

to promote, protect and defend the rights of people to access health services, supervising that the benefits are provided with quality, opportunity, availability and acceptability, regardless of who finances them, as well as those who correspond in their relationship, of consumption with the IAF AS and IPRESS, including those prior to and derived from said relationship; as well as to know with primary jurisdiction and national scope, the alleged violations of the provisions relating to the protection of the rights of users in their consumer relationship with the IPRESS and/or IAFAS.

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

5.3. SUSALUD will ensure compliance with the Law No. 29571, Consumer Protection and Defense Code and its complementary and related regulations, regarding the protection of the rights of users of health services, due to the lack of suitability of the services offered by the IAFAS, IPRESS and UGIPRESS, exercising its sanctioning power within the framework of what is established in 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, of health and responsibility for the provision of health services, exercising its sanctioning power in accordance with current regulations.

Article 7.- Powers over Complementary Risk Work Insurance SCTR SUSALUD is competent to supervise the

compliance with the rules that protect consumers of Complementary Risk Work Insurance, in matters related to health coverage and benefits, exercising its sanctioning power in accordance with current regulations.

The Superintendency of Banking, Insurance and Private Pension Fund Administrators SBS and INDECOPI maintain the powers to act administratively in matters related to economic benefits, such as survivor's pensions, disability pensions, and funeral expenses, or others of a similar nature, within their respective scope of competence.

Article 8.- Powers over Insurance Companies, SOAT and AFOCAT SUSALUD is competent to supervise the compliance with the rules that protect consumers in the IAF AS Insurance Companies, including those that offer coverage of Mandatory Traffic Accident Insurance (SOAT), as well as the Associations of Regional and Provincial Funds Against Traffic Accidents (AFOCAT), exercising its sanctioning power in accordance with the provisions of Legislative Decree No. 1158.

The Superintendency of Banking, Insurance and Private Pension Fund Administrators SBS

of users in their consumer relationship with the institutions under their sphere of competence, as well as those prior to or derived from it.

INDECOPI maintains jurisdiction over all acts or omissions that occurred before the validity of this rule, in the matters indicated in the preceding paragraph, until its conclusion through administrative, arbitration and/or judicial proceedings.

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

The provisions contained in Law No. 29571, as well as in its modifying, complementary and related regulations, referring to alleged infringements of consumer rights, which are within the powers transferred to SUSALUD, will be applied additionally to those established in the Regulation of Infractions and Sanctions of SUSALUD.

For all cases, the sanctions regime, criteria of application, graduation of sanctions and other procedural provisions, are those established in the Regulation of Infractions and Sanctions of SUSALUD, in accordance with the provisions of Article 1 Legislative Decree No. 1158.

1 of the Decree

FINAL COMPLEMENTARY PROVISION

Sole.- Aspects not included in the transfer

procedure They are not included in the procedure transfer the documentary collection, human resources, assets and other resources currently available to INDECOPI.

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

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Regulations of Law No. 29414 are approved, Law that establishes 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 Political Constitution of Peru 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 the national health policy. The Executive Branch regulates and supervises its application, being responsible for designing and conducting it in a plural and decentralizing manner to facilitate equitable access to health services for all; That, numerals I and II of the Preliminary Title of the

Law No. 26842, General Health Law, point out that health is an indispensable condition for human development and a fundamental means to achieve individual and collective well-being, so the protection of health is of public interest, being the responsibility of the State to regulate and monitor it, and promote it; That, article 123 of the aforementioned law,

modified by the Sole Modifying Complementary Provision of Legislative Decree No. 1 161, Law of Organization and Functions of the Ministry of Health, provides that the Ministry of Health is the highest level Health Authority, national. As an agency of the Executive Branch, it is responsible for the formulation, direction and management of policy.

and INDECOPJ, maintain the powers to act administratively, in matters related to coverage for cases of death, permanent disability, temporary disability and funeral expenses, within their areas of competence, in accordance with current regulations.

