

PATIENTS' RIGHTS, RESPONSIBILITIES AND CONSENT FORM

Welcome to the NDSCS Dental Hygiene Clinic. We are pleased that you are seeking care at our clinic. Our goal is to provide you with the highest standard of care possible. Please review- the following information that lists your patient rights and responsibilities as well as your consent to treatment in the NDSCS Clinic.

Your rights and our responsibilities include:

- Respectful and confidential treatment: a more private setting may be requested to review your medical history or treatment plan if you feel a lack of privacy. All staff and students have been trained in the area of record privacy. A privacy official has been designated.
- Complete treatment within the limits of this educational setting and the limitations of student skills, which requires patient cooperation, dependability and participation.
- Being informed of your dental hygiene diagnosis, recommended treatment and extent of treatment that can be provided at the NDSCS clinic. You will also be informed of the risks associated with treatment or lack of treatment prior to treatment initiation.
- Being informed of the cost of treatment prior to the initiation of patient treatment.
- Proper infection control based on standards required by the Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control (CDC).
- A referral for dental or medical services not offered at this clinic.

Your patient responsibilities include:

- Attending appointments as scheduled. The quality and completion of patient treatment depends on your timeliness and availability. Patients who are not dependable may no longer be eligible for dental hygiene treatment at the NDSCS Clinic. If you are unable to keep your appointment, please call the clinic at least 24 hours in advance so the student or clinic receptionist can fill your vacancy (students are ultimately responsible to fill the opening).
- A parent or guardian must accompany a minor child during the majority of patient treatment.
- A nominal fee will be charged for services and must be paid at the time of treatment. NDSCS student fees may be charged to your student I D. number if you cannot pay with cash or check.
- Completion of an accurate medical/dental history prior to the initiation of dental treatment. Our ability to treat you appropriately depends greatly on this information.
- Continued care with your dentist or specialist. NDSCS treatment does not include a complete exam by a dentist: therefore, it is recommended you continue yearly dental exams at your dental office. Your radiographs will be sent to your dental office upon your request.

Patient Records:

- All patient records and diagnostic aids such as x-rays are the property of this institution; however, patients may request copies of their records (copy charges may be assessed).

Educational Setting:

- Since this is an educational setting, a typical appointment proceeds much slower than in a private dental practice and may last 3-4 hours, multiple appointments may be required.

To ensure your safety and the quality at the services provided, licensed dental and dental hygiene faculty will evaluate treatment.

- It is the function of the NDSCS Clinic to meet the educational needs of students. This factor limits the extent of treatment offered; therefore, we cannot accept all patients. Appropriate referrals to private practice or specialists will be made as deemed necessary.
- In unusual circumstances it may be deemed that student provided treatment is not appropriate and a referral to private practice or a specialist may be necessary.

- Although we try to ensure treatment by an individual student, it may be necessary for you to be treated by more than one student. We would ask your permission if this is needed.
- Minor children (not scheduled for services) who accompany an adult to an appointment can hinder the progress and quality of treatment provided and may pose a safety hazard to the minor. It is recommended that minor children do not accompany adults to their appointment unless they too are scheduled for treatment at the clinic.

PATIENT CONSENT

I have read and understand the above patient information and hereby give permission for Diagnosis and treatment for myself or my minor patient. I understand the treatment is to be provided by a Dental Hygiene Student or Dental Assisting Student who is supervised by a faculty dentist, dental hygienist or dental assistant.

I understand it is my responsibility to ask for clarification of the diagnosis, treatment plan, or risks of treatment if I do not fully understand the treatment plan for my services.

I further authorize the institution to use photographs, radiographs, or my record for educational purposes. It is understood that the use of my records shall not be identified by name.

Patient (or Guardian) Signature

Date

**A patient has the right to refuse to sign this acknowledgement; however, NDSCS Dental Clinic may then reserve the right to refuse care.*