



Office Policy for Minor Patients

Drs. Podvia and Stanford see children age of five and up. With all patients under the age of eighteen (except emancipated minors), **our office requires that a parent or legal guardian accompany the minor patient for the full duration of each appointment.** Our office requires the legal parent or guardian to be present for the minor's first appointment.

As the parent or legal guardian, you may designate another individual to accompany the minor patient in your absence. A grandparent, childcare provider or another family member over the age of 18 may accompany your child to their dental appointment **if** you have completed the *Designation of Another Person to Consent for Care* form. This form gives us permission to discuss your child's care with the adult accompanying them and for the named adult to authorize treatment.

Our office has this strict policy for several reasons:

1. Safety of your child. Our office will not assume responsibility for the safety, care or whereabouts of a minor patient once work is completed or before the patient is seated. A responsible adult caregiver must be present to look after children during these times.
2. Federal laws concerning privacy issues require that our office not disclose any medical/dental information of a patient—including those patients under 18 years of age—unless it is the parent or legal guardian of the minor patient.
3. A minor patient cannot consent to any required additional procedures, or to any changes in a treatment plan that could arise.

For these reasons, and others, we enforce our minor patient policy and make this policy known on our website and our new patient paperwork. Minor patients who present for an appointment without a proper guardian will not be seen. As a result, you may incur a broken appointment charges.

Please let us know if you would like to complete a *Designation of Another Person to Consent for Care* form. The form is valid for a 12-month period

Your cooperation with this office policy is much appreciated.

Name of minor patient: _____

Print name of parent or legal guardian: _____

Signature of parent or legal guardian: _____ Date: ____/____/____