To promote, protect, and defend the rights of individuals to access health services, ensuring that services are provided with quality, timeliness, availability, and acceptability, regardless of who finances them, as well as those corresponding to their consumer relationship with IAFAS and IPRESS, including those prior to and arising from said relationship; and to hear, with primary jurisdiction and national scope, alleged violations of the provisions relating to the protection of users' rights in their consumer relationship with IPRESS and/or IAFAS.

5.2. SUSALUD is also competent to identify abusive clauses in contracts or agreements entered into by IAFAS with insured parties or entities representing them, in accordance with the applicable provisions of Law No. 29571, the Consumer Protection and Defense Code, with the exception of insurance policies of Insurance Companies under the control of the Superintendency of Banking, Insurance and Private Pension Fund Administrators, without prejudice to the protection of the consumer or user directly affected with respect to the application of the aforementioned clause in the specific case.

5.3. SUSALUD will ensure compliance with Law No. 29571, the Consumer Protection and Defense Code, and its complementary and related regulations, regarding the protection of the rights of health service users due to the lack of suitability of the services offered by IAFAS, IPRESS, and UGIPRESS, exercising its sanctioning authority within the framework of the provisions of Legislative Decree No. 1158.

Article 6.- Powers over IPRESS

SUSALUD is competent to supervise that the IPRESS comply with the provisions of articles 67 and 68 of chapter II, title IV, of Law No. 29571, Consumer Protection and Defense Code, referring to the protection of health and responsibility for the provision of health services, exercising its sanctioning power in accordance with current regulations.

Article 7.- Powers over Insurance Risk Work Complementary – SCTR

SUSALUD is responsible for overseeing compliance with the regulations protecting consumers of the Supplementary Risk Work Insurance, in matters related to health coverage and benefits, exercising its sanctioning authority in accordance with current regulations.

The Superintendency of Banking, Insurance, and Private Pension Fund Administrators (SBS) and INDECOPI retain the authority to act administratively in matters related to economic benefits, such as survivor's pensions, disability pensions, burial expenses, and other similar benefits, within their respective areas of jurisdiction.

Article 8.- Powers over Companies Security, SOAT and AFOCAT

SUSALUD is responsible for supervising compliance with consumer protection regulations in IAFAS (Insurance Companies), including those offering Compulsory Traffic Accident Insurance (SOAT), as well as in Associations of Regional and Provincial Traffic Accident Funds (AFOCAT), exercising its sanctioning powers in accordance with Legislative Decree No. 1158.

The Superintendency of Banking, Insurance, and Private Pension Fund Administrators (SBS) and INDECOPI retain the authority to act administratively in matters related to coverage for death, permanent disability, temporary disability, and funeral expenses, within their areas of jurisdiction, in accordance with current regulations.

Article 9.- Procedures assumed by SUSALUD

SUSALUD assumes jurisdiction over all acts or omissions occurring from the date this regulation comes into force, which constitute alleged violations of the provisions relating to the protection of human rights. of users in their consumer relationship with the institutions under their jurisdiction, as well as those prior to or derived from this.

INDECOPI retains jurisdiction over all acts or omissions occurring before the entry into force of this regulation, in the matters indicated in the preceding paragraph, until their conclusion through administrative, arbitration and/or judicial channels.

Article 10.- Application of the Protection and Protection Code Consumer Protection

The provisions contained in Law No. 29571, as well as in its amending, complementary and related regulations, referring to alleged violations of consumer rights, which are within the powers transferred to SUSALUD, will be applied in addition to those established in the SUSALUD Regulations on Violations and Sanctions.

In all cases, the sanctions regime, application criteria, graduation of sanctions, and other procedural provisions are those established in the SUSALUD Regulations on Infractions and Sanctions, in accordance with the provisions of Article 11 of Legislative Decree No. 1158.

FINAL SUPPLEMENTARY PROVISION

Sole.- Aspects not included in the transfer procedure

The documentary heritage, human resources, assets and other resources currently held by INDECOPI are not included in the transfer procedure.

The powers assumed by SUSALUD are financed from their institutional budget.

