (TTY: 1-800-326-6868) 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 702-589-9686 (TTY: 1-800-326-6868) или обратитесь к своему поставщику услуг.