Article 9.- Procedures assumed by YOUR HEALTH

SUSALUD assumes jurisdiction over all those acts or omissions that occurred after the validity of this rule, which constitute alleged violations of the provisions relating to the protection of rights

of health and acts as the highest regulatory authority in health matters;

That, literal a) of article 5 of the Legislative Decree No. 1161, Law on the Organization and Functions of the Ministry of Health, establishes that the governing function of the Ministry of Health is to formulate, plan, direct, coordinate, execute, supervise and evaluate the national and sectoral policy for health promotion and disease prevention, health recovery and rehabilitation, 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 of



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Law No. 26842, 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 that the Political Constitution of the State guarantees;

That, the First Final Provision of the aforementioned Law, ordered that the Executive Branch regulate said Law; In accordance with numeral 8 of article 1 18 of

the Political Constitution of Peru, Law No. 29158, Law Organic 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 Promotion of Employment (www.mintra.gob.pe), of 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 Diario Oficial 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.

**COMPLEMENTARY PROVISION
MODIFICATION**

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

1. Amend Annex IA: Minor Infractions applicable to IAF AS of the Regulation of Infractions and Sanctions of the National Health Superintendency, approved by Supreme Decree No. 031-2014-SA, incorporating the following paragraph:

*47. Failure to comply with the applicable provisions for

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, at twelve days of the month of August of the year two thousand fifteen.

OLLANTA HUMALA TASSO
Republic President

JAKKE SOMEONE IS A FAKE
Minister of Defense

JOSÉ LUIS PÉREZ GUADALUPE
Minister of the Interior

ANÍBAL VELASQUEZ VALDIVIA
Health Minister

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 DISPOSITION

Article 1.- Purpose

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

Likewise, the National Superintendency of Health is responsible for ensuring the application of this Regulation; and the list of user rights contained in Law No. 26842, General Health Law, and its related and amended amendments is prepared, along with the mechanisms for its dissemination in the Health Insurance Fund Administrative Institutions IAF AS and public, private and mixed IPRESS Health Services Providing Institutions.

Article 2.- Definitions The

following regulations apply to this regulation: definitions established in articles 6 and 7 of the Decree Legislative No. 1158, as well as the Second Provision

"the dissemination of the rights of users of health services."

2. Amend Annex II: Minor Infractions Applicable to UGIPRESS, of the Regulation of Infractions and Sanctions of the National Superintendency of Health, approved by Supreme Decree No. 031-2014-SA, incorporating the following paragraph:

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

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

"39. Do not display the portfolio of services, list of doctors, schedules and availability of their services in an updated and permanent manner.

40. Not allow or hinder the development of the second medical opinion, including the restriction of access to the medical history of the consulting physician, prior authorization signed by the patient.

41. Not having personal security protocols,

Final Complementary Regulation of the Organization and Functions of the National Health Superintendency, approved by Supreme Decree No. 008-2014-SA, those provided for in Article 7 of the Clinical Trials Regulation approved by Supreme Decree No. 017-2006-SA and its modifications; and those contained in article 3 of the Regulation of Law No. 27604 that modifies Law No. 26842, General Health Law regarding the obligation of Health Establishments to provide medical care in cases of emergencies and births approved by Supreme Decree No. 016-2002-SA.


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

Intercultural dialogue: and Communication process exchange that can translate into the interaction of two or more individuals and/or groups that come 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 relationships and reciprocity.

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 A Peruvian man

Intercultural approach: Analysis tool which proposes the recognition of cultural differences, without discriminating or excluding, seeking to generate a reciprocal relationship between the different ethnic-cultural groups that cohabit in a certain space. This implies incorporating the different conceptions of well-being and development of the various ethnic-cultural groups in the provision of services, as well as adapting them to their socio-cultural particularities.

