



GEMS MRN:

NAME:

DATE OF BIRTH:

REQUEST FOR CONFIDENTIAL COMMUNICATIONS BY ALTERNATIVE MEANS
OR ALTERNATE LOCATION

通過替代方式或地點進行保密通訊申請

Name 姓名	_____	Date 日期	_____ / _____ / _____
Address 地址	_____	Phone Number 電話號碼	_____
		Email Address 電郵地址	_____

I hereby request that GEMS send me my protected health information (“PHI”) using the following alternative method(s) and/or at the following alternative locations:
本人特此請求行健醫療中心 (GEMS) 使用以下替代方法和/或在以下替代地點向我發送我的受保護醫療資料 (“PHI”) :

Instructions: Please check off all methods that you wish GEMS to use to send communications of PHI to you and provide the contact information you want us to use. You must select at least one option. If you do not provide contact information, GEMS will use the contact information previously provided.

說明: 請勾選您希望行健醫療中心用於向您發送 PHI 的所有通訊方式，並提供您希望我們使用的聯絡資料。您必須至少選擇一個選項。如果您不提供聯絡資料，行健醫療中心將使用您先前提提供的聯絡資料。

- | | |
|--|---|
| <input type="checkbox"/> Mailing address 郵寄地址 | <input type="checkbox"/> Encrypted email 加密電郵 |
| <input type="checkbox"/> Phone number (all methods)
電話號碼 (全部方式) | <input type="checkbox"/> Unencrypted email
(Unencrypted emails may not be secure and could be intercepted by an unauthorized third party or compromised)
未加密電郵
(未加密的電子郵件可能不安全，且有被未經授權的第三方攔截或洩露的風險) |
| <input type="checkbox"/> Text only 僅限短信 | |
| <input type="checkbox"/> Phone call only 僅限通話 | |



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Address to send billing information (if different from above or as provided to us in your enrollment form):

發送賬單信息的地址（如果與上述不同或與您在會員申請表中提供的地址不同）：

I understand that if GEMS is unable to communicate with me via the selected contact methods and/or contact information provided in this form, GEMS will communicate with you using other methods and/or contact information.

本人明白，如果行健醫療中心無法通過所選的聯絡方式和/或本表格中提供的聯絡資料與我取得聯繫，則將使用其它方式和/或聯絡資料進行通訊。

You may revoke your Request for Confidential Communications in writing.

您可以通過書面方式請求撤銷您的保密通訊申請。

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

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NOTICE TO REQUESTOR:

申請者須知：

We may deny your request for alternative means or alternative methods of communication if you cannot be reached by the method requested or under certain special circumstances. Additionally, the following requests will not be honored:

如果無法通過要求的方式與您取得聯繫或在某些特殊情況下，我們將拒絕您使用替代通訊方式的請求。此外，以下請求將會被拒絕：

- Requests to restrict all methods of communication by GEMS
請求限制行健醫療中心的所有通訊方式
- Request without arrangement for receiving billing statement(s)
未提供接收賬單地址的申請
- Mail to international address
郵寄至國際地址

Special circumstances:

特殊情況：

- Mandatory reporting of a public health threat
強制報告公共衛生威脅
- Potential exposure to harmful pathogens
潛在接觸有害病原體
- Critical lab results
緊要化驗結果