1273842-1

Regulations of Law No. 29414 are approved, Law establishing the Rights of Users of Health Services

SUPREME DECREE
No. 027-2015-SA

THE PRESIDENT OF THE REPUBLIC

CONSIDERING:

That Articles 1 and 9 of the Peruvian Political Constitution establish that the defense of the human person and respect for their dignity are the supreme goal of society and the State; and that the State determines national health policy. The Executive Branch regulates and supervises its application, being responsible for designing and conducting it in a pluralistic and decentralized manner to facilitate equitable access to health services for all;

That, numerals I and II of the Preliminary Title of Law No. 26842, General Health Law, indicate that health is an indispensable condition for human development and a fundamental means to achieve individual and collective well-being, so that the protection of health is of public interest, and it is the responsibility of the State to regulate, monitor and promote it;

That, Article 123 of the aforementioned law, amended by the Sole Complementary Modifying Provision of Legislative Decree No. 1161, Law on the Organization and Functions of the Ministry of Health, provides that the Ministry of Health is the national health authority. As an agency of the Executive Branch, it is responsible for the formulation, direction, and management of health policy and acts as the highest regulatory authority in health matters; That, literal a) of Article 5 of Legislative Decree No. 1161, Law on the Organization and Functions of the Ministry of Health, establishes that it is the guiding function of the Ministry of Health to formulate, plan, direct, coordinate, execute, supervise, and evaluate the national and sectoral policy for health promotion, disease prevention, recovery, and rehabilitation in health, under its jurisdiction, applicable to all levels of government;

That, through Law No. 29414, Law that Establishes the Rights of Users of the Health Services, various articles were modified

Law No. 26842, the General Health Law, including Article 15, referring to the rights of users of health services, establishing the rights related to access to health services, access to adequate and timely information as a patient, to health care and recovery with full respect for dignity and privacy, and to informed, free and voluntary consent for the health procedure or treatment, not excluding other rights recognized in other laws, or those guaranteed by the Political Constitution of the State;

That, the First Final Provision of the aforementioned Law, ordered that the Executive Branch regulate said Law;

In accordance with numeral 8 of article 118 of the Political Constitution of Peru, Law No. 29158, Law Organic Law of the Executive Branch and Legislative Decree No. 1161, Law of Organization and Functions of the Ministry of Health;

DECREE:

Article 1.- Approval

Approve the Regulations of Law No. 29414, Law that establishes the Rights of Users of Health Services, which consists of three (3)

Chapters, thirty (30) articles and three (3) Final Complementary Provisions and one (1) Annex, which forms an integral part of this Supreme Decree.

Article 2.- Publication

This Supreme Decree will be published on the Peruvian State Portal (www.peru.gob.pe) and on the institutional portal of the Ministry of Health (www.minsa. gob.pe), the Ministry of Labor and Employment Promotion (www.mintra.gob.pe), the Ministry of Defense (www. mindef.gob.pe), of the Ministry of the Interior (www.mininter. gob.pe), on the same day of its publication in the Official Gazette El Peruano.

Article 3.- Endorsement

This Supreme Decree is endorsed by the Minister of Defense, the Minister of the Interior, the Minister of Labor and Employment Promotion, and the Minister of Health.

SUPPLEMENTARY PROVISION MODIFICATION

Sole.- Modification of Supreme Decree No. 031-2014-SA

1. Modify Annex IA: Minor Infractions applicable to IAFAS of the Regulations of Infractions and Sanctions of the National Health Superintendence, approved by Supreme Decree No. 031-2014-SA, incorporating the following numeral:

"47. Failure to comply with applicable provisions for the dissemination of the rights of health service users."

2. Modify Annex II: Minor Infractions Applicable to UGIPRESS, of the Regulations of Infractions and Sanctions of the National Health Superintendence, approved by Supreme Decree No. 031-2014-SA, incorporating the following numeral:

"9. Failure to comply with applicable provisions for the dissemination of the rights of health service users."

3. Modify Annex III A: General Infractions: Minor Infractions, of Annex III Infractions Applicable to IPRESS, of the Regulations of Infractions and Sanctions of the National Health Superintendence, approved by Supreme Decree No. 031-2014-SA, incorporating the following numerals:

"39. Failure to display the service portfolio, list of doctors, schedules, and availability of their services in an updated and permanent manner.

40. Not allowing or hindering the development of a second medical opinion, including restricting access to the consulting physician's medical history, subject to prior authorization signed by the patient.

41. Not having personal security protocols, or not implementing them or not evaluating them in accordance with current regulations.

42. Failure to comply with the applicable provisions for the dissemination of the rights of users of health services."

Given at the Government House, in Lima, on the twelfth days of the month of August of the year two thousand fifteen.

