

**POWER OF ATTORNEY REGARDING THE CARE OF A MINOR CHILD OR AN ADULT INCAPACITATED PERSON**



Pursuant to NMSA 1978, §45-5-104, I acknowledge that I am the parent or legal guardian of:

NAME OF CHILD DATE OF BIRTH ALLERGIES PRIMARY CARE PROVIDER

OR

Pursuant to NMSA 1978, §45-5-104, I acknowledge that I am the court appointed legal guardian of:

NAME OF ADULT DATE OF BIRTH ALLERGIES PRIMARY CARE PROVIDER

I hereby delegate my powers regarding the healthcare of the minor child/adult incapacitated person listed above, 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 designate the following individual as my agent to make healthcare decisions for the minor child/adult incapacitated person listed above.

Name of Individual you choose as an Agent DATE OF BIRTH Phone Alternate Phone

Address City, State, Zip

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

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

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

**REVOCAION:** 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/adult incapacitated person's supervising healthcare provider and any healthcare institution where my minor child/adult 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 (6) MONTHS FROM THE DATE OF EXECUTION.**

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

(Date) (Sign your Name) (Print your Name)

(Address) (City) (State) (Zip)

Phone Alternate Phone

**ACKNOWLEDGEMENT**

STATE OF NEW MEXICO )
COUNTY OF \_\_\_\_\_ ) ss.

The foregoing instrument was acknowledged before me on \_\_\_\_\_, 20\_\_ by

(Seal) Notary Public

My Commission Expires:

PATIENT IDENTIFICATION



## NON-EMERGENCY MEDICAL CARE FOR MINORS and ADULT INCAPACITATED PERSONS

We recommend that you consider completing a Power of Attorney (POA) for the healthcare of your children or an adult incapacitated person for whom you have been appointed to serve as guardian. In New Mexico, health care providers need the consent of a parent or legal guardian of a minor or the court appointed legal guardian of an adult incapacitated person for **most** non-emergent health care. Situations may arise where you are not able to accompany your child/adult incapacitated person for doctor appointments, treatments or other routine or non-emergent 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 adult incapacitated person UNLESS we have:**

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

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/Adult Incapacitated Persons***

#### *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. There are a wide variety of family living situations and sometimes adults who 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 child or adult incapacitated person is taken to an exam room. We cannot call a parent or legal guardian 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 minor child/the adult incapacitated person and other patients.

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

Foster parents have 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 minor child for care.

#### *Why will you only accept POAs made within the last 6 months?*

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

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

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

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

#### *Can I give POA to my teenage child to consent to the child's own care 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 who is the subject of the POA or to an older sibling, who is less than eighteen (18) years of age, for a younger sibling.

#### *Can minors consent to any of their own care without parental knowledge or a POA from a parent/legal guardian?*

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

1. HIV testing – NMSA (1978) §§ 24-2B-1 to 24-2B-9.
2. Sexually transmitted infections – NMSA (1978) § 24-1-9.
3. Family Planning – NMSA (1978) §§ 24-8-1 to 24-8-8.
4. Behavioral Health – NMSA (1978) §§ 32A-6A-1 to 32A-6A-30.
5. Pregnancy – NMSA (1978) § 24-1-13.
6. Live saving treatment for terminal illness – NMSA (1978) § 24-7A-6.1.
7. Mature Minors. Children 14 years of age or older who live apart from their parents or have children of their own may consent to all of their own medically necessary care including non-emergency medical care. NMSA (1978) § 24-7A-6.2.