



**NORTH EAST  
MEDICAL SERVICES**  
東北醫療中心

a californiah<sup>+</sup>center

NEMS MRN:

NAME:

DATE OF BIRTH:

**CONSENT BY PROXY TO TREAT MINOR  
CONSENTIMIENTO POR APODERADO PARA TRATAR A MENORES**

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.

Este formulario está destinado a proporcionar a North East Medical Services (NEMS) permiso por escrito para tratar a un niño (cualquier persona menor de 18 años) para recibir atención médica no urgente, cuando alguien que no sea un padre o tutor legal acompaña a ese niño a una visita al consultorio médico. Los padres o tutores legales pueden usar este formulario para designar por anticipado a un apoderado para que dé su consentimiento en su nombre.

**Please complete one form per child and bring it to your next re-certification appointment with Member Services or medical appointment with your provider.**

Complete un formulario por niño y llévelo a su próxima cita de recertificación con Servicios para Miembros o a la cita médica con su proveedor.

\_\_\_\_\_  
Name of minor  
Nombre del menor

\_\_\_\_\_  
Name of Adult Caregiver  
Nombre del cuidador adulto

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.

Por la presente, autorizo a la(s) persona(s) enumerada(s) a continuación a actuar como mi agente y tomar decisiones de atención médica no urgente para mi hijo menor de edad sin estar acompañado por su padre/tutor legal. Tengo el derecho legal de dar dicho permiso a la persona autorizada, que tenga al menos 18 años de edad y sea legalmente competente para tomar estas decisiones. Sé que la información médica protegida del paciente (PHI, por sus



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siglas en inglés) sobre mi hijo puede compartirse con la(s) persona(s) que se indica a continuación.

<b>NAME OF PERSON</b> authorized to make non-urgent medical care decisions for my child (Print clearly) <b>NOMBRE DE LA PERSONA</b> autorizada para tomar decisiones de atención médica no urgente para mi hijo (Escriba en letra de imprenta clara)	<b>RELATIONSHIP TO MINOR</b> <b>RELACIÓN CON EL MENOR</b>

These authorizations shall remain effective until the age of 18 unless sooner revoked in writing delivered to NEMS Member Services Department.

Estas autorizaciones permanecerán vigentes hasta la edad de 18 años, a menos que se revoquen antes por escrito y se entreguen al Departamento de Servicios para Miembros de NEMS.

\_\_\_\_\_  
Signature of Adult Caregiver  
Firma del Cuidador Adulto

\_\_\_\_\_  
Date  
Fecha

\_\_\_\_\_  
Print Name of Adult Caregiver  
Imprimir Nombre del Cuidador Adulto

**STAFF USE ONLY** - Scan and file into patient's medical chart

North East Medical Services (NEMS) 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.

#### NEMS:

- 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 NEMS Member Services Department at 415-391-9686 ext. 8160.

#### How to file a grievance with NEMS

If you believe that NEMS 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 NEMS Member Services. If you need help filing a grievance, NEMS Member Services Department is available to help you.

- **By phone:** Call 415-391-9686 ext. 8160
- **By mail:** Call us at 415-391-9686 ext. 8160 and ask to have a form sent to you.
- **In Person:** Visit the NEMS Member Services Department.

You may also contact the NEMS Civil Rights Coordinator

Attn: NEMS Section 1557 Coordinator  
North East Medical Services  
1520 Stockton Street  
San Francisco, CA 94133  
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: [nems.org](http://nems.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 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) 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 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) 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 415-391-9686 ext. 8160 (Người khuyết tật: 1-800-735-2929) 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. 415-391-9686 ext. 8160 (TTY: 1-800-735-2929)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 صورت به دسترس قابل های قالب در اطلاعات تماس (415-391-9686 داخلی 8160 (TTY: 1-800-735-2929) کتید صحبت خود دهنده ارائه با یا بگیرد.

**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。415-391-9686 ext. 8160 (TTY: 1-800-735-2929)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 415-391-9686 ext. 8160 հեռախոսահամարով (TTY` 1-800-735-2929) 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 415-391-9686 ext. 8160 (1-800-735-2929) أو تحدث إلى مقدم الخدمة."

**Thai หมายเหตุ:** หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) 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 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) 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 ਮੁਫਤ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) '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। 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) 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 ntawv uas tuaj yeem nkaug cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob."

**Khmer សូមកម្មិត្តទុកដាក់:** ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាភាគតិចភ្នែកគឺមានសម្រាប់អ្នក។ ជំនួយនិងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) 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 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) или обратитесь к своему поставщику услуг.