NORTH EAST MEDICAL SERVICES
東 北 醫 療 中 心

NEMS MRN:

NAME:

DATE OF BIRTH:

CAREGIVER'S AUTHORIZATION AFFIDAVIT
看護人授權宣誓書

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.
加州家庭法 (California Family Code) 第十一章第 1.5 部份（第 6550 節起）授以此宣誓書之使用權。

Instructions: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. Print clearly.
說明：請填寫第 1-4 項並簽署宣誓書以授權未成年人入學註冊及與學校有關的醫療護理。如需授權任何其它醫療護理，還需填寫第 5-8 項。請以正楷清楚書寫。

The minor named below lives in my home and I am 18 years of age or older.
以下未成年人居住於本人家中，並且本人已年滿或超過十八歲。

1. Name of minor 未成年人姓名 _____

2. Minor's birth date 未成年人的出生日期 ____/____/____

3. My name (adult giving authorization) _____
   本人姓名（成年授權人）

4. My home address
   本人住宅地址 _____
   Address 地址

   _____
   City 城市 State 州 Zip Code 郵政編碼

5. ☐ I am a grandparent, aunt, uncle, or other qualified relative of the minor (see page 2 of this form for a definition of "qualified relative").
   本人是未成年人的祖父母、姑/姨、叔/伯/舅或其他合資格親屬（請看此表格第 2 頁了解「合資格親屬」的定義）。

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6. Check one or both (for example, if one parent was advised and the other cannot be located):
勾選其一或全部選項（例如：已通知其中一位家長, 但未能聯繫另一位家長）：
   - ☐ I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.
   我已告知該未成年人的家長或其他合法監護人我的授權醫療護理的意向，且沒有收到任何異議。
   - ☐ I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.
   我目前未能聯繫該未成年人的家長或其他合法監護人，告知他們我的授權意向。

7. My date of birth 本人的出生日期 _____/_____/_____

8. My California's driver's license or ID card number _____
本人的加州駕駛執照或身份證號碼

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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.
警告：如任何上述內容存在不實，請勿簽署此表格，否則會構成犯罪，您將會被判處罰款或/及監禁。

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

本人特此聲明，上述內容真實無誤，否則願受加州法律偽證罪的處罰。

Signature of Adult Caregiver
成年看護人簽名

Date
日期

Print Name of Adult Caregiver
成年看護人姓名正楷

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

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Notices 通知:

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
   此聲明並不影響未成年人父母或法定監護人對未成年人照顧、監護及管制的權利，也並不表示看護人擁有未成年人的合法監護權。
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
   此宣誓書的使用人沒有義務進行任何進一步的調查。
3. This affidavit is not valid for more than one year after the date on which it is executed.
   此宣誓書從執行日期開始一年內有效。

Additional Information 其它資訊:

To caregivers 適用於看護人:

1. "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
   在第五項中的「合資格親屬」意指配偶、父母、繼父母、兄弟、姊妹、同父異母或同母異父的兄弟姊妹、叔/伯/舅、姑/姨、侄子/姪女、外甥/外甥女、第一**代堂/**表兄弟姊妹、或以"祖"或"太"輩作稱呼的任何人士，或在此定義中提及的任何人士的配偶，包括婚姻關係已終止（因死亡或離異）的前配偶。
2. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
   如果您不是親屬或合法寄養父母，法律可能將要求您持有寄養家庭許可證才可照顧該未成年人。如果您有任何疑問，請聯繫當地的社會服務部門。
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
   如果未成年人不再與您同住，您必須通知收過此宣誓書的任何學校、醫療提供者或醫療服務計劃。
4. If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.
   如果您沒有第八項要求的證明文件（加州駕駛執照或身份證號碼），請提交其它證明文件，如社會安全號碼或加州醫療補助計劃 (Medi-Cal) /白卡號碼。

To school officials 適用於學校管理人員:

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
   根據《教育法》第 48204 條規定，本宣誓書可作為判定未成年人的居住資格的充分依據，無需監護或其它監護令，除非校方根據實際情況確定未成年人並未與看護人同住。

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2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.
   校方可能會要求提供其它合理的證據，證明看護人居住在第四項中提供的地址。

To health care providers and health care service plans 適用於提供服務的醫護人員或醫療保健服務計劃:

1. No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
   如果完成了填寫此表格的適用部份，所有人士在不知道有違反此授權書內容的事實存在的情況下，基於誠信原則依據授權書提供醫療或牙科護理服務，均不必承擔任何刑事、民事的賠償責任，或受到專業的紀律處分。
2. This affidavit does not confer dependency for health care coverage purposes.
   此授權書並不代表該未成年人因醫療保險原因而會自動轉為受撫養人。

NONDISCRIMINATION DISCLOSURE AND NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

Our Commitment to Nondiscrimination

In this Notice, we use terms like "we" "our" or "us" to refer to North East Medical Services (NEMS) and NEMS PACE. This notice is available on our website at nems.org. We comply with applicable Federal and state civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ancestry, ethnic group identification, religion, age, sex, gender, gender identity, gender expression, sexual orientation, marital status, medical condition, mental disability, physical disability, or genetic information. This commitment applies to all programs, services, and activities of NEMS PACE, including enrollment, participant care, participant services, and operations of our PACE center.