Ollantaytambo Humala Tasso
President of the Republic

JACKE VALAKIVI ÁLVAREZ
Minister of Defense

José Luis Pérez Guadalupe
Minister of the Interior

ANIBAL VELÁSQUEZ VALDIVIA
Minister of Health

DANIEL MAURATE ROMERO
Minister of Labor and Employment Promotion

REGULATION OF LAW N° 29414, LAW THAT ESTABLISHES THE RIGHTS OF PEOPLE USERS OF HEALTH SERVICES

CHAPTER I

GENERAL PROVISIONS

Article 1.- Purpose

The purpose of this regulation is to regulate Law No. 29414, which establishes the rights of users of health services. It specifies the scope of the rights to access health services, comprehensive health care, which includes health promotion, disease prevention, treatment, recovery, and rehabilitation, as well as access to information and informed consent.

The National Health Superintendency is also responsible for ensuring the application of these Regulations; and the list of user rights contained in Law No. 26842, the General Health Law, and its amendments and related provisions, is hereby compiled, along with the mechanisms for their dissemination to the Health Insurance Fund Management Institutions (IAFAS) and the public, private, and mixed Health Service Provider Institutions (IPRESS).

Article 2.- Definitions

The definitions established in articles 6 and 7 of Legislative Decree No. 1158, as well as in the Second Final Complementary Provision of the Regulations on the Organization and Functions of the National Health Superintendence, approved by Supreme Decree No. 008-2014-SA, shall apply to these regulations; those provided for in article 7 of the Clinical Trials Regulations approved by Supreme Decree No. 017-2006-SA and its amendments; and those contained in article 3 of the Regulations of Law No. 27604, which amends Law No. 26842, the General Health Law, regarding the obligation of Health Establishments to provide medical care in cases of emergencies and childbirth, approved by Supreme Decree No. 016-2002-SA.

Additionally, they are applicable to the present Regulation the definitions and principles contained in the Convention on the Rights of Persons with Disabilities Disability, approved by the Congress of the Republic through Legislative Resolution No. 29127 and ratified by Supreme Decree No. 073-2007-RE, to which the following are added:

Intercultural dialogue: A process of communication and exchange that can be translated into the interaction of two or more individuals and/or groups from different origins or cultures, where each of them expresses their ideas and opinions, provides information and/or seeks to establish agreements or acceptance of divergences in an environment of respect and recognition of cultural differences through symmetrical and reciprocal relationships.

Intercultural approach: An analytical tool that proposes the recognition of cultural differences without discrimination or exclusion, seeking to generate a reciprocal relationship between the different ethnic-cultural groups that coexist in a given space.

This involves incorporating the different concepts of well-being and development of various ethnic and cultural groups into the provision of services, as well as adapting them to their sociocultural characteristics.

Article 3.- List of Acronyms

This Regulation contains the following acronyms:

a. IAFAS: Fund Management Institutions of Health Insurance.
b. IPRESS: Health Service Provider Institutions.

c. MINSA: Ministry of Health.

d. SIS: Comprehensive Health Insurance.
e. SUSALUD: National Health Superintendence
f. UGIPRESS: Health Service Provider Institutions Management Unit.

Article 4.- Scope of Application

These regulations apply throughout the national territory to public, private, and mixed IPRESS and UGIPRESS organizations, and, where applicable, to public, private, and mixed IAFAS organizations, as well as to their employees.

Article 5.- Representation of the user of health services

The exercise of the rights stipulated in this regulation corresponds to every user of health services.

If the rights holder delegates his representation or is unable to express his will, these rights may be exercised by his representative, in accordance with the provisions of the relevant law. Representation is exercised as follows:

a. When the user has the capacity to exercise his/her rights, he/she may delegate his/her representation to any capable person, through a power of attorney certified by an institutional notary or notary public or justice of the peace, in advance of the situation that prevents him/her from expressing his/her will.

b. When the user has the capacity to exercise his/her rights and is unable to express his/her will, his/her representation will be exercised in accordance with the ties of consanguinity or affinity established in the civil law.

c. When the user has been declared by the judge to be absolutely or relatively incapable of expressing his or her will, he or she shall be represented by those exercising guardianship, as established by the Civil Code. Minors shall also be represented by those exercising parental authority and guardianship. d. When the user is a minor aged 16 or older and his or her relative incapacity has ceased due to marriage or the obtaining of an official title authorizing him or her to exercise a profession or trade, in accordance with the provisions of the Civil Code, he or she shall not require representation.

In the absence of the persons who represent the absolutely or relatively incapacitated, the treating physician will record such fact in the Medical History of the user and the legal representative of the IPRESS will arrange the necessary measures to guarantee the protection of the health of said persons, and must communicate the fact to the Public Prosecutor's Office within twenty-four (24) hours of learning of the fact.

Any representation of the user in health services that has been made without due observance of the provisions of this article is void.

