

Acknowledgment of Receipt of Privacy Notice

By signing this form, you are only agreeing that you have received a copy of the UAMS Notice of Privacy Practices.

Patient Signature

Date

Print Legal Representative's Name (if applicable)

Legal Representative's Signature

STAFF USE ONLY

We provided the Notice of Privacy Practices and attempted to obtain written acknowledgment but acknowledgment could not be obtained because:

Patient or Legal Representative declined to sign the Acknowledgment of Receipt.

Other (please specify) _____

Printed Name of Employee Completing Form

Date

Signature of Employee Completing Form

UAMS Location



UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
Department of Dental Hygiene
Dental Hygiene Clinic

**** Revised September 2006 ****

CLINIC POLICIES
STATEMENT OF PATIENT RIGHTS
CONSENT FOR TREATMENT

The Dental Hygiene Clinic of the University of Arkansas for Medical Sciences is a teaching facility designed to provide clinical education and experience to dental hygiene students while providing high quality preventive dental hygiene care to patients. Because teaching students is the primary responsibility of the Clinic, we would appreciate your patience and cooperation in assisting us in our efforts.

CLINIC POLICIES

Appointments

- ◆ Appointments are scheduled for approximately 1-1/2 to 2 hours in length.
- ◆ Depending upon your individual needs, several appointments may be necessary to complete your treatment.
- ◆ We request your cooperation in appearing on time for your scheduled appointments.
- ◆ Broken appointments place an undue hardship on the student and hinder their progress in Clinic.
- ◆ If you are unable to keep your appointment, please notify the receptionist at 686-5733.
- ◆ If you do not appear for your appointment it will be considered a broken appointment. Two (2) broken appointments will result in your dismissal as a patient in the Clinic.
- ◆ To be able to keep our fees low, parking validation is NOT provided by the UAMS Dental Hygiene Clinic. Patients are to park in the UAMS Patient and Visitor Parking deck.

New Patients

In the interest of providing comprehensive preventive care to our patients, the UAMS Dental Hygiene Clinic will provide all new patients over the age of 18 years an appointment for a "New Patient Evaluation" which will include the following:

- ◆ Medical History Review and vital signs
- ◆ Intra / Extraoral Exam
- ◆ Dental charting and exam by the supervising dentist
- ◆ Periodontal Assessment to include full mouth probing
- ◆ Appropriate Radiographs (to be determined by patient's individual needs)
- ◆ Exam by the dental hygiene instructor
- ◆ Individualized Patient Education
- ◆ Oral Hygiene Instructions
- ◆ Treatment Planning
 - The approximate cost of your treatment and approximate number of appointments needed to complete your care will be explained to you at this time.
 - If you require advanced periodontal treatment, several appointments may be required to complete your care.
 - Treatment alternatives, expected outcomes of treatment, and risks of no treatment will be discussed with you.
- ◆ The cost for this service is \$25.00, which includes x-rays.
- ◆ NO cleaning will be performed at this time. As outlined in the treatment plan developed, you will be reappointed for the appropriate type and number of appointments.

X-rays

- ◆ X-rays are a necessary part of your diagnosis and treatment; therefore, current x-rays are required of all patients.
- ◆ The type of x-rays prescribed by the dentist will be based upon your individual needs.
- ◆ Updated x-rays can be taken here or mailed to us from your dental office.
- ◆ If taken here, the x-rays can be mailed to your dentist upon your request after they have been evaluated by our supervising dentist (usually a 1-3 day time frame).
- ◆ Refusal to have x-rays taken or provide current x-rays from your dentist's office will prevent us from being able to see you in our clinic, as x-rays are necessary for optimum patient care.

Infection Control

- ◆ For your protection, all dental instruments are sterilized and dental units are disinfected after each patient.
- ◆ Students and faculty are required to wear masks, gloves, and glasses during patient treatment.
- ◆ The Department of Dental Hygiene strives to adhere to the infection control guidelines of the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration.

Payment

- ◆ Payment for services is due at the time treatment is provided.
- ◆ Because we do not bill for services, payment must be made by cash or check only.
- ◆ You will be issued a receipt for services and fees and if you have dental insurance you may submit your receipt directly to your insurance company for reimbursement.
- ◆ Fees for services are posted in the reception area.

Children and Minors Under 18

- ◆ All minors must have the medical history and consent for treatment signed by a parent or guardian prior to treatment.

PATIENT RIGHTS

- ◆ As a patient you have the right to considerate and high quality dental hygiene care appropriate to your oral health needs.
- ◆ All treatment will be rendered under the supervision of UAMS faculty members and meet the highest standards recognized by the dental hygiene profession for practice.
- ◆ The UAMS Dental Hygiene Clinic does not discriminate on the basis of age, sex, race, or handicapping condition. Should you require special care due to a handicap or impairment, please inform the staff.
- ◆ After a comprehensive oral examination you will be informed of your oral health status and treatment needs.
- ◆ You have the right to refuse any or all treatment at which time you may be referred for treatment elsewhere.
- ◆ Upon your acceptance of the recommended treatment, it is your responsibility to make your scheduled appointments and complete the treatment planned for you.
- ◆ The treatment performed may not constitute full and comprehensive dental care. Should you require additional dental care, you will be referred to a practicing dentist.

CLINIC POLICIES

- ◆ My signature below indicates that I have received a copy of the UAMS Dental Hygiene Clinic Policies and Patient Rights Statement, and that I have read these policies and agree to abide by the stated policies of the UAMS Dental Hygiene Clinic with regard to:
 - appointment length, broken appointments, parking
 - new patient evaluation appointments
 - x-rays
 - infection control standards
 - payment
 - treatment of minor patients.

Signature: _____ **Date:** _____

CONSENT FOR TREATMENT

- ◆ I understand that the care provided is primarily preventive in nature and does not constitute comprehensive dental care.
- ◆ I have received, read, and signed the UAMS Notice of Privacy Practices form.
- ◆ I hereby give permission to the faculty and students of the Department of Dental Hygiene to provide any and all necessary dental hygiene services for myself/my child, (name of patient) _____.

Relationship to patient: _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

**** PLEASE COMPLETE NEW FORM ****