Article 3.- List of Acronyms This

Regulation contains the following acronyms:

to. IAFAS: Fund Management Institutions
of Health Insurance.
b. IPRESS: Institutions Providing Information Services Health.
c. MINSA: Ministry of Health. d. SIS: Comprehensive Health Insurance. and. SUSALUD: National Superintendency of Health f. UGIPRESS: Institution Management Unit Health Service Providers.

Article 4.- Scope of Application This regulation is applicable throughout the national territory to the IPRESS and UGIPRESS, public, private and mixed, and as applicable to the public, private and mixed IAFAS, as well as to the workers of are.

Article 5.- Representation of the user of health services The exercise of the rights stipulated herein regulation corresponds to every user of health services.

In the event that the owner of the right delegates his representation or is not able to express his will, these rights may be exercised by his representative, in accordance with the provisions

CHAPTER II

RIGHTS OF THE USER OF THE HEALTH SERVICES

SUB CHAPTER I

ACCESS TO HEALTH SERVICES

Article 6.- Right to emergency care Any person who needs emergency medical, surgical and psychiatric care has the right to receive it in any public, private or mixed IPRESS, based on the resolution capacity necessary for this purpose.

The emergency is determined solely by the medical professional, and exceptionally in his absence at the first level of care, it may be determined by the IPRESS care staff. If it does not have the necessary resolution capacity, it must immediately refer you to a higher level establishment.

The IPRESS is obliged to provide such attention, as long as the state of serious risk to life and health persists, and cannot condition this attention to the presentation of any document, nor to the signing of a promissory note, bill of exchange or any other means. payment.

Once the emergency care is completed, the IPRESS has the right to reimbursement for the expenses incurred and must request it from the corresponding IAFAS, according to the conditions of coverage granted.

In the case of people included in vulnerable population groups, the costs of care for the emergency situation will be assumed by the Comprehensive Health Insurance (SIS) under the Subsidized Regime, in accordance with current legal provisions. When the person is not eligible to access said coverage, the IPRESS that provides emergency care must request affiliation with the SIS in accordance with current regulations. f liada

In the case of people who are not found insured by any IAF AS, and do not belong to a vulnerable population group, the IPRESS will initiate the

in the law of the matter. The representation is exercised in accordance with the following:

to. When the user has the capacity to exercise it, they may delegate their representation to any capable person, through a power of attorney certified by an institutional notary or notary or justice of the peace, in advance of the situation that prevents them from expressing their will.

b. When the user has the capacity to exercise it and eventually cannot express his or her will, his or her representation will be exercised, in accordance with the ties of consanguinity or affinity established in civil law.

c. When the user has been declared by the judge as absolutely or relatively incapable of expressing his will, will be represented by those who exercise guardianship, as established by the Civil Code. Likewise, minors will also be represented by those who exercise parental authority and guardianship. d. When the user is a minor

age of 16 years or more and his relative disability has ceased due to marriage or by obtaining an official title that authorizes him to exercise a profession or trade, in accordance with the provisions of the Civil Code, he will not require representation.

In the absence of the people who represent the absolutely or relatively incapable, the treating doctor will record this 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 user. health of said people, and must communicate the fact to the Public Ministry within twenty-four (24) hours of becoming aware of the fact.

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

The IPRESS must provide the necessary facilities for compliance with the provisions of literal a. of this article, a copy of the representation document must be inserted in the patient's medical history.

management of collection of expenses for emergency care, once it is completed, in accordance with its institutional procedures.

Article 7.- Right to free choice of doctor

o IPRESS

Every person in the exercise of the right to their health well-being can freely choose the doctor or the IPRESS that provides care, according to the management guidelines of the IAFAS. Emergency cases are excepted.

Likewise, the person has the right not to be induced or obliged to go to another IPRESS for certain care, with the exception of the limitations established in the contracted coverage, if applicable.

To exercise this right, the IAF will inform its insured, by appropriate means, of the conditions of the health plan, including, if applicable, the use of the membership model for their care in a benefit network, in which case the choice of The one referred to in this article should be understood only with respect to the treating doctor.