The IPRESS must provide the necessary facilities to comply with the provisions of paragraph a. of this article, and a copy of the representation document must be included in the patient's medical record.

CHAPTER II

RIGHTS OF THE USER OF THE HEALTH SERVICES

SUBCHAPTER I

ACCESS TO HEALTH SERVICES

Article 6.- Right to emergency care

Any person who requires emergency medical, surgical, or psychiatric care has the right to receive it at any public, private, or mixed IPRESS, based on the necessary resolution capacity for this purpose.

An emergency is determined solely by a medical professional. In exceptional circumstances, in the absence of a medical professional at the primary care level, it may be determined by the IPRESS healthcare staff. If the IPRESS staff lacks the necessary capacity to resolve the situation, they must immediately refer the patient to a higher-level facility.

IPRESS is obligated to provide such assistance as long as the serious risk to life and health persists. This assistance cannot be conditioned on the presentation of any document, or the signing of a promissory note, bill of exchange, or any other means of payment.

Once emergency care is completed, IPRESS is entitled to reimbursement for expenses incurred and must request it from the corresponding IAFAS, in accordance with the conditions of the coverage granted.

For people in vulnerable population groups, emergency care costs will be covered by the Comprehensive Health Insurance (SIS) under the Subsidized System, in accordance with current legal provisions. When the person is not affiliated but qualifies for such coverage, the IPRESS providing emergency care must request their affiliation with the SIS in accordance with current regulations.

For individuals who are not insured by an IAFAS (Insurance Insurance Fund) and do not belong to a vulnerable population group, IPRESS will initiate the collection process for emergency care once the treatment is completed, in accordance with its institutional procedures.

Article 7.- Right to free choice of doctor or IPRESS

Every person, exercising their right to health and well-being, may freely choose the doctor or IPRESS that will provide care, according to the IAFAS management guidelines. Emergency cases are an exception.

Likewise, the person has the right not to be induced or forced to seek specific care from another IPRESS, except for the limitations established in the contracted coverage, if applicable.

To exercise this right, the IAFAS must inform its insured, by appropriate means, of the conditions of the health plan, including, if applicable, the use of the affiliation model for their care in a service network, in which case the choice referred to in this article must be understood only with respect to the treating physician.

IPRESS must communicate to the user, by appropriate means, the availability, scheduled hours of operation, and other conditions for accessing the requested service, including operational capacity. The user must abide by the conditions established for accessing the requested service.

IPRESS must display its service portfolio, schedules, and availability in an updated and ongoing manner.

Article 8.- Right to receive care with freedom of clinical judgment

IPRESS is required to ensure that physicians practice freely and make clinical judgments.
The medical act is governed by the regulations issued by the Ministry of Health, the Code of Ethics and Deontology of the Peruvian Medical Association and the International provisions ratified by the Peruvian Government.

Article 9.- Right to a second medical opinion

Any person, under his or her responsibility and according to the coverage contracted with IAFAS or charged to his or her

own resources, has the right to request the opinion of another physician, other than those offered by IPRESS, at any time or stage of their care or treatment, and must inform their treating physician, who will record the request in the patient's medical record. The consulting physician has access to the medical record, without being able to modify it, and must present the authorization signed by the patient.

Article 10.- Right to access services, medicines and health products

Every person has the right to obtain appropriate and necessary services, medicines, and health products to prevent, promote, preserve, or restore their health, as required by the user's health, in accordance with clinical practice guidelines, the rational use of resources, and the IPRESS's supply capacity and coverage contracted with IAFAS.

IAFAS must guarantee access according to the coverage conditions with the affiliate, its financial sustainability, budget management guidelines and current regulations.

IPRESS and UGIPRESS must guarantee timely and equitable access to services, medicines, and healthcare products to meet the needs of their users, within the framework of the commitments made to IAFAS and current regulations.

In the case of SIS insured persons, and in accordance with the conditions established with the IPRESS, these, as appropriate, must guarantee the prescription and timely delivery of pharmaceutical products and medical devices, in accordance with the established benefit periods and current regulations.

SUB CHAPTER II

ACCESS TO INFORMATION

Article 11.- Right to be informed of your rights

Every person has the right to be adequately and promptly informed of their rights as users of health services and how to exercise them, without being discriminated against based on origin, ethnicity, sex, gender, language, religion, opinion, economic status, sexual orientation, or disability.

