



Minor Child

Full Legal Name: _____
Home Address: _____
Date of Birth: _____

Parent/Legal Guardian

Full Legal Name: _____
HomeAddress: _____
Telephone: _____ Relationship to Minor Child: _____

Designated Adult

Full Legal Name: _____
Home Address: _____
Telephone: _____ Relationship to Minor Child: _____

I, _____, am the parent or legal guardian of _____ ("Minor Child"), who is not emancipated and under age 18. By signing this form, I authorize _____ ("Designated Adult") to consent to or refuse any dental care or treatment for Minor Child that is recommended by the Great Expressions Dental Centers dental provider. I understand that my authorization is given prior to any dental treatment or recommendation. However, this authorization empowers Designated Adult with authority to exercise his/her best judgment upon the advice of the Great Expressions Dental Centers dental provider, and consent to or refuse any dental care or treatment for Minor Child.

I retain the responsibility for all charges by Great Expressions Dental Centers resulting from Designated Adult's consent. I release Great Expressions Dental Centers, providers, and staff from any liability arising from this form and Designated Adult's consent to or refusal of treatment for Minor Child.

I understand that the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable State laws govern the disclosure of Protected Health Information (PHI). **I authorize Great Expressions Dental Centers to disclose Minor Child's PHI to Designated Adult.**

My authorization is effective until Minor Child reaches age 18, or until I revoke my authorization in writing.

Parent / Legal Guardian Signature: _____ Date: _____

WitnessSignature: _____ NotarySignature: _____

Written Notice to Revoke Authorization
I, _____, am the original maker of this designation form. Upon signing this Written Notice, I no longer authorize _____ ("Designated Adult") to consent to or refuse any dental care or treatment for _____ ("Minor Child").
Parent / Legal Guardian Signature: _____ Date: _____