



Permission to Communicate and Permission to Treat

I understand that as the legal guardian of a patient that is less than 18 years old, I have the option to provide CEENTA with permission to treat the patient as long as one of the following caregivers is accompanying the child for treatment.

I, _____, give the below named caregivers permission to accompany my child, _____, who is under 18 years of age, during treatment in my absence.

Name	Phone Number	Relationship

Only legal guardians can accompany my child, who is under 18 years of age, during treatment.

I understand that I may revoke this authorization, in writing, at any time. The revocation will be effective as of the end of the day on which I provide it in writing to CEENTA's Privacy Officer. If I revoke my permission, CEENTA will no longer use or disclose medical information about me for the purposes that I previously had authorized in writing. I understand that CEENTA is unable to take back any disclosures already made with my permission, and that CEENTA is required to retain records of the care provided to me.

LEGAL GUARDIAN SIGNATURE

DATE: _____

PRINTED NAME

RELATIONSHIP: _____