



GEMS#:

NAME:

Date of Birth:

## MEDICAL RECORD REQUEST FOR CORRECTION/AMENDMENT FORM

### 醫療記錄更正/修改申請

Date of Request

申請日期： \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name 姓名：	_____	Phone Number 電話號碼：	_____
Address 地址：	_____	Email Address 電郵地址：	_____
City 城市：	_____	State 州：	_____
		Zip Code 郵政編碼：	_____

Date(s) of Information to be Amended:

記錄修改日期： \_\_\_\_\_

Type:  Progress Note 進度筆記

類型:  Health Assessment 健康評估

Other 其它: \_\_\_\_\_

**Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete? Why? (Add attachment if additional space is needed)**

請說明該記錄如何不準確或不完整，應如何更正以使其更加準確或完整，以及更正的理由。(如需額外空間，請添加附件)

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We may deny your request for an amendment if the information in our Medical Record was:

如果出現以下情況，我們可能會拒絕您修改醫療記錄的申請：

- 1) Accurate and complete;  
該記錄準確並完整；
- 2) Not created by us, unless the person or entity that created the information is no longer available to make the amendment;  
該記錄並非由行健醫療中心創建，除非創建該記錄的個人或機構無法再進行修改；
- 3) Not part of the medical information kept by or for GEMS;  
該記錄不屬於行健醫療中心保存或為其保存的醫療記錄的一部分；



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- 4) Not part of the information which you would be permitted to inspect and copy (e.g. psychotherapy notes).  
該記錄不屬於您被允許檢查和複製的資料的一部分（例如心理治療筆記）。

When amendment is accepted, your provider will supplement your Medical Record with an addendum since no one is allowed to alter the original documentation in a record.

當修改申請被批准後，您的醫師將通過附錄補充您的醫療記錄，因為任何人都不允許更改記錄中的原始文件。

We will respond to your request within 60 days. If this request is denied, you have the right to submit a written disagreement.

我們將在 60 天內回覆您的申請。如果此申請被拒絕，您有權通過書面形式提交異議。

Would you like this amendment sent to anyone to whom we may have disclosed the information in the past?  
您是否希望將此修正發送給我們過往可能向其披露過該資料的任何人？

- Yes - If yes, please specify the name and address of the organization or individual. A copy of this form will now accompany each subsequent request for information regarding the dates covered in this entry.

是 - 如是，請註明機構或個人的名稱和地址。此表格的副本將隨附於每個後續請求，以獲取有關本申請所涵蓋日期的資料。

- No  
否

1. Name	Address
姓名： _____	地址： _____
2. Name	Address
姓名： _____	地址： _____
3. Name	Address
姓名： _____	地址： _____
4. Name	Address
姓名： _____	地址： _____
5. Name	Address
姓名： _____	地址： _____



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**MEDICAL RECORD REQUEST FOR CORRECTION/AMENDMENT FORM**  
**醫療記錄更正/修改申請**

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

**Office Use Only:**

Print Provider Name _____	Amendment/Correct <input type="checkbox"/> Approve <input type="checkbox"/> Deny	Denial Reason <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Date _____
Received by HIS Department Date _____	Routed to Provider _____	Received Response from Provider _____	Patient Notified _____
Comments from Healthcare Provider: _____ _____ _____			
Provider Signature: _____		Date: _____	
Patient's Response to Provider's Statement: <input type="checkbox"/> Agreement <input type="checkbox"/> Disagreement			

Go East Medical Services (GEMS) 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.

**GEMS:**

- 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 GEMS (702)589-9686.

**How to file a grievance with GEMS**

If you believe that GEMS 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 GEMS. If you need help filing a grievance, GEMS 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 GEMS clinic.

You may also contact the GEMS Civil Rights Coordinator

Attn: GEMS Section 1557 Coordinator  
Go East Medical Services  
P.O. Box 3306  
Daly City, CA 94015  
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://gems-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، کنیدی صحبتي 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.