The IPRESS must communicate by appropriate means to the user, availability, planned service hours, and other conditions of access to the requested service, including operational capacity. The user must comply with the conditions established for access to the requested service.

The IPRESS must display the portfolio of services, schedules and availability of its services, in an updated and permanent manner.

Article 8.- Right to receive care freely

of clinical judgment

The IPRESS is obliged to guarantee that doctors carry out their work freely to 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 Medical College of Peru and the International devices ratified by the Peruvian Government.

Article 9.- Right to a second medical opinion Every person, under their responsibility and according to their coverage contracted with the IAF AS or at their expense



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

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

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

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

The IPRESS and UGIPRESS must guarantee access to services, medicines and health products

IPRESS staff will be able to respond in the same way and immediately, if applicable.

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

Every person has the right to receive information in a truthful, complete, timely manner, with kindness and respect, about the characteristics of the service, list of doctors, opening hours and other terms and conditions. from service. You may request the resulting expenses for the user of medical care, as long as the user is obligated to pay.

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

IAFAS must guarantee that the user is informed of the coverage of your health policy or plan, through appropriate means and procedures.

Article 14.- Right to be informed about your transfer Every person has the right to receive information

in a timely and equitable manner in order to satisfy the needs of its users, within the framework of the commitments assumed with the IAFAS and current regulations.

In the case of those insured to the SIS, 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 provisions of the benefit deadlines, cio and current regulations.

SUB CHAPTER II

ACCESS TO INFORMATION

Article 11.- Right to be informed of their rights Every person has

the right to be adequately informed and timely of the rights you have as a user of health services and how to exercise them, without being discriminated against based on origin, ethnicity, sex, gender, language, religion, opinion, economic condition, sexual orientation, or disability .

For this purpose, the IAFAS and IPRESS must disseminate, through suitable means and on a permanent basis, the list of rights of the users that are part of this Regulation as an Annex. The media used can be physical and virtual, such as posters, bulletins, alternative information and communication media, among others, that allow their understanding, in accordance with the reality of the locality where they are located, and must be displayed in a visible and easy place. access to the public, such as in the entrance and exit areas, waiting rooms and also use all those means available for said purpose.

The 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 pages.

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

Every person has the right to know the name of the doctor responsible for your care, as well as that of the people in charge of carrying out the procedures. This information will be recorded in the Clinical History in charge of the doctor, as well as in the Note of health professionals, as appropriate, in strict observance of the technical standard of Clinical History issued by the Ministry of Health.

The IPRESS must guarantee that all personnel assistance and administration is duly and permanently identified.

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

Without prejudice to what is stated in the preceding paragraphs, if the request is made verbally, the

complete information on the reasons that justify your 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 his or her consent, unless there is a justifiable reason for f each of the IPRESS.

The user or his representative in the case of what is established in article 5 of this regulation, may request his transfer to another IPRESS, according to the conditions of his coverage, provided that: he expresses his will in writing, his state of health allows it and your health situation, determined by the doctor, requires it.

The IPRESS must guarantee the safety of the person user during the transfer, without prejudice to their right to request reimbursement from the IAFAS for the expenses incurred, as long as it is part of the benefit coverage to which the user is entitled in their IAFAS.

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

to access accurate and timely compliance with the rules, regulations and/ or administrative conditions that govern the IPRESS activities linked to your care.

To this end, IPRESS permanently implements dissemination media (physical and/ or virtual) accessible to users, in accordance with the reality of the locality where they are located.

Article 16.- Right to receive information about his own illness and to decide his voluntary retirement from the IPRESS

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

Likewise, you have the right to receive information about your care and treatment needs upon discharge.

If the person voluntarily refuses, Upon receiving such information, the treating physician will record the fact in the patient's medical history, also recording the signature or fingerprint of the patient or his or her representative, as appropriate.

