

# DEER CREEK DENTAL CLINIC, LTD

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## CONSENT RELATING TO TREATMENT OF MINOR PATIENT

\_\_\_\_\_  
Minor Patient's Name

\_\_\_\_\_  
Date of Birth

To facilitate dental care and treatment of my child, \_\_\_\_\_, ("Minor Patient"), by Deer Creek Dental Clinic, Ltd (providers), the undersigned parent or legal guardian of the Minor Patient hereby agrees as follows:

1. I am a parent or legal guardian of the Minor Patient authorized to make dental care decisions on behalf of the Minor Patient.
2. I authorize Deer Creek Dental Clinic to engage in the following acts:

[Please Check Applicable Box]

- Direct Authorization For Treatment by Deer Creek Dental Clinic.** I authorize Deer Creek Dental Clinic to provide the Minor Patient with emergency, urgent and other dental care and treatment in my absence.
- Appointment of Parent Substitute To Authorize Care And Treatment For Minor Patient.** I authorize the Parent Substitute designated in paragraph 3 below to give informed consent for emergency, urgent and other dental treatment for the Minor Patient.
- Release Of Information.** To ensure that the Parent Substitute has access to Patient Health Information needed to make informed consent decisions, I authorize Deer Creek Dental Clinic to provide the Parent Substitute with Patient Health Information relating to the Minor Patient. "Patient Health Information" means all dental records relating to the Minor Patient which are protected and

