Dental Hygiene Clinic Conditions/Consent Form for Treatment

FOR THE PATIENT: Please read and sign before treatment.

Parent or guardian must sign for a minor (under the age of 18).

1. **PATIENTS ARE EXPECTED TO KEEP AND TO BE ON TIME FOR APPOINTMENTS.**
   A. If a patient habitually cancels (without 24 hours notice), is habitually late, or does not show for appointments, the Dental Hygiene Clinic reserves the right to refuse further treatment.
   B. If a patient is late and the student does not have time to treat the patient, the patient may be seen by another student, providing another student is available.
   C. If another student is not available, the patient will be rescheduled for another clinic day.
2. **APPOINTMENTS ARE FOR A LONGER PERIOD OF TIME THAN AT THE OFFICE OF A PRIVATE DENTIST.**
   A. Services provided in a teaching institution will require more time for completion than the same procedures performed in a private practice dental office.
   B. Depending upon the patient's oral condition, more than one clinical session/appointment may be required for completion.
   C. If a patient cannot stay for the full-appointed time, the dental receptionist must be informed immediately upon the patient's arrival.
3. **A PARENT OR GUARDIAN MUST ACCOMPANY MINOR PATIENTS (UNDER THE AGE OF 18) TO THE APPOINTMENT.**
   A. A child may not be dropped off and left without a parent or guardian being present during treatment.
   B. If a parent or guardian must leave the child, arrangements must be made for someone of legal age to be responsible for the child and remain in the reception area for the duration of the child's appointment.
   C. Children usually respond better to treatment when a parent or guardian remains in the reception area during treatment.
   D. Only the patient receiving treatment will be allowed in the treatment area. Other individuals accompanying the patient must wait in the reception area unless a faculty member or student specifically asks for someone to enter the treatment area.
4. **ALL TREATMENT IS PERFORMED BY DENTAL HYGIENE STUDENTS AS A PART OF THEIR CLINICAL EDUCATION AND IS COMPLETED UNDER THE SUPERVISION OF DENTAL HYGIENE FACULTY.**
   A. Procedures performed on patients may include disclosing agents, taking impressions, exposing radiographs (x-rays), charting periodontal pocket depths and other oral conditions, intraoral and extraoral examinations, vital signs, administering local and topical anesthetics, and debridement (scaling).
   B. The primary function of the Dental Hygiene Clinic is to teach students dental hygiene procedures to clinical competency.
   C. Student procedures are supervised and evaluated by the dental hygiene faculty before, during and after the treatment. These evaluations add to the treatment time.
   D. It is expected that patients will cooperate in enhancing student's proficiency in clinical procedures.
   E. If a patient is unable or unwilling to cooperate in any procedures, the dental receptionist or one of the dental hygiene faculties must be informed at once before treatment is continued. Treatment may be terminated at this point.
   F. The clinic provides dental hygiene services. Occasionally, additional dental services may be provided. The services provided at the dental hygiene clinic are dictated by the curricular and educational goals/objectives of the dental hygiene program. Therefore, the patient must visit a private dentist regularly to complete his/her care.
   G. The dental hygiene clinic is not responsible for a patient's failure to obtain follow-up dental care.

5. **IT IS UNDERSTOOD THAT:**
   A. Radiographs (x-rays) may be taken as necessary for treatment.
   B. Patients may, upon a dentist's request, obtain a copy of their radiographs and take them to the dentist. Patient should contact the dental hygiene clinic to request radiographs to be prepared for pick-up.
   C. Fluoride treatment will be provided to all patients unless contraindications to such a treatment are indicated.
   D. Selective polishing is the preferred method to remove stain – if present.
   E. Treatment may be deferred or refused if, in the judgment of the dental hygiene faculty, it is in the best interest of the patient or student to do so.
   F. It is possible that during treatment a defective restoration may be inadvertently removed. The Dental Hygiene Clinic does not assume responsibility for the cost involved for replacement of the restoration.
6. **PAYMENT IS EXPECTED BEFORE SERVICES ARE RENDERED**
   A. If treatment is not completed within an 8 week period the patient will have to pay the fee again.
7. **PATIENTS ARE REQUIRED TO ANSWER ALL REQUESTS FOR INFORMATION FULLY AND TRUTHFULLY.**
   A. Patients should advise the student and faculty of any allergies and/or other health problems.
   B. Students will not be allowed to perform procedures if the patient fails to provide adequate information.
8. **BECAUSE THIS IS A TEACHING INSTITUTION, PATIENTS MAY BE ASKED TO HAVE INTRAORAL AND/OR EXTRAORAL PHOTOGRAPHS TAKEN OR TO ALLOW SPECIFIC PROCEUDRES TO BE VIDEOTAPED.**
   A. These procedures will only be used for educational purposes and the patient's identity will be held in the strict confidence.
   B. All attempts will be made to only video/photograph teeth; excluding the patient's face from the view.
9. **DENTAL PATIENT BILL OF RIGHTS:**
   A. You have a right to schedule an appointment in a timely manner.
   B. You have a right to see the supervising dentist during treatment at the dental hygiene clinic.
   C. You have a right to know in advance the type and expected cost of treatment.
   D. You have a right to expect students and faculty to use appropriate infection and sterilization controls/procedures.
   E. You have a right to ask about treatment alternatives and be told, in language you can understand, the advantages and disadvantages of each.
   F. You have a right to ask students/dental hygiene faculty/supervising dentist to explain treatment options regardless of coverage or cost.
   G. You have the right to know the education and training of the dental hygiene faculty and supervising dentist.
   H. You have the right to know that all treatment, record keeping and information gathered are held in the strictest confidence.

I have read, understand and agree to comply with the above policies and I request dental hygiene services, which are necessary for proper treatment of my oral condition.

Patient/Guardian Signature_____Date_____