



1401 Steffen Street, Cincinnati, OH 45215

Lincoln Heights Dental - 483-3088 (phone) 554-0136 (fax)
Mt. Healthy Family Practice - 522-7500 (phone) 728-4064 (fax)

Lincoln Heights Medical - 588-3623 (phone) 554-4116 (fax)
Forest Park Health Center - 589-3014 (phone) 851-4800 (fax)

AUTHORIZATION TO TREAT MINORS - CONSENT BY PROXY

For families who are ongoing patients of The HealthCare Connection

PATIENT: _____ **DOB:** _____

Please review and complete the following information if you want to authorize treatment for your child in advance. Please understand that protected patient health information may be shared with the person(s) you list below.

AUTHORIZATION

I (we) have the legal right to preauthorize this facility to deliver medical/dental treatment to my (our) child. I (we) request and authorize those persons listed below to stand in for me in the event that I (we) cannot be present:

Name: _____	DOB: _____	Relation to child: _____
Name: _____	DOB: _____	Relation to child: _____
Name: _____	DOB: _____	Relation to child: _____
Name: _____	DOB: _____	Relation to child: _____
Name: _____	DOB: _____	Relation to child: _____

LIMITATIONS

Identify any limitations on the kinds of medical/dental services for this authorization and any limitations on the time frame for this authorization. If none, state "NONE".

CONTACT INFORMATION

If the nature of the medical/dental care is not routine, please try to contact me(us) regarding the health care of my(our) child at the following telephone number(s). If you are unable, for any reason, to contact me(us), you may rely on the person(s) listed above for consent.

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relation to Child: _____	Relation to Child: _____
Phone: _____	Phone: _____
Other Phone: _____	Other Phone: _____

_____ Parent / Legal Guardian Signature	_____ Date	_____ Parent / Legal Guardian Signature	_____ Date
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Notary Authorization Attached

(Seal)

State of:

County of:

On this _____ day of _____, 2_____, before me, the undersigned Notary Public, appeared _____, proved to me through satisfactory evidence of identification, which was _____, to be the person who signed on the preceding document in my presence.

Name of Notary

My Commission Expires: _____

(Seal)