Any user of health services or their representative in the case of what is established in article 5 of this regulation, may decide to voluntarily withdraw from the service or from the IPRESS; For this purpose, you must express this decision to the treating doctor in writing, stating that it is exercised voluntarily, without any pressure and that you have been informed of the risks assumed by such decision, expressly recording them and giving him/ her a copy of the that information with reception charge. Likewise, having received the information must be recorded in the medical record, which will be signed by the patient or his representative and the doctor.

trafficker, exempting the latter and the IPRESS from responsibility. You may also request a copy of the epicrisis for free and your medical history at your own expense.

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

Article 17.- Right to refuse to receive or

whose effectiveness or mechanisms have been scientifically proven, or whose effectiveness or mechanisms with adverse reactions and side effects described have been warned 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 these regulations.

For this purpose, prior to the start of treatment, the professional health personnel authorized to indicate the

continue treatment Every person must be informed by the treating doctor about their right to refuse to receive or continue treatment and have the consequences of that refusal explained. The treating doctor must record in the medical history of the patient who informed him about this right, the consequences of his decision, as well as his acceptance or refusal in relation to the treatment, also recording the signature or fingerprint of the patient or his representative, as appropriate.

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

In the case of minors or people whose particular conditions prevent them from exercising this right, it is carried out in accordance with the provisions of Article 5 of this Regulation, with the participation of the Public Ministry, taking into account that those who do not enjoy full autonomy require protection.

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

Article 18.- Right to be informed about the experimental condition of products or procedures under investigation Every person has the right to be informed by the researcher about the experimental condition of a product or procedure under investigation, as well as the risks and side effects of these and the conditions of the continuity of the treatment; The researcher must leave a written record in the patient's medical history; and the signing of the informed consent in accordance with the provisions of literal c. of article 24 of this Regulation, in accordance with the special legislation on the matter and the Declaration of Helsinki.

In the case of minors or people whose particular conditions prevent them from exercising this right, consent will 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 their dignity and privacy Every person

has the right to be treated by health personnel authorized by current regulations, and with full respect for their dignity and privacy, without discrimination due to action or omission of any kind.

The health professional and administrative staff of The IPRESS must provide care with good treatment and respect to users of health services, guaranteeing the full exercise of their rights.

No user can be discriminated against in the access to health services, care or treatment based on origin, ethnicity, sex, gender, language, religion, opinion, economic condition, sexual orientation, disability or any other nature.

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

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

Article 20.- Right to receive treatments scientifically proven or with adverse reactions and side effects warned

Everyone has the right to receive treatment

treatment and prescribing medications, the patient must be informed of any adverse reactions, interactions or side effects, known to date, that could be caused and the precautions that must be observed for their correct and safe use, leaving a record of this in the medical record.

With respect to patient safety, the IPRESS must guarantee that he is not exposed to additional risks to those of his own illness, being the responsibility of the highest authority of the IPRESS to arrange preventive measures against adverse events.

In the case of minors or people whose particular conditions prevent them from exercising this right, the information is provided to the representatives, in accordance with the provisions of article 5 of this Regulation.

Article 21.- Right to personal safety, to not be disturbed or exposed to danger by people outside the establishment Every person has the right to their safety, unless disturbed or exposed to danger by people outside the IPRESS from the moment it is accessed, for which the IPRESS must implement personal security protocols, compliance with 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 people who are not directly involved in the care during their medical examinations or surgical intervention. medical.

Participation must necessarily have the prior approval of the treating physician, recording it in the medical record, as long as 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 derived from said participation.

In the case of minors or people whose particular conditions prevent them from exercising this right on their own, it will be carried out in accordance with the provisions of article 5 of this Regulation.

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

Every person has the right to have the natural process of death respected and to receive the palliative care that corresponds as a consequence of the terminal state of the disease, with prior informed consent. In the case of minors or people whose particular conditions prevent them from exercising this right, it will be carried out in accordance with the provisions of article 5 of this Regulation.

signature of

Any action or omission that contravenes the aforementioned The 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, recording their signature or fingerprint, in an informed, free and voluntary manner, without admitting any mechanism that distorts or vitiates their will, therefore Failure to comply with these conditions results in the nullity of the act of consent for the health procedure or treatment.