To this end, IAFAS and IPRESS must permanently and appropriately disseminate the list of user rights that are included in this Regulation as an Annex. The media used may be physical or virtual, such as posters, newsletters, alternative information and communication media, among others, that allow for their understanding, in accordance with the reality of the locality where they are located. They must be displayed in a visible and easily accessible place for the public, such as in the entrance and exit areas, waiting rooms, and also using all other means available for this purpose.

IAFAS, IPRESS, and UGIPRESS guarantee the permanent dissemination of the list of rights contained in the Annex to this regulation, without prejudice to its dissemination through their institutional websites.

Article 12.- Right to know the name of those responsible for your treatment

Every person has the right to know the name of the physician responsible for their care, as well as the name of the person(s) performing the procedures.
This information will be recorded in the medical record maintained by the physician, as well as in the health professionals' notes, as appropriate, in strict compliance with the technical standards for medical records issued by the Ministry of Health.

IPRESS must ensure that all healthcare and administrative staff are properly and permanently identified.

The user may request the name of the responsible parties referred to in this article from IPRESS by means of written communication. IPRESS will respond to this request in writing within a maximum period of two (2) business days after receiving it.

Without prejudice to the provisions of the preceding paragraphs, if the request is made verbally, the IPRESS staff will be able to respond in the same manner and immediately, if necessary.

Article 13.- Right to be informed about the conditions and requirements for the use of health services

Every person has the right to receive truthful, complete, timely, courteous, and respectful information about the characteristics of the service, the list of physicians, office hours, and other terms and conditions of service. They may request the resulting expenses for the patient receiving medical care, provided that the patient is obligated to pay.

The IPRESS must provide the necessary and sufficient means and procedures to guarantee information to users before providing health care, with the exception of emergency care.

The IAFAS must ensure that users are informed of the coverage of their health insurance policy or plan through appropriate means and procedures.

Article 14.- Right to be informed about your transfer

Every person has the right to receive full information about the reasons justifying their transfer within or outside the IPRESS and the conditions under which it will be carried out.

The user has the right not to be transferred without their consent, except for justified reasons from the person responsible for IPRESS.

The user or their representative, in the case established in article 5 of this regulation, may request a transfer to another IPRESS, in accordance with the conditions of their coverage, provided that: they express their wishes in writing, their state of health allows it, and their health situation, as determined by the doctor, so requires.

The IPRESS must guarantee the user's safety during the transfer, without prejudice to their right to request reimbursement from the IAFAS for expenses incurred, provided that this is part of the benefits to which the user is entitled under their IAFAS.

Article 15.- Right to access the rules, regulations and/or administrative conditions of the IPRESS

Every person has the right to accurate and timely access to the rules, regulations, and/or administrative conditions that govern the activities of IPRESS related to their care.

To this end, IPRESS continuously implements accessible means of dissemination (physical and/or virtual) for users, in accordance with the reality of their location.

Article 16.- Right to receive information about your own illness and to decide your voluntary withdrawal from IPRESS

Every person has the right to receive complete, timely, and ongoing information from their treating physician, in understandable terms, about their illness, including the diagnosis, prognosis, and treatment options; as well as the risks, contraindications, precautions, and warnings regarding the interventions, treatments, and medications prescribed and administered.

You also have the right to receive information about your care and treatment needs upon discharge.
If the person voluntarily refuses to receive such information, the attending physician will record this fact in the patient's medical history, also including the signature or fingerprint of the patient or his/her representative, as appropriate.

Any user of health services, or their representative in the case established in article 5 of this regulation, may decide to voluntarily withdraw from the service or from the IPRESS; to this end, they must inform the attending physician in writing of this decision, certifying that it is being exercised voluntarily, without any pressure, and that they have been informed of the risks they assume by such decision, expressly stating them and providing them with a copy of this information with receipt. Likewise, receipt of the information must be recorded in the medical record, which will be signed by the patient or their representative and the physician.

treating physician, exempting the latter and IPRESS from liability. You may also request a copy of the epicrisis free of charge and a copy of your medical record at your own expense.

The decision to voluntarily withdraw from IPRESS is not applicable when the health service user is in a state of emergency or when this puts public health at risk.

Article 17.- Right to refuse to receive or continue a treatment

Every person must be informed by the attending physician of their right to refuse or continue treatment and must be explained the consequences of such refusal. The attending physician must record in the patient's medical record that they were informed of this right, the consequences of their decision, as well as their acceptance or refusal of treatment, also including the signature or fingerprint of the patient or their representative, as appropriate.

Refusal to receive treatment can be expressed in advance, once the therapeutic plan for the disease is known.

