



## Pacific Dental Hygiene Clinic Patient Information & Consent

Welcome to Pacific Dental Hygiene Clinic. We are committed to providing you with comprehensive dental hygiene services which conform to established standards of care and meet your individual needs.

**For your health, and the health of others, use of tobacco products is not permitted at the Pacific University Hillsboro Campus.**

As a patient, you have the following **Rights**:

1. To receive comprehensive dental hygiene services based on your individual needs.
2. To be informed of your significant findings and dental treatment needs.
3. To be presented with a treatment plan and treatment costs.
4. To be advised of the benefits and risks of treatment, as well as alternatives to treatment.
5. To be treated in a safe and clean dental environment.
6. To be examined with a reasonable degree of privacy regarding medical conditions, oral health and patient records.
7. To expect that your records will be kept in a confidential manner.
8. To be advised of your need for additional dental treatment.
9. To be referred for dental treatment which cannot be provided by this clinic.
10. To be treated with consideration, respect, and dignity at all times.
11. To request reasonable accommodation if you have a disability.
12. To evaluate the treatment you receive through a confidential survey form.
13. To speak with a staff member if you are dissatisfied with your treatment.
14. To opt out of having biometric images (intraoral photos and or x-rays) used for educational purposes.

As a patient, you have the following **Responsibilities**:

1. Be thoughtful of other patients and visitors.
2. To provide complete information about your health status and previous dental care.
3. To arrive to your appointment on time, stay for duration (4hrs) of the appointment and be flexible with the student/clinic schedule.
4. To give 48 hour notice if you cannot keep a scheduled appointment.
5. Be financially responsible for all care received.
6. To participate in your treatment by following recommendations for home care.
7. Ask questions when you do not understand.
8. Notify the front office staff of any changes in your record.
9. To follow up with referrals for medical or dental consultations.
10. To maintain all communication between patient and provider at a professional level.
11. To notify the front office if I wish to opt out of having biometric images (intraoral photos and or x-rays) used.

Pacific Dental Hygiene Clinic reserves the right to refuse treatment if the patient's medical condition contradicts routine dental treatment, the patient refuses radiographs, the patient does not cooperate with recommended treatment or the patient does not meet the educational needs of the students.

Pacific Dental Hygiene Clinic reserves the right to dismiss a patient when two or more appointments are cancelled without 48 hour notice and/or if a patient fails to show up for scheduled appointments. If you are dismissed, you will have an opportunity to return after completing 2 stand by appointments (without any guarantee of being seen). It is possible that in the first or second attempt no cancellations will come available but this will give you the opportunity to reestablish yourself as a patient at our clinic.

By completing the patient intake form and selecting the preferred method of communication for appointments, you are aware of the inherit risk involved with using unsecured communications with the provider for the Pacific Dental Hygiene Clinic and confirms the use is acceptable. You acknowledge the risk of using unsecured communication, such as standard email and SMS text messaging, and that Protected Health Information may be intercepted with no guarantee of confidentiality of the appointment.

**All patients will be referred to their dental care provider for additional dental care. We are a teaching institution and our services are not intended to replace comprehensive dental care provided by a dentist. We may not be able to provide routine recall visits due to the educational needs of our students.**

**ALL DENTAL TREATMENT WILL BE PROVIDED BY DENTAL HYGIENE STUDENTS UNDER THE DIRECT SUPERVISION OF LICENSED DENTAL HYGIENISTS AND DENTISTS.**

**By signing this consent, I acknowledge and agree that I have read the patient right and responsibilities.**

**Patient Signature** (Parent/Legal Guardian) \_\_\_\_\_ **Date** \_\_\_\_\_