



Northern Inyo Healthcare District
150 Pioneer Lane
Bishop, California 93514

NIHD School-Based Clinic Patient Registration Form

Clinic Location: (check one)

☐ Bronco Clinic (BUHS) ☐ Panther Clinic (PGHS)

Patient Information

Legal Last Name: _____ Legal First Name: _____ Middle Initial: _____

Date of Birth: ____/____/____ Sex at Birth: ☐ Male ☐ Female

Visually or Hearing Impaired? ☐ Yes ☐ No

Primary Language: _____ Preferred Language: _____

Cell Phone Number: (____) ____-____ Home Phone Number: (____) ____-____

Mailing Address: _____ City: _____ Zip: _____

Preferred Name (Alias): _____ E-mail: _____

Primary Health Care Provider: _____

Race: ☐ Alaskan Native or American Indian ☐ Asian ☐ Black / African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

Emergency Contact:

Full Name: _____ Relationship: _____

Emergency Contact Telephone Number: (____) ____-____

Parent / Legal Guardian (If 17 years and under):

Last Name: _____ First Name: _____ Middle Initial: _____

Relationship to Patient: _____ Phone Number: (____) ____-____

Date of Birth ____/____/____

Address (if different): _____ City: _____ Zip: _____

Insurance Information:

Health Plan Name: _____ Member Name: _____

Insurance ID# _____ Date of Birth: ____/____/____

Secondary Health Plan Name: _____ Member Name: _____

Insurance ID# _____ Date of Birth: ____/____/____





Northern Inyo Healthcare District
150 Pioneer Lane
Bishop, California 93514

Assignment of Benefits & Financial Agreement: I authorize payment for all medical benefits to Northern Inyo Healthcare District for professional service rendered. For additional information, please see the Conditions of Admission on the Northern Inyo Healthcare District Webpage. You can access the Conditions of Admission by going to www.nih.org, selecting resources, forms, and then Conditions of Admission.

Patient /Guardian Signature: _____ Date: _____

Staff use only - - - - - For Limited English Proficiency Patients only:

Interpreter name or ID# _____ ☐ Staff ☐ Phone ☐ Video

If you do not use an approved interpreter, please list the reason: _____





Northern Inyo Healthcare District
150 Pioneer Lane
Bishop, California 93514

Notice of Nondiscrimination

Northern Inyo Healthcare District complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Northern Inyo Healthcare District does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Northern Inyo Healthcare District:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact Patty Dickson, Compliance Officer; 150 Pioneer Lane, Bishop, California 93514; phone (760) 873-2022, TTY 711; or email patty.dickson@nih.org.

If you believe that Northern Inyo Healthcare District has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Alison Murray, Civil Rights Coordinator
150 Pioneer Lane, Bishop, California 93514
Phone (760) 873-2145
TTY 711
Fax (760) 873-2108
Email alison.murray@nih.org.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Alison Murray is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Northern Inyo Healthcare District
150 Pioneer Lane
Bishop, California 93514

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 760-873-5811 (رقم هاتف الصم والبكم: 711).

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 760-873-5811 (TTY (հեռատիպ)՝ 711:

Cambodian

ប្រជុំ: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយឥតគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 760-873-5811 (TTY: 711)។

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 760-873-5811 (TTY：711)。

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 760-873-5811 (TTY: 711) تماس بگیرید.

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 760-873-5811 (TTY: 711) पर कॉल करें।

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 760-873-5811 (TTY: 711).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。760-873-5811 (TTY:711) まで、お電話にてご連絡ください。

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 760-873-5811 (TTY: 711) 번으로 전화해 주십시오.

Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 760-873-5811 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 760-873-5811 (телетайп: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 760-873-5811 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 760-873-5811 (TTY: 711).

Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 760-873-5811 (TTY: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 760-873-5811(TTY: 711).