The treating doctor or the corresponding researcher is responsible for carrying out the informed consent process, and must guarantee the right to information and the right to freedom of decision of the user.

, according to



The signing of the informed consent does not exempt responsibility to health professionals, nor to IPRESS, in the event of malpractice events that could occur to the detriment of the health of users.

This process must necessarily be recorded in writing, in a document that demonstrates the information and decision process, which is part of the user's medical history, with the IPRESS being the responsibility of its management, custody and corresponding archive. In the case of capable people who do not know how to sign, they must print their fingerprint as a sign of agreement.

Informed consent can be revoked and will be expressed in the same way in which it was granted.

Written consent must be executed compulsorily in the following situations:

to. When it comes to risky tests, surgical interventions, surgical contraception or procedures that may affect the integrity of the person. b. When it comes to exploration, treatment or exhibition of images for teaching purposes. c. When the person is going to be included in a scientific research study. d. When the person receives the application of products or procedures under investigation, according to the special legislation on the matter and the Declaration of Helsinki and the current legal framework on the matter. and. 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 people whose particular conditions prevent them from exercising this right on their own, it is carried out in accordance with the provisions of article 5 of this Regulation.

Informed consent is not required to emergency situations, of duly proven risk to the health of third parties, or of serious risk to public health.

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

Any user of health services or their representative has the right to request a complete copy of your medical history, which must be delivered within a period of no more than five (5) business days after receiving the request. The applicant assumes the reproduction costs involved in the order.

The information contained in the medical history of the patient as well as that related to any medical act, is reserved, except in the cases contemplated in the General Health Law.

Article 26.- Minimum history information clinic

The IPRESS must guarantee that the medical act is supported by a truthful clinical history and by observing the structure and records to be recorded therein and other linked documents.

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

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

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

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

Article 28.- Right to present claims and complaints Any person

who is dissatisfied with the care received has the right to be heard and receive a response, and must present their claim to the competent bodies of the IAFAS or IPRESS, without prejudice to going online. of complaint to SUSALUD for the initiation of the administrative procedure that may correspond according to the regulations issued by SUSALUD on the matter.

The IPRESS must display, in a visible and easily accessible manner, the procedure for addressing user complaints as well as the possibility of going to SUSALUD in the event of a complaint.

Article 29.- Dispute resolution If disputes arise between the IAF IPRESS or UGIPRESS and the user of health services, they must generate agile and timely resolution mechanisms through direct treatment or the use of alternative dispute resolution mechanisms. controversies, without prejudice to access to jurisdictional channels.

If the parties have agreed to submit to arbitration and do not reach an agreement on the competent center, the SUSALUD Conciliation and Arbitration Center will be understood as the competent center.

SUSALUD will provide mechanisms for access to justice for people who consider their rights have been violated, without people's economic capacity being a limitation to guarantee their timely and independent access.

Article 30.- Responsibility for violation of rights

The infractions referring to the protection of the rights of users of health services and the sanctions applicable to the IAF AS, IPRESS or UGIPRESS, are established in the Regulation of Infractions and Sanctions of the National Superintendency of Health, approved by Decree Supreme No. 031-2014-SA.

For the purpose of restitution of the rights of the users and in order to correct or reverse the effects that the offending conduct may have caused, SUSALUD, in accordance with the powers conferred, must provide the corresponding security measures; as well as the provisional and corrective measures, within the framework of the administrative sanctioning procedure that may apply.

For compensation claims, the user of health services may resort to judicial means or alternative means of dispute resolution in accordance with current regulations.

