



Clark College
Dental Hygiene Department

This document contains two sections:

1. Consent for Treatment
2. Notice of Privacy Practices Acknowledgment.

Section 1: Consent for Treatment

I understand I have certain rights and responsibilities regarding my treatment at the Clark College Dental Hygiene Clinic. I understand the clinic is a teaching facility, and its main purpose is to prepare dental hygiene students for dental hygiene practice. I understand if my dental needs are not of the nature to provide such experience, I may not receive treatment at the Clark College Dental Hygiene Clinic.

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

- 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.
- Your personal health information will not be released outside the Clark College Dental Hygiene Department without your written consent. All records and materials concerning your 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 if my need for 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 I must provide a full and complete history of my medical and dental treatment(s)/condition(s) to receive safe, high quality care. I further understand that my doctor or dentist may be contacted for more information prior to my treatment.
- 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 dental hygiene services must be paid for at the time of treatment. There is no mechanism for billing or credit.

Patient Rights:

- All dental records and other individually identifiable health information used or disclosed by us in any form, on paper, electronically, or orally are kept properly confidential.
- You have the right to considerate, respectful, and confidential treatment.
- You have the right to receive complete and current information about your condition(s), knowledge of the cost of all services prior to treatment, and treatment that meets the standards of care in the profession.
- You will be provided with an explanation of treatment recommendations and alternatives, the expected costs and outcomes, the option to refuse treatment, and the risks of no treatment.
- If you volunteer that you are HIV positive or have AIDS, your treatment here will not be affected.
- You have a right to information about the infection control and bloodborne pathogens policy for the Clark College Dental Hygiene Clinic.
- If you feel your privacy rights have been violated, you may file a written complaint with the Director of the Dental Hygiene Program.



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 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 the Clark College Dental Hygiene Clinic to release radiographs and information from my file to my dentist.

I authorize all dental hygiene services diagnosed, planned, and accepted by me.

The parent/guardian must remain in the reception area during treatment for any child age 12 years and under.

The parent/guardian must sign the Consent for Treatment and Notice of Privacy Practices Acknowledgement form for any child age 17 years or younger.

Section 2: Notice of Privacy Practices Acknowledgement

We keep a record of the health care services we provide to you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting the Director of the Dental Hygiene Program.

Our ***Notice of Privacy Practices*** describes in more detail how your health information may be used and disclosed, and how you can access your information.

I understand the clinic is a teaching facility, and its main purpose is to prepare dental hygiene students for dental hygiene practice. I understand if my dental needs are not of the nature to provide such experience, ***I may not receive treatment*** at the Clark College Dental Hygiene Clinic.

I give permission for my status/treatment to be shared with my guardian and/or caregiver.

Patient Signature (or legally authorized individual signature)

Date

Witness Signature (if signed on behalf of the Patient)

Date