



Alameda Alliance for Health

1240 South Loop Road
Alameda, CA 94502

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking
impairments (CRS/TTY): **711/1.800.735.2929**

www.alamedaalliance.org

Consent for Minor Travel without Guardian

Non-Emergency Medical Transportation and Non-Medical Transportation Services

As of July 1, 2017 and pursuant to California Welfare and Institutions Code section 14132(ad)(1) and the California Department of Health Care Services (DHCS) All Plan Letter 17-010 (rev.), Alameda Alliance for Health (Alliance) is administering a new benefit to provide non-emergency medical transportation (NEMT Services) and non-medical transportation services (NMT Services). As part of these State requirements, the Alliance is obligated to offer unaccompanied minors transportation to medical appointments or to obtain other covered medical services. In accordance with State law, the Alliance requests that the parent/authorized guardian provide consent for the Alliance to work on the State's behalf to provide transportation for the minor(s).

I _____ (name of parent/guardian) am the parent or legal guardian of _____ (Minor(s)), and I execute this release voluntarily and bind all minor passengers of whom I am the parent or legal guardian, myself, my next of kin, heirs and representatives and grant my authorization and consent for the Alliance to coordinate NEMT Services or NMT Services (as that term is defined by California law) of Minor(s) to/from _____ (Medi-Cal Service Location).

I understand that the Alliance is providing NEMT Services or NMT Services to Minor(s) free of charge and in consideration for accepting NEMT Services or NMT Services, I hereby agree to release and discharge from all liability and promise not to sue the Alliance and their employees, officers, directors, contracted transportation vendors and agents (collectively, the Alliance) from any and all claims, including claims of the Alliance's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss that I or the Minor(s) may suffer because of any NEMT Services or NMT Services provided. I further understand and acknowledge that NEMT Services and NMT Services are voluntary and utilization of such services is at my own discretion.

I am aware and acknowledge that there are certain risks of physical injury associated with accepting NEMT Services or NMT Services for transportation to/from the location,

which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from the actions of the Minor(s) or others, inaction, or negligence or conditions related to travel. Nonetheless, I assume all related risks, both known or unknown to me, of acceptance of NEMT Services or NMT Services.

I agree to hold the Alliance harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of the NEMT Services or NMT Services. If the Alliance incurs any of these types of expenses, I agree to reimburse the Alliance.

I understand the legal consequences of signing this document, including (a) releasing the Alliance from all liability on my and the Minor(s)'s behalf, (b) promising not to sue on my and the Minor(s)'s behalf, (c) and assuming all risks of the Minor(s)'s participation in NEMT Services or NMT Services. I allow Minor(s) to participate in and accept NEMT Services or NMT Services. I understand that I am responsible for the obligations and acts of Minor(s) as described in this document. I agree to be bound by the terms of this document.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature

Date

Parent's/Guardian's Name

Minor's Name

Minor's Member ID

Duration of Consent 30 days 60 days 90 days 6 months 12 months

Please fax the completed form to ModivCare at 1.877.457.3352. If you have any questions about a transportation request, you may call ModivCare at **1.866.529.2128.**

If you have questions about your health plan benefits, you may call the Alliance at phone number: **510.747.4567** or toll-free at **1.877.932.2738.**

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FOR INTERNAL ALLIANCE USE ONLY:

Name of Alliance Staff Member

Date Received