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

FINAL COMPLEMENTARY PROVISIONS

First.- Registry of Sanctions of the Health Professionals The

National Dean of the corresponding Professional Association will inform SUSALUD, in writing, of the sanctions imposed by the respective Professional Associations on their members, within a period of ten (10) business days of the resolution being finalized. imposed the sanction.

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

AS,

CHAPTER III
OF THE PROTECTION OF THE RIGHTS OF
USERS OF THE SERVICES
HEALTH

Article 27.- Of the National Health Superintendence

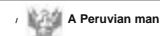
Second.- Intercultural Approach

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

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

Third.- Regulation of Complaints and

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

ATTACHMENT

RIGHTS OF USERS OF HEALTH SERVICES				
Right to Access to the Services of Health	Right to Access to Information	Right to Care and Recovery of the Health	Right to Consent Informed	Protection of Rights
1. For emergency care, without conditioning upon presentation of document some.	1. To be informed adequately and in a timely manner of your rights as a user.	1. To be attended to by health personnel authorized by current regulations	1. To the written informed consent in the following cases:	1. To be heard and receive a response to your Complaint or Claim by the corresponding instance, when you are dissatisfied with the attention received.
2. Free choice from the doctor or IPRESS.	2. Know the name of the doctor responsible for your care, as well as the professionals in charge of the procedures.	2. To be attended to with full respect for their dignity and privacy, with good treatment and without discrimination	to. When it comes to risky tests, surgical interventions, contraception surgery or procedures that may affect its integrity, except in the case of emergency.	2. To receive immediate treatment and request repair in the corresponding way, for the damage caused to the IPRESS.
3. To receive care with freedom of clinical judgment	3. To receive necessary information and sufficiently, with kindness and respect, about the conditions for the use of health services, prior to receiving the attention	3. To receive treatments client in ficamente proven or with reactions adverse and side effects warned	b. When it is about exploration, treatment or display of images for educational purposes	3. To have access to your history clinic and epicrisis.
4. To a second medical opinion	4. To receive necessary information and enough about your transfer inside or outside the IPRESS; as well as granting or denying are consent, unless justified by the IPRESS representative.	4. To your personal safety, not to be disturbed or exposed to danger by persons other than the IPRESS	c. Before being included in a investigation study scientist	4. The reserved nature of the information contained in your clinic history
5. To access services, medicines and health products appropriate and necessary.	5. To receive from IPRESS information necessary and sufficient, on the rules, regulations and/or administrative conditions linked to its attention	5. To authorize the presence of third parties in the exam doctor or surgery, with prior approval of the doctor trafficker	d. When you receive the application of products or procedures in research	
	6. To receive from your treating doctor and in understandable terms, complete, timely and continuous information about your own disease and treatment alternatives.	6. Respect for the process natural of his death as a consequence of the terminal state of the disease	and. When you have made the decision to refuse to receive or continue treatment, except when you contact risk your life or public health.	
	7. To decide your voluntary withdrawal from the IPRESS expressing this decision to your treating doctor.		F. When the patient receives palliative care	
	8. To refuse to receive or continue treatment.			
	9. Right to be informed about			

the experimental condition
of products or procedures, as well
as well as its 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 is appointed
Vice Minister of the Ministry of Health

**MINISTERIAL RESOLUTION
N° 480-2015/MINSA**

Lima, August 11, 2015

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

CONSIDERING:

That, through Ministerial Resolution No. 1019-2014/
MINSA, dated December 31, 2014, was approved

the Table for Assignment of Provisional Personnel of the
Ministry of Health, and through Ministerial Resolution No.
1030-2014/MINSA, the modification of the aforementioned
management instrument was approved, in which the position of Executive
Deputy II of the Vice Ministerial Office is classified as
trustworthy;

That, with the approved document, the Vice Minister of
Public Health requests to appoint 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 by Memorandum No.
1487-2015-OGGRH-OARH-OWN/MINSA,

the Office of China

General of Human Resources Management, issues
a favorable opinion indicating that it is appropriate to appoint