



GEMS#:

NAME:

Date of Birth:

REQUEST FOR A RESTRICTION ON USE OR DISCLOSURE OF  
PROTECTED HEALTH INFORMATION (PHI)

限制使用或透露受保護醫療資料 (PHI) 申請

- Restrict the use and disclosure of my information to the following person or entity (provide name of person or entity and relationship):  
限制以下個人或機構使用和透露我的資料 (提供個人或機構的名稱以及關係) :

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- I request to terminate a prior request for restriction dated:*  
*我請求終止先前於此日期提交的限制申請 :*

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By completing this form and signing below, I understand that:  
通過填寫此表格並在下方簽署，本人明白：

- The completion of this form does not mean your request has been accepted. The request will be reviewed by the Privacy Officer, who will inform you if your request has been rejected.  
填寫此表格並不代表您的申請已被批准。隱私保密監察專員將審核您的申請，並將在無法批准您的申請時通知您。
- Even if your request for restriction is accepted, we may use your information if needed to provide you with emergency treatment or in certain limited circumstances.  
即使您的限制申請被批准，我們也可能在需要為您提供緊急治療或某些有限的情況下使用您的資料。
- We must agree to your request to restrict disclosure of your PHI to a health plan if the disclosure is to carry out payment or health care operations and is not otherwise required by law; and the PHI pertains solely to a health care item or service that you, or someone other than the health plan on your behalf, has paid in full.  
如果透露的目的是為了進行付款或醫療運營且法律沒有其它規定，我們必須批准您的申請，限制與醫療保健計劃透露您的 PHI；並且 PHI 僅涉及您或代表您的其他人（醫療保健計劃除外）已全額支付的醫療護理項目或服務。



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- We have the right to terminate this restriction by informing you of the termination in writing; the termination will only apply to information created or received after we have informed you of the termination.  
 我們有權以書面形式通知您以終止此限制；並且該終止僅對我們通知您終止後所創建或接收的資料有效。
- You have the right to terminate this restriction by making a written request to terminate.  
 您有權通過書面形式請求終止此限制。

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: Verify the identity of individual to ensure that the requester has the authority to request this restriction.

Type of ID submitted	Staff name verifying the identity	Date	Request Response <input type="checkbox"/> Approve <input type="checkbox"/> Deny
Received from patient Date	Forwarded to Privacy Officer	Answer received from Privacy Officer	Answer given to patient

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 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 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 សេវាកម្មជំនួយភាសាភាគតិចភ្នែកមានសម្រាប់អ្នក។ ជំនួយនិងសេវាកម្មដែលជាការជួយដល់សមរម្យក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បានក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ 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.