In the case of minors or persons whose particular circumstances prevent them from exercising this right, the procedure is carried out in accordance with the provisions of Article 5 of this Regulation, with the participation of the Public Prosecutor's Office, taking into account that those who do not enjoy full autonomy require protection.

Refusal to receive or continue treatment is not permitted when the healthcare user is in a state of emergency or this decision puts public health at risk.

Article 18.- Right to be informed about the experimental status of products or procedures under investigation

Every person has the right to be informed by the researcher about the experimental nature of an investigational product or procedure, as well as the risks and side effects thereof and the conditions for continuing treatment; the researcher must record this in writing in the patient's medical record and sign the informed consent form in accordance with the provisions of paragraph c. of Article 24 of these Regulations, in accordance with the specific legislation on the subject and the Declaration of Helsinki.

In the case of minors or persons whose particular circumstances prevent them from exercising this right, consent shall be expressed in accordance with the provisions of Article 5 of this Regulation.

SUB CHAPTER III

HEALTH CARE AND RECOVERY

Article 19.- Right to respect for one's dignity and privacy

Every person has the right to receive care from healthcare personnel authorized by current regulations, with full respect for their dignity and privacy, without discrimination based on any action or omission.

The IPRESS healthcare professionals and administrative staff must provide care with good treatment and respect to healthcare users, ensuring the full exercise of their rights.

No user may be discriminated against in accessing health services, care, or treatment based on origin, ethnicity, sex, gender, language, religion, opinion, economic status, sexual orientation, disability, or any other reason.

If the patient has authorized, after signing informed consent, the examination, treatment or exhibition of images for educational purposes, the attending physician must guarantee respect for the patient's privacy and modesty.

In the case of minors or persons whose particular conditions prevent them from exercising this right, the consent referred to in the preceding paragraph shall be expressed in accordance with the provisions of Article 5 of this Regulation.

Article 20.- Right to receive scientifically proven treatments or treatments with warned adverse reactions and side effects. Every person has the right to receive treatments whose efficacy or mechanisms have been scientifically proven, or whose efficacy or mechanisms with adverse reactions and side effects have been reported to you in a timely manner. The IAFAS may finance these types of treatments in accordance with the provisions of the second paragraph of Article 10 of this regulation.

For this purpose, prior to starting treatment, the health professional authorized to indicate the treatment and prescribe the medications must inform the patient of any known adverse reactions, interactions, or side effects that may occur and the precautions that must be observed for their correct and safe use, recording this in the patient's medical history.

With regard to patient safety, the IPRESS must ensure that patients are not exposed to risks beyond those of their own illness. It is the responsibility of the highest authority at the IPRESS to implement preventive measures against adverse events.

In the case of minors or persons whose particular circumstances prevent them from exercising this right, the information is provided to their representatives, in accordance with the provisions of Article 5 of these Regulations.

Article 21.- Right to personal safety, not to be disturbed or exposed to danger by persons outside the establishment

Every person has the right to their safety, to not be disturbed or exposed to danger by persons outside the IPRESS from the moment they enter the premises. To this end, the IPRESS must implement personal safety protocols, the enforcement of which will be the responsibility of its highest administrative authority.

Article 22.- Right to authorize the presence of third parties in the medical examination or surgery

Every user of health services has the right to authorize the presence of persons not directly involved in their medical examinations or surgical interventions.

Participation must necessarily have the prior approval of the attending physician, recording it in the medical history, provided that it does not mean an increase in risk for the patient and biosafety practices are observed, otherwise said approval will be revoked.

The patient will assume the costs arising from such participation.

In the case of minors or persons whose particular circumstances prevent them from exercising this right themselves, this will be done in accordance with the provisions of Article 5 of this Regulation.

Article 23.- Right to respect for the natural process of death of the terminally ill patient

Every person has the right to have the natural process of their death respected and to receive the palliative care appropriate as a result of the terminal state of their illness, upon signing informed consent. In the case of minors or persons whose particular conditions prevent them from exercising this right, this right shall be exercised in accordance with the provisions of Article 5 of these Regulations.

Any action or omission that contravenes the aforementioned process will be subject to the punishable actions contained in the Penal Code.

SUB CHAPTER IV

INFORMED CONSENT

Article 24.- Right to informed consent

Every person has the right to grant or deny their consent, providing their signature or fingerprint, in an informed, free and voluntary manner, without admitting any mechanism that distorts or vitiates their will, so failure to comply with these conditions generates the nullity of the act of consent for the procedure or health treatment.

The attending physician or researcher, as appropriate, is responsible for carrying out the informed consent process, guaranteeing the user's right to information and freedom of choice.

