



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

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

• 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。

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، 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 (TTY: 1-800-326-6868) 415-391-9686 شماره کنید صحبت خود دهندهارائه 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 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 សេវាកម្មជំនួយភាសាភាគតិចភ្នែកមានសម្រាប់អ្នក។ 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.