

## Patient Consent for Treatment

Please read this entire document about the Clark College Dental Hygiene Clinic processes, your responsibilities, and your rights as a patient. Please ask us questions about this document – we are happy to explain. We will also give you a copy of this document upon request.

The Clark College Dental Hygiene Clinic is a teaching facility; therefore, the following apply:

- The main purpose of the Clark College Dental Hygiene Clinic is to prepare dental hygiene students for dental hygiene practice.
- If patient dental needs are not of the nature to provide such experience, **they may not receive treatment** at the Clark College Dental Hygiene Clinic.
- Most treatments are performed by dental hygiene students under the supervision of licensed clinical Instructors as well as supervising dentists from the community.
- Dental treatment(s) at the clinic takes more time than the same treatment(s) in a private office.
- The clinic cannot provide the full range of routine or ongoing dental care. If needed, a referral list of dentists will be provided.
- All records and materials concerning patient care become the property of Clark College and will be used for educational purposes only. Educational purposes may include case presentations and educational seminars.
- The open environment in the clinic may result in conversations and/or treatment being heard or observed by others.
- The clinic reserves the right to refuse treatment to any patient whose own health is at risk, whose case does not add to the learning objectives of the clinic, who is uncooperative, who engages in harassment of any kind, or who violates Clark College policy (including but not limited to discrimination/harassment, weapons on campus, or Student Code of Conduct).

### Patient Responsibilities

- *I understand if on one occasion, I am either late or fail to keep an appointment without giving at least 24-hour notice, I may no longer be eligible for treatment at the Clark College Dental Hygiene Clinic.*
- I understand I must provide a full and accurate history of my medical and dental treatment(s)/condition(s) to receive safe, high-quality care. I must also report changes in medical status. I further understand that my doctor or dentist may be contacted for more information prior to my treatment.
- I understand that dental hygiene services must be paid for at the time of treatment. The clinic is not able to process billing, insurance, or credit.
- I understand that if my treatment needs, including fillings, matches student requirements, I may or *may not* be called for an appointment. If appointed for fillings, all necessary work may or *may not* be completed at the Clark College Dental Hygiene Clinic.
- I understand that treatment will be refused if my behavior is inappropriate. Examples include, but are not limited to, refusing to follow the clinic rules, aggressive and uncooperative behavior, engaging in harassment of any kind, and inappropriate or profane language. These behaviors will result in ineligibility for treatment at the Clark College Dental Hygiene Clinic.
- I understand that if I am found to be impaired or visibly under the influence of mind-altering substances (including marijuana, alcohol, various medications, etc.) I will be denied care and dismissed from the clinic due to the inability to give informed consent and the possibility of harmful drug interactions.



### *Clark College Dental Hygiene Clinic*

- I understand that I need to keep my contact information updated with the clinic.

### **Patient Rights**

- Considerate, respectful, and confidential treatment that meets the standards of care in the profession.
- Impartial, reasonable access to care and treatment regardless of one's race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, citizenship, immigration status, or use of a trained guide dog or service animal.
- Complete and current information about your condition(s), and knowledge of the cost of all services prior to treatment.
- Be fully informed of treatment recommendations and alternatives, the expected costs and outcomes, the option to refuse treatment, and the risks of no treatment.
- Treatment regardless of disclosure of HIV or AIDS.
- Information about the infection control and bloodborne pathogens policy for the Clark College Dental Hygiene Clinic.
- Confidentiality of dental records and other individually identifiable health information used or disclosed by us in any form, on paper, electronically, or orally.
- Your personal health information will not be disclosed outside the Clark College Dental Hygiene Department without your written consent.

### **Patient Authorization**

- I give permission for the Dental Hygiene Department to leave messages on my voice mail, or with another person in my home, or at any number provided by me.
- I give permission for the Dental Hygiene Department to arrange and confirm appointments with me via calls, text messages or voice messages.
- I authorize the necessary communication between the Clark College Dental Hygiene Clinic and my physician/dentist for the purpose of clarifying any health/oral health condition(s) I have which may require dental treatment modification.
- I authorize all dental hygiene services that have been diagnosed, planned, and explained to me, to be performed by Clark College Dental Hygiene students, faculty, and dentist.
- I further reserve the right to revisit recommendations made throughout my series of appointments.

*This document is for information purposes only –*

*Consent will be signed at beginning of appointment series.*