



GOVERNMENT OF PUERTO RICO

Department of Health

FORM

CONSENT BY PROXY FORM FOR THE NON-URGENT MEDICAL TREATMENT OF MINORS

Law No. No. 139 of August 1, 2019, known as the “**Consent by Proxy for Non-urgent Medical Treatment of Minors**”, aims to allow individuals with *patria potestas* (parental authority) to give their consent so that minors can receive non-urgent medical treatments.

Pursuant to Law No. 139, the non-urgent medical treatment of minors is authorized without requiring the presence of the minor's legal guardian (or person with parental authority), provided that the guardian has authorized the provision of these services beforehand.

Non-urgent Medical Treatments are those that are not an emergency. This category includes routine or follow-up treatments, such as: outpatient services, dental services, X-ray services, laboratory tests, immunization services, and any other health service that meets the abovementioned features.

For this consent to be effective, the guardian must be legally capable and sign the release form below before the medical treatments are provided and in the presence of the medical service provider or the administrative staff. The guardian shall specify the which non-urgent medical treatments or services are authorized, as well as those that are not authorized.

The consent by proxy should be signed by at least one of the minor's guardians. The guardian should state the period of effectiveness of this consent, which shall not exceed one (1) year. This period of effectiveness starts upon signature of the form.

At the time of treatment, the minor must be accompanied by an adult previously authorized by the minor's guardian. The authorized adult must provide proof of identity by means of an official identification. Identity can be proven by a driver's license, passport, or any other identification issued by the Government of Puerto Rico or by any state of the Union, with their signature and picture.

In any case, non-urgent medical treatments will be offered by professionals authorized by the State to practice their profession. The authorized professional will keep a copy of the duly completed and signed consent by proxy in the minor's medical record.

PATIENT'S INFORMATION

Name of Patient _____
Age _____
Record No. _____

INFORMATION OF PERSONS WITH PATRIA POTESTAS

Name of Guardian _____
Age _____
Relationship to Minor _____
Official ID _____
Address _____
Phone Numbers _____
Email _____

Name of Guardian _____
Age _____
Relationship to Minor _____
Official ID _____
Address _____
Phone Numbers _____
Email _____

INFORMATION OF ADULT AUTHORIZED TO ACCOMPANY THE MINOR

Name of Adult _____
Relationship to Minor _____
Age _____
Official ID _____
Address _____
Phone Numbers _____
Email _____

AUTHORIZATION

I, _____ (Legal Guardian) authorize
_____ (Authorized Person) to accompany the
minor _____ to receive the following non-urgent
medical services:

Description of Authorized Medical Service or Treatment
1.
2.
3.

Description of Non-authorized <u>Medical Service</u> or Treatment
1.
2.
3.

SIGNATURES:

Legal Guardian: _____

Date: _____

Period or Term of Authorization: _____

Authorized Companion: _____

Date: _____

To be completed by the medical service provider or administrative staff

To the best of my knowledge, the legal guardian authorizing the non-urgent medical treatments be rendered to the minor without their presence is a legally capable person.

This authorization has been signed before the non-urgent medical treatments are offered to the minor.

This authorization has been signed by the legal guardian in my presence.

**Authorized Service Provider or
Administrative Staff**

Pursuant to Law 139-2019, the authorized professional or institution that offered the treatment to the minor will not incur civil liability by complying with the requirements of this Act and obtaining this consent. This only applies to the provision of medical treatments or services, not to any negligent actions or omissions the health care staff may commit in providing said treatment.