The signing of informed consent does not exempt healthcare professionals, nor IPRESS, from liability in the event of malpractice that may occur to the detriment of the health of users.

This process must be recorded in writing, in a document that demonstrates the information and decision-making process. This document forms part of the user's medical record. IPRESS is responsible for its management, safekeeping, and archiving. In the case of legally competent individuals who cannot sign, they must print their fingerprint as a sign of approval.

Informed consent may be revoked and will be expressed in the same manner in which it was granted.

Written consent must be executed in the following situations:

a. When it involves risky tests, surgical interventions, surgical contraception, or procedures that may affect the integrity of the person.

b. When it involves the exploration, processing or display of images for educational purposes.

c. When the person is going to be included in a study of scientific research.

d. When the person receives the application of investigational products or procedures, according to the specific legislation on the subject and the Declaration of Helsinki and the current legal framework on the matter.

e. When the patient has made the decision to refuse to receive or continue treatment, in accordance with the provisions of Article 17 of this Regulation.

f. When the patient receives palliative care.

In the case of minors or persons whose particular circumstances prevent them from exercising this right on their own, this is done in accordance with the provisions of Article 5 of this Regulation.

Informed consent is not required in emergency situations, situations where there is a duly proven risk to the health of others, or situations where there is a serious risk to public health.

Article 25.- Right to access a copy of the medical record

Every user of health services or their representative has the right to request a complete copy of their medical records, which must be delivered within five (5) business days of receiving the request. The requester assumes the costs of the reproduction of the request.

The information contained in a patient's medical history, as well as that related to any medical procedure, is confidential, except in the cases contemplated in the General Health Law.

Article 26.- Minimum information on the clinical history

The IPRESS must ensure that the medical act is supported by a true and sufficient clinical history, observing the structure and records to be included in it and other related documents.

The minimum information in the medical history must contain the following:

a. Patient identification.
b. Health care record.
c. Additional information.
d. Special Formats.

Additionally, the minimum content of variables according to the medical specialty, the registration specifications and the characteristics of the handwritten or electronic medical record must comply with the provisions of the technical and other standards issued by the health governing body.

CHAPTER III

ON THE PROTECTION OF THE RIGHTS OF USERS OF THE SERVICES OF HEALTH

Article 27.- Of the National Health Superintendence

The National Health Superintendency is the entity responsible for ensuring the application of this Regulation within the framework of the powers conferred by current regulations on the matter.

Article 28.- Right to file claims and complaints

Any person dissatisfied with the care received has the right to be heard and receive a response. They must file their complaint with the competent authorities of IAFAS or IPRESS, without prejudice to filing a complaint with SUSALUD to initiate the appropriate administrative procedure, in accordance with the regulations issued by SUSALUD on the matter.

IPRESS must clearly and easily display the procedure for handling user complaints, as well as the possibility of contacting SUSALUD with complaints.

Article 29.- Dispute Resolution

In the event of disputes arising between IAFAS, IPRESS, or UGIPRESS and healthcare service users, they must establish swift and timely resolution mechanisms through direct contact or the use of alternative dispute resolution mechanisms, without prejudice to access to legal channels.

If the parties have agreed to submit to arbitration and cannot reach an agreement on the competent center, the competent center shall be understood to be the SUSALUD Conciliation and Arbitration Center.

SUSALUD will provide mechanisms for access to justice for people who believe their rights have been violated, without considering their financial means as a limiting factor in ensuring timely and independent access.

Article 30.- Responsibility for the violation of rights

Violations related to the protection of the rights of health service users and the sanctions applicable to IAFAS, IPRESS, or UGIPRESS are established in the Regulations on Violations and Sanctions of the National Health Superintendence, approved by Supreme Decree No. 031-2014-SA.

To restore users' rights and correct or reverse the effects of the infringing conduct, SUSALUD, in accordance with its conferred powers, must implement the appropriate security measures, as well as provisional and corrective measures, within the framework of any applicable administrative sanctioning procedure.

For compensation claims, healthcare users may resort to judicial remedies or alternative dispute resolution methods in accordance with current regulations.

In the case of health professionals, this responsibility is governed by administrative, civil, and criminal labor regulations, the Code of Ethics and Deontology, and other statutory regulations of the corresponding professional associations.

FINAL SUPPLEMENTARY PROVISIONS

First.- Registry of Sanctions of the Health Professionals

The National Dean of the corresponding Professional College will communicate to SUSALUD, in writing, the sanctions imposed by the respective Professional Colleges on their members, within ten (10) business days of the resolution imposing the sanction becoming final.

