Haywood County Health and Human Services Agency
Public Health Services Division, Dental Office
157 Paragon Pkwy, Suite 700
Clyde NC 28721

PERMISSION TO DELEGATE DENTAL TREATMENT AND DISCLOSURE OF HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____

If you would like any other person to have access to the above patient's health information, or if someone other than yourself will be bringing the patient to the dental office, please list their name and relationship to the patient:

_____ _____
PRINT Name Relationship

- ☐ Appointment Information
- ☐ Health Information
- ☐ Treatment and Emergency Care

_____ _____
PRINT Name Relationship

- ☐ Appointment Information
- ☐ Health Information
- ☐ Treatment and Emergency Care

_____ _____
PRINT Name Relationship

- ☐ Appointment Information
- ☐ Health Information
- ☐ Treatment and Emergency Care

_____ _____
PRINT Name Relationship

- ☐ Appointment Information
- ☐ Health Information
- ☐ Treatment and Emergency Care

I, (please print) _____ (patient / parent / legal guardian) authorize ONLY the above named persons to have access to the above patient's appointment information, to bring the patient to dental appointments, and to make any dental treatment and emergency care decisions necessary for the patient.

Signature: _____ Date: _____