UTHealth
The University of Texas
Health Science Center at Houston

School of Dentistry
Health Information Management
7500 Cambridge Street, Suite 1332
Houston, TX 77054
Phone: (713) 486-4254 Fax: (713) 486-4322

Consent to Treat Minor Patient without Parent or Legal Guardian Present

By law, a minor under the age of 18 years old must have a parent or legal guardian consent for dental treatment. At UTHealth School of Dentistry, minors must be accompanied by an authorized adult, who must remain in the waiting area and be readily accessible during the minor patient's dental appointment. If a minor arrives for an appointment with a responsible adult other than a parent or legal guardian, we must have written permission from the parent or legal guardian that the responsible adult has been authorized by you to act on behalf of the parent or legal guardian. For those occasions when you may not be with your child, please complete the Proxy Consent Form for Dental Treatment of a Minor.

1. Complete the **Proxy Consent Form for Dental Treatment of a Minor**.
2. The patient or legal guardian must fill out the form.
3. Submit completed form by one of the following methods:
    - During visit at UTHealth School of Dentistry:
        - Health Information Management
        - Front Desk 1st and 2nd Floor
        - Patient Care Coordinators Suite 2nd Floor
    - Mailing to 7500 Cambridge Street, Suite 1332, Houston, TX 77054
    - Faxing to 713-486-4322
    - Emailing to dentalrecords@uth.tmc.edu
4. Copy of a government issued photo ID of parent or legal guardian must be submitted with the completed form.
5. A government issued photo ID of the authorized responsible adult will be required during the minor patient's appointment.

If a minor patient presents to the clinic with a responsible adult other than his/her parent or legal guardian, a completed Proxy Consent Form for Dental Treatment for a Minor with the required photo identifications must be on file. If the consent form is unavailable, not on file or unable to validate, the appointment will be rescheduled.

Updated: 06/09/20

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Proxy Consent Form for Dental Treatment of a Minor (Under the age of 18)

Patient Information

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Delegation of Power by Parent/Guardian

I, _____ the parent/guardian of the above minor, hereby authorize the below individual(s) to give consent for dental treatment for the patient on my behalf. This care includes, but is not limited to dental exams and tests, x-rays, treatment including surgeries, anesthesia, treatment to relieve pain and treatment in the event of a medical emergency.

1. _____
   Name (Please Print) Telephone Relationship to Patient

2. _____
   Name (Please Print) Telephone Relationship to Patient

Authorization Notice and Signature

1. I have the legal right to give consent for medical/dental treatment for the above mentioned minor (patient).
2. I have delegated the right to give consent to a legally and medically competent adult.
3. I understand this authorization is effective from the date of signature and valid until otherwise revoked.
4. I understand that I may withdraw this authorization at any time by submitting a written, dated request and that such revocation does not affect action that already has been taken based on this authorization.
5. I understand this delegation includes receiving protected health information about the minor necessary to make health care and/or dental care decisions.
6. I understand that to the extent any recipient of this information, as identified above, is not a “covered entity,” any disclosure of information carries with it the potential for unauthorized re-disclosure, and the information may be not protected by federal or Texas privacy laws.

_____ _____ _____
Signature of Parent/Guardian Printed Name Date

Contact Information: Home# _____ Mobile#_____ Work# _____

Photo Identification of Parent/Guardian Required

Attach Here

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