SUSALUD will implement the respective Registry, where it will publish the submitted information through its institutional portal, in accordance with current regulations on the matter.

Second.- Intercultural Approach

The provisions of this Regulation that establish the application of techniques for the
The use of the Intercultural Dialogue methodology with users of health services in vulnerable communities must be implemented by all IPRESS and UGIPRESS, public, private and mixed, in a progressive manner in observance of the

relevant regulations on the subject and all those issued by the Ministry of Health for this purpose, as well as complementary and related regulations.

Third.- Regulation of Claims and Complaints

At the proposal of the National Health Superintendence, the Complaints and Claims Regulation will be approved, which will contain the procedure for addressing Complaints and Claims from users of Health services within a period of one hundred and twenty (120) business days.

ANNEX

RIGHTS OF USERS OF HEALTH SERVICES				
Right to Access to Services Health	**Right of Access to Information**	**Right to Care and Recovery of the Health**	**Right to Consent Informed**	**Protection of Rights**
1. To emergency care, without any condition on the presentation of any document.	1. To be adequately and promptly informed of their rights as a user.	1. To be attended by health personnel authorized by current regulations	1. To the informed consent in writing in the following cases:	1. To be heard and receive a response to your Complaint or Claim from the appropriate authority, when you are dissatisfied with the service received.
2. Free choice of doctor or IPRESS.	2. To know the name of the doctor responsible for their care, surgical interventions, contraception, and request compensation for their discrimination	for their care, respect for their dignity and privacy, good treatment and without prejudice to the rights of the person responsible for dignity and privacy, good treatment and without prejudice to the rights of the person ... surgical or procedures damage caused in which they may affect your IPRESS. integrity, except in cases of emergency.		
3. To receive care with freedom of clinical judgment	3. To receive necessary information 3. To receive sufficient, kind and scientifically b. When it comes to clinical examination, treatment or 3. To have access to your history and epicrisis. respect, on the conditions verified or with exhibition of images with for the use of services adverse reactions for teaching purposes health, prior to receiving care and side effects warned			
4. To a second medical opinion	4. To receive necessary information about their transfer and sufficient information contained in their 4. To their personal safety, c. Before being included in a 4. To the confidential nature of the information contained in their transfer to not be disturbed or exposed to danger by scientific research study inside or outside the IPRESS; medical record as well as granting or denying consent to persons other than IPRESS justification from the IPRESS representative.			
5. Access to adequate and necessary services, medicines and health products.	5. To receive from IPRESS 5. To authorize the presence of sufficient information from third parties in the examination, medical or surgical procedures, prior to the investigation. regulations and/or conditions of compliance of the doctor administrative linked to his treating physician attention			
	6. To receive from your attending physician 6. To respect the natural process of your death as a result of the and in understandable terms, as a result of the treatment, except when you become ill. When you have made the decision to refuse to receive full, timely and continuous information about your own terminal condition of the disease and about the alternatives.		risk your life or health treatment public.	
	7. To decide on your voluntary retirement IPRESS expressing this decision to your treating physician.		f. When the patient receives palliative care	
	8. To refuse to receive or continue treatment.			
	9. Right to be informed about the experimental status of products or procedures, as well as their risks and side effects.			

NOTE: If your rights are violated, you can go to SUSALUD for guidance and support, as well as to file your complaint.

1273843-3

Deputy Executive II of the Office appointed Vice-Ministerial of the Ministry of Health

MINISTERIAL RESOLUTION
No. 480-2015/MINSA

Lima, August 11, 2015

Having seen file No. 15-073989-001, which contains the Memorandum No. 291-2015-DVM-SP/MINSA, issued by the Deputy Minister of Public Health of the Ministry of Health; and,

CONSIDERING:

That, by Ministerial Resolution No. 1019-2014/MINSA, dated December 31, 2014, approved the Provisional Staff Allocation Table of the Ministry of Health, and by Ministerial Resolution No. 1030-2014/MINSA approved the modification of the aforementioned management instrument, in which the position of Executive Deputy II of the Vice-Ministerial Office is rated as confidential;

That, with the document approved, the Vice Minister of Public Health requests the appointment of surgeon Nancy Adriana Zerpa Tawara, in the position of Deputy Executive II of the Vice-Ministerial Office;

That, through Report No. 579-2015-EIE-OGGRH/MINSA, sent through Memorandum No. 1487-2015-OGGRH-OARH-EIE/MINSA, la Workshop General of Human Resources Management, issues a favorable opinion indicating that it is appropriate to appoint