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POWER OF ATTORNEY REGARDING THE CARE OF A MINOR CHILD OR INCAPACITATED PERSON							
Pursuant to §45-5-104 (1978), I acknowledge that I am the parent or legal guardian of:							
CHILD NAME D	ATE OF BIRTH	ALLERGIES	EGULAR PHYSICIAN	_			
I hereby delegate my powers regarding the healthcare of my minor child / incapacitated person, to the person listed below as my agent. I understand that this delegation of power may not exceed a period of six (6) months.							
DESIGNATION OF AGENT: I de	esignate the following individua	al as my agent to make healt	hcare decisions for my m	inor child/incapacitated person.			
Name of Individual you choose as	s an Agent SSN	Home Phone	Wk Phone				
Address	City, State	e, Zip					

AGENT'S AUTHORITY: My agent is authorized to obtain and review medical reports, reports and information about my minor child/incapacitated person and to make all healthcare decisions for my minor child/incapacitated person.

WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when I am unable to make healthcare decisions for my minor child/incapacitated person or in my absence.

EFFECT OF COPY: A copy of this form has the same effect as the original.

**REVOCATION**: I understand that I may revoke this POWER OF ATTORNEY at any time, and that if I revoke it, I should promptly notify my minor child's/incapacitated person's supervising healthcare provider and any healthcare institution where my minor child/incapacitated person is receiving care and any others to whom I have given copies of this power of attorney.

# THIS POWER OF ATTORNEY SHALL AUTOMATICALLY EXPIRE SIX MONTHS FROM THE DATE OF EXECUTION.

**SIGNATURES**: Sign and date the form here:

(Date)	(Sign your Name)		Print your Name
(Address)	(City)	(State)	(Zip)
SSN	Home Phone		Work Phone
	ACKNOWLEDG	EMENT	
STATE OF NEW MEXICO	) ) ss.		
COUNTY OF ) The foregoing instrument was acknowledged before me on			20 by
(Seal)			
My Commission Expires:			Notary Public
PATIENT	IDENTIFICATION		
			A PRESBYTERIA

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## NON-EMERGENCY MEDICAL CARE FOR MINORS

We recommend that you consider completing a Power of Attorney (POA) for the healthcare of your children or any incapacitated person that you care for. In New Mexico, health care providers need the consent of a parent or legal guardian of a minor or incapacitated person for most non-emergent health care. Situations may arise where you are not able to accompany your child/ incapacitated person for doctor appointments, treatments or other routine or nonemergent health care but you still want them to receive services from us. In those instances, we will NOT be able to provide care to your minor child or an incapacitated person UNLESS we have:

- A current POA (dated within the last six (6) months) 1 OR
- The minor child, by law, has the ability to consent for their own care. 2.

A POA form is located on the other side of this form and we generally have notaries available (free of charge) to notarize your signature on the POA. Please note that you must sign the document in front of the notary in order to obtain a notary's stamp.

## Frequently Asked Questions about Power of Attorney (POA) for minors/incapacitated

# Can I grant a POA for more than one child?

If you need to grant a POA for more than one child, simply fill out an additional POA form for each.

## Why can't my relative simply give consent on behalf of my child?

The law requires that we have your consent for most non-emergency health care services that are provided to your child/incapacitated person. There are a wide variety of family living situations and sometimes adults that are not the parents may present a child for care that the parent does not know about or does not agree with. A current POA is the only way that we can know that you have given your consent for your relative or any other adult to consent for services on your child's behalf.

#### Why can't they just call me for my consent?

Consent issues need to be addressed before a minor or incapacitated person is taken to an exam room. We cannot call a parent for consent over the phone because (1) we have no way of verifying that the person on the other end of the call is who they say they are and (2) having to call and try and reach a parent or legal guardian for consent is time consuming and slows down the entire appointment process for your child and other patients.

### What if I'm a foster parent?

Foster parents are in custody of their foster children and can present them for care without the consent of the biological parent.

#### What if I'm a step-parent?

Step parents may live with children but that does not mean they have legal custody or parental rights for a child. The step-parent simply needs to have the parent of the child complete a POA giving the step-parent the authority to present the child for care.

#### Why will you only accept POA's made in the last 6 months?

The law requires that POA's concerning the care of a minor or incapacitated person be limited to a 6 month period of time to be valid. § 45-5-104. NMSA (1978).

#### Why does the POA have to be notarized?

POA's regarding minors and incapacitated persons are different than POA's granted to adults with capacity. The law requires that the person granting POA for a minor /incapacitated person have their signature acknowledged. § 45-5-104. NMSA (1978).

## Do I have to prove I am the parent of a child in order to consent to their care?

No. However, you may be asked for identification when checking in for an appointment as part of our efforts to protect your identity information and prevent insurance fraud.

## If I am the parent of an incapacitated adult why do I have to execute a POA?

If you are the legal guardian of an incapacitated adult, you only need to do a POA if someone else will be presenting that person for care instead of you. However, even if you are the parent of an incapacitated person, you may be asked to present a Court order that shows you have been appointed as the legal guardian of the incapacitated person.

# Can I give POA over my teenage child to them or can I give POA for a younger child to an older child?

No. You can give POA to any person over the age of eighteen (18) but you cannot give POA to the child that is the subject of the POA or to an older sibling, that is less than eighteen years of age, for a younger sibling.

Can a minor consent to any of their own care without parental knowledge or a POA from a parent?

Yes. Minor children in New Mexico can consent to the following categories of care without your consent or the consent of any other adult:

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- AIDS testing NMSA (1978) §§ 24-2B-1 to 24-2B-9. 1.
- Sexually transmitted diseases NMSA (1978) § 24-1-9. 2.
- 3 Family Planning NMSA (1978) §§ 24-8-1 to 24-8-8.
- Behavioral Health NMSA (1978) §§ 32A-6A-1 to 32A-6A-30. 4.
  - Pregnancy NMSA (1978) § 24-1-13.
- Life saving treatment for terminal illness NMSA (1978) § 24-7A-6.1. NMSA (1978). 6.
- Mature Minors. Children 14 or older who live apart from their parents or have children of their 7. own my consent to all of their own medically necessary care including non-emergency medical care

NMSA (1978) § 24-7A-6.1.