



NEMS ID#: _____
NAME: _____
DOB: _____

**CONSENT BY PROXY TO TREAT MINOR
未成年人治療同意書（授權代理人）**

This form is intended to provide North East Medical Services (NEMS) with written permission to treat a child (any person under the age of 18) for non-urgent medical care, when someone other than a parent or legal guardian is accompanying that child to a medical office visit. Parent or legal guardian can use this form to predesignate a proxy to consent on their behalf. 此表格給予東北醫療中心書面同意對沒有父母或法定監護人陪同看診的未滿十八週歲的未成年人進行非緊急醫療護理。父母或法定監護人可使用此表預先指定代理人代其同意。

Please complete one form per child and bring it to your next re-certification appointment with Member Services or medical appointment with your provider.
請為每個未成年人各填寫一份表格，並攜往下一次的會員服務預約或門診預約。

I am the Parent/Legal Guardian - NAME: _____

of _____, a minor.
(name of minor)

本人——姓名：_____是未
成年人_____的父母/監護人。
(未成年子女姓名)

I hereby authorize the person(s) listed below to act as my agent and make non-urgent medical care decisions for my minor child without being accompanied by his/her parent/legal guardian. I have the legal right to give such permission to the authorized person, who is at least 18 years old and legally competent to make these decisions. I know that protected patient health information (PHI) about my child may be shared with the person(s) listed below. 本人在此授權以下人士作為本人的代理人，在本人的未成年子女沒有父母/法定監護人陪同的情況下為其作非緊急醫療決策。本人有合法權利授權十八歲以上並且法律上有能力作出此等決策的人士。本人明白本人子女的「受保護的病人醫療資料（PHI）」可能會與以下代理人分享。



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NAME OF PERSON authorized to make non-urgent medical care decisions for my child (Print clearly) 被授權為本人子女作非緊急醫療決策者的姓名（以正楷填寫）	RELATIONSHIP TO MINOR 與未成年人關係

These authorizations shall remain effective until the age of 18 unless sooner revoked in writing delivered to NEMS Member Services Department.
 除非以書面形式向東北醫療中心會員服務部撤銷此授權，否則此授權將會持續有效，直至未成年人年滿十八週歲。

Print Name: _____ Date: _____
 姓名正楷 日期

Signature: _____
 簽名

STAFF USE ONLY: Scan and file into 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

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ասպ և եզ անվճար կարող են տրամադրվել լեզվական աջակցության 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).