



GEMS#:

NAME:

Date of Birth:

HEALTH INFORMATION EXCHANGE (HIE) PATIENT OPT-OUT FORM
病人健康信息交換退出表格

Name 姓名:

First 名字

Middle 中間名字

Last 姓氏

Birthdate 出生日期: ____ / ____ / ____ Gender 性別身份: Male 男 Female 女 Other 其他

Address 地址: _____

City 市: _____ State 州: _____ Zip 郵政編碼: _____

Telephone Number 電話號碼: _____ Email Address 電郵地址: _____

Go East Medical Services (GEMS) participates in Health Information Exchanges (the "GEMS HIE"). A Health Information Exchange allow doctors, nurses, pharmacists, and other health care providers to securely share your health information electronically and allows providers to have the most recent information to care for you as a patient. GEMS patients are automatically enrolled in the GEMS HIE.

行健醫療中心參與健康信息交換計劃（“行健健康信息交換”）。醫生、護士、藥劑師，及其他醫護人員可以通過健康信息交換計劃安全地以電子傳送的方式共享您的健康信息，以便您的醫療團隊掌握您的最新醫療信息並為您提供最適合的護理服務。登記行健後會自動加入健康信息交換計劃。

Right to Opt-Out. You have the right to opt-out if you do not want GEMS to share your health information through the GEMS HIE. This will not affect your ability to access any health care or medical services.

退出的權利。 如果您不希望行健醫療中心通過「行健健康信息交換」共享您的健康信息，您有權退出。這不會影響您獲得任何醫療保健護理。

Risks of Opting-Out. The goal of the GEMS HIE is to allow your providers outside of GEMS to access the best available information about your health. If you opt-out, your health care providers outside of GEMS may have less information about you when making a diagnosis or decisions about your care.

退出的風險。 「行健健康信息交換」的目的是讓您在行健醫療中心以外的醫護人員可以查閱有關您健康狀況的最佳可用信息。如果退出該計劃，行健以外的醫護人員在對您的護理做出診斷或決定時可能會獲得較少有關您的信息。

Opt-out. GEMS may not share my health information through GEMS HIE.

退出。 行健醫療中心不能通過健康信息交換計劃共享我的健康信息。

I understand that even if I opt-out:

如果本人選擇退出該計劃，本人明白：

- my opt-out request does not prohibit GEMS from sharing my health information with other healthcare providers through other methods. My permission is not required for such sharing.

我的退出請求並不禁止行健醫療中心通過其它方式與其他醫護人員共享我的健康信息。此類共享不需要我的許可。



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• any information that was shared through the GEMS HIE will remain available to providers who have access.

任何曾通過「行健健康信息交換」共享的健康信息仍可供有權限的醫護人員查閱。

• GEMS may share my information with public health authorities to the extent permitted or required by HIPAA and applicable Nevada law.

行健醫療中心可能會在健康保險流通與責任法案 (HIPAA) 和適用的內華達州法律允許或要求的範圍內與公共衛生部門共享我的信息。

• in cases of medical emergency, and your doctor requests to view your medical record to diagnose or treat your emergency medical condition, GEMS will disclose your information to your doctor through the GEMS HIE.

如果出現緊急醫療狀況，並且您的醫生要求查看您的醫療紀錄以便診斷或治療您的緊急醫療狀況，行健醫療中心會通過「行健健康信息交換」向您的醫生透露您的信息。

Cancel Opt-out. I request to cancel my previous decision to opt-out. By completing and signing this form, I am allowing my health information to be accessible to my health care providers through the GEMS HIE, as permitted or required by GEMS or Federal / State law.

撤銷退出。我請求撤銷之前選擇退出的決定。通過完成並簽署此表格，我允許我的醫護人員根據行健醫療中心或聯邦/州府法律的批准或要求通過「行健健康信息交換」查閱我的健康信息。

Signature of Patient or Legal Representative*
病人或合法代表簽名

Date 日期

Name of Legal Representative
合法代表姓名

Relationship of Legal Representative
合法代表與病人的關係

Signature of Witness (Required if patient is unable to sign)
見證人簽名 (病人無法自行簽字時此項必填)

Date 日期

*By signing as a legal representative, I am certifying that I am legally authorized to act on behalf of the patient

* 通過作為法定代表人簽名，我證明我已獲得合法授權代表病人行事。

Please send the completed form to GEMS at P.O. Box 3306 Daly City, CA 94015 or eroi@gems-lv.org. **

請將填妥的表格郵寄至行健醫療中心 P.O. Box 3306 Daly City, CA 94015 或電郵至：eroi@gems-lv.org。 **

**If you email us, your message may not be encrypted or secure. Sending information over unencrypted email or online messages is not secure and increases the risk that your information could be intercepted, viewed, copied, or shared by an unauthorized third party.

** 如果您給我們發送電子郵件，您的信息可能未加密或不安全。發送未加密的電子郵件或在線發送信息是不安全的，並且會增加您的信息可能被未經授權的第三方截獲、查看、複製或共享的風險。