



**NORTH EAST  
MEDICAL SERVICES**  
東北醫療中心  
a california *health+* center

NEMS ID#:  
NAME:  
DOB:

**CAREGIVER’S AUTHORIZATION AFFIDAVIT**

This form is intended to provide North East Medical Services (NEMS) with written permission to treat a minor that is under the age of 18 who is obtaining non-urgent medical care.

Use this form only when the parents or legal guardians are unable to accompany the minor to the appointment and a qualified adult who lives in the same household and who is at least 18 years or older can consent on behalf of the patient.

The minor named below lives in my home and I am 18 years of age or older.

Name of Minor \_\_\_\_\_

My name [adult giving authorization]: \_\_\_\_\_

My home address: \_\_\_\_\_

I am a grandparent, aunt, uncle, or other qualified relative of the minor: \_\_\_\_\_

My California driver’s license or ID card # \_\_\_\_\_

**WARNING: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Print Adult Caregiver’s Name \_\_\_\_\_

Adult Caregiver’s Signature \_\_\_\_\_ Date: \_\_\_\_\_



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Please note

- This declaration does not affect the rights of the minor's parents or legal guardians regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
- A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
- If the minor stops living with you, you are required to notify NEMS Member Services Department at (415) 391-9686 x 8160 to which you have given this affidavit.
- This affidavit is not valid for more than one year after the date on which it is executed.

**STAFF USE ONLY:** Scan the caregiver's California driver's license or ID and file into the patient's medical chart.

**Non-discrimination Disclosure**

North East Medical Services (NEMS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. NEMS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

NEMS:

- 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 services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact NEMS Member Services Department. If you believe that NEMS 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: NEMS Member Services Department 1520 Stockton St, San Francisco, CA 94133, (415) 391-9686 ext. 8160, Fax: 415-433-4726. You can file a grievance in person, by mail or fax. If you need help filing a grievance, NEMS Member Services Department 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, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Language Assistance Services Available**

**Spanish**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929)

**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 (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929)。

**Vietnamese**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929).

**Korean**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929)번으로 전화해 주십시오.

**Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929).

**Russian**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (415) 391-9686 ext. 8160 (телетайп: 1-800-735-2929).

**Arabic**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (415) 391-9686 ext. 8160 (رقم هاتف الصم والبكم: 1-800-735-2929).

**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。(415) 391-9686 ext. 8160 (TTY:1-800-735-2929)まで、お電話にてご連絡ください。

**Armenian**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ասպ և եզ անվճար կարող եմ տրամադրվել լեզվական օգնություններ ծառայություններ: Չանգահարեք (415) 391-9686 ext. 8160 (TTY (հեռատիպ)՝ 1-800-735-2929):

**Farsi**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929) تماس بگیرید.

**Punjabi**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ।

**Cambodian**

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អៗ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929)។

**Hmong**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929).

**Hindi**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929) पर कॉल करें।

**Thai**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929).