

LEGAL CONSENT TO MAKE DECISIONS

Patient Name: _____ DOB: _____

As a convenience to our parents, we would like to offer the opportunity to provide us with a list of individuals that may accompany your child to subsequent visits. Listing an individual will automatically provide them with your legal consent to make both treatment and/or financial decisions on your behalf.

With this list, a family member, step-parent, or good friend would have the authority to accompany your child to a dental appointment and make decisions without the need of any additional written or oral consents. If not listed, patients must always present with a parent or legal guardian. Please only provide the names of those individuals that you trust to make such decisions as treatment changes, to make payments, and to discuss medical & financial information.

We, as a HIPAA compliant healthcare facility, will use our best discretion while maintaining personal information and will only provide those individuals listed below with specific information needed to make a decision on your behalf. Information will be provided on a need-to-know basis only and we will not allow these individuals to have or copy your child's dental chart. We simply want to make treating your child in our facility as convenient as possible for you.

Please identify such individuals and initial your decision to allow them to provide consent to make treatment decisions, to make financial arrangements, or both. Please also remember any individuals accompanying your child to an appointment will also be responsible for additional charges incurred during that particular visit.

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Individual's Name	Relationship	Treatment	Financial

As the parent or legal guardian of the above named patient, I do hereby provide the individuals listed beneath the chart entitled "Consent to Make Decisions", the legal authority to make decisions in my absence. I also understand that these decisions may change or alter previous treatment recommendations or charges that I have already agreed to and that I, as this child's parent or legal guardian, am ultimately responsible for any new charges incurred as a result of treatment decisions made by any individuals listed above.

Parent or legal guardian signature

Date

Printed name of parent or legal guardian

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