Laws That Protect You

NEMS and NEMS PACE provides services consistent with the requirements of the following laws, among others:

- Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), which prohibits discrimination based on race, color, and national origin in programs receiving federal financial assistance.
- Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), which prohibits discrimination based on disability in programs receiving federal financial assistance.
- The Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.), which prohibits discrimination based on age in programs receiving federal financial assistance.
- Title III of the Americans with Disabilities Act of 1990 (42 U.S.C. § 12181 et seq.), which prohibits discrimination on the basis of disability by private entities that operate places of public accommodation, and Section 202 of Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. § 12132), which prohibits discrimination on the basis of disability by public entities, to the extent applicable.
- Section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. § 18116), which prohibits discrimination based on race, color, national origin, sex, age, or disability in health programs and activities receiving federal financial assistance.
- California Government Code Section 11135, which prohibits discrimination in programs and activities funded by or receiving financial assistance from the state on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, or sexual orientation.
- California Welfare and Institutions Code Section 14197.09 (SB 923), which requires PACE organizations to provide transgender, gender diverse, and intersex (TGI) participants with access to culturally competent, affirming care.
- The Unruh Civil Rights Act (California Civil Code Section 51 et seq.), which guarantees full and equal accommodations, advantages, facilities, privileges, and services in all business establishments to all persons regardless of sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status.

NONDISCRIMINATION DISCLOSURE AND NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

We:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language and oral interpreters
  - Written information in other formats (e.g., large print, audio, accessible electronic formats, other formats).
  - Assistance with completing forms and other written materials
  - Other auxiliary aids and services as needed

To request any of these services, please contact us using the information provided at the end of this notice.

- Provide free language services to people whose primary language is not English, such as:
  - Qualified spoken language interpreters for in-person, telephone, and telehealth encounters
  - Qualified sign language interpreters
  - Information written in other languages spoken by participants in our service area

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact NEMS at 1-888-500-1886 or NEMS PACE at 1-888-981-8909.

How to file a grievance with NEMS or NEMS PACE

If you believe that we discriminated against you or another person based on any of the characteristics listed above, you can file a grievance with our Member Services. If you need help filing a grievance, our Member Services Department is available to help you.

- **By phone:** Call NEMS 1-888-500-1886, NEMS PACE 1-888-981-8909
- **By mail:** Call us and ask to have a grievance form sent to you.
- **In person:** Visit the Member Services Department.

You may also contact our 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

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NEMS PACE

NONDISCRIMINATION DISCLOSURE AND NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

Spanish (Español)
Si habla español, se encuentran disponibles servicios de asistencia lingüística gratuitos y ayudas/servicios auxiliares.

Chinese (中文)
如果您說中文，我們可提供免費語言協助和輔助設施服務。

Vietnamese (Tiếng Việt)
Nếu quý vị nói tiếng Việt, chúng tôi có thể cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí và các thiết bị và dịch vụ hỗ trợ phù hợp.

Japanese (日本語)
日本語を話す場合は、無料の言語支援および補助器具/サービスが利用可能です。

Korean (한국어)
한국어를 하신다면, 무료 언어 지원 및 보조 기기/서비스를 이용하실 수 있습니다.

Tagalog (Tagalog)
Kung nagsasalita ka ng Tagalog, mayroong libreng serbisyo ng tulong sa wika at mga pantulong na kagamitan/serbisyo na magagamit.

Armenian (Հայերեն)
Եթե դուք խոսում եք հայերեն, անվճար լեզվական օգնության և լրացուցիչ ծառայությունների հասանելիություն կա:

Arabic (العربية)
إذا كنت تتحدث اللغة العربية، فتوفر خدمات المساعدة اللغوية والمساعدات/الخدمات المساعدة مجانًا.

Persian (فارسی)
اگر به زبان فارسی صحبت می‌کنید، کمک خدمات دسترس در رایگان کمکی خدمات/وسایل و زبانی است.

Russian (Русский)
Если вы говорите по-русски, бесплатная языковая помощь и вспомогательные средства/услуги доступны.

Thai (ไทย)
หากคุณพูดภาษาไทย มีบริการช่วยเหลือทางภาษาและอุปกรณ์/บริการเสริมฟรีให้บริการ

Amharic (አማርኛ)
እርስዎ አማርኛ ከሚናገሩ ከሆነ፣ የቋንቋ እርዳታ እና ተጨማሪ አገልግሎቶች በነፃ ይገኛሉ።

French (Français)
Si vous parlez français, des services d'assistance linguistique gratuits et des aides/services auxiliaires sont à votre disposition.

German (Deutsch)
Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachhilfe und Hilfsmittel/Dienste zur Verfügung.

Ilocano (Ilocano)
No agsao kayo ti Ilocano, adda libre a tulong iti lengguahe ken dagiti kagawaan/serbisio nga makatulong.

Samoan (Samoa)
Afai e te tautala i le gagana Samoa, e avanoa auaunaga fesoasoani i gagana ma meafaigaluega /auaunaga fesoasoani e aunoa ma se totogi

Hindi (हिन्दी)
यदि आप हिन्दी बोलते हैं, तो मुफ्त भाषा सहायता और सहायक उपकरण/सेवाएँ उपलब्ध हैं।

Hmong (Hmoob)
Yog koj hais lus Hmoob, muaj kev pab txhais lus dawb thiab cov cuab yeej/kev pab ntxiv muaj.

Mon-Khmer, Cambodian (ភាសាខ្មែរ)
ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ
មានសេវាជំនួយភាសាដោយឥតគិតថ្លៃ
និងឧបករណ៍/សេវាជំនួយផ្សេងទៀតមានស្រាប់។

Punjabi (ਪੰਜਾਬੀ)
ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਅਤੇ ਸਹਾਇਕ ਸਹਾਇਤਾ/ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ।

Member Services – California
1520 Stockton Street
San Francisco, CA 94133
1-888-500-1886
TTY: 1-800-735-2929

Member Services – Nevada
5580 W. Flamingo Road, Suite 105
Las Vegas, NV 89103
1-888-500-1886
TTY: 1-800-326-6868

NEMS PACE
728 Pacific Avenue, 2nd floor
San Francisco, CA 94133
1-888-981-8909
TTY: 1-800-735-2929