

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: \_\_\_\_\_