

**JACKSON COLLEGE
DEPARTMENT OF DENTAL HYGIENE
PATIENT INFORMATION AND CONSENT FORM**

PATIENT CARE SERVICES

You have requested an appointment in the Jackson College Dental Hygiene Clinic, which is a teaching and learning oral health care facility. Please read the following information about our Clinic and sign your name upon completion:

I understand that all work will be performed by students under the supervision of a registered dental hygienist and supervising DDS. Services are ordinarily harmless, but cannot be guaranteed. I understand that student(s) assigned to this work are doing so as part of the learning process and should not be rushed. I accept full responsibility for any possible damage that may result directly or indirectly to my teeth or gums. I will not hold the students(s), instructor(s), or Jackson College liable and assume all risk of the work being performed. Student hygienists must meet certain patient requirements as part of their professional preparation. Because this is a learning experience for the students, you must meet certain clinical criteria to be selected as a patient. The student's time is valuable, therefore consistent tardiness, two (2) or more cancellations or no shows may result in dismissal as a clinical patient. Dental hygienists are not allowed to diagnose conditions, and the dental hygiene services that you will receive do not constitute a complete dental examination. **We do not serve as your dental provider, therefore you must visit a dentist for a complete examination and diagnosis, as well as restorative treatment following completion of your dental hygiene services with our clinic.**

Depending on your dental hygiene needs, you may receive the following patient care services during your appointments at the Jackson College dental hygiene clinic: oral hygiene instructions, oral assessment, definitive scaling and debridement, pain management, polishing procedures, topical fluoride treatments, pit and fissure sealants, impressions and study casts, mouth guard fabrication, desensitization, nutritional counseling, radiographs, and/or health screenings. Services are preventive and non-diagnostic, therefore faculty and students cannot be held responsible for non-diagnosis or mis-diagnosis of a condition.

Your student dental hygienist will make recommendations on home care instruction and suggest a time for recall appointments. The student dental hygienist will make you aware of your current oral health/disease status and recommend appropriate consultation(s) for care.

Every effort is utilized to protect patients, students, and faculty from transmission of infectious disease and other health risks. Some examples include sterilized instruments, the use of disposable items, radiographic techniques, and protection devices.

POLICY ON BLOODBORNE INFECTIOUS DISEASES/COMMUNICABLE DISEASES/MEDICAL CONDITIONS

If you have any active state of TB, flu, fever, or influenza, please postpone your appointment until a later date.

For your protection and to prevent the spread of infection, patients may need to be rescheduled or have a consult with their physician prior to treatment, if any of the following are present:

- Strep throat/influenza
- Bloodborne Infectious Diseases (i.e., hepatitis, and HIV)
- Other infectious/contagious diseases (i.e., active/carrier state of Hepatitis B, C, sexually transmitted diseases)
- Exudative lesion/weeping dermatitis in the head and neck regions (i.e., fever blister, cold sores, sun poisoning)
- High blood pressure
- Any condition such as a heart defect, prosthetic implant, etc., which may require premedication will necessitate approval of attending physician prior to treatment. It is the patient's responsibility to obtain appropriate premedication from the physician or documentation from the physician that none is needed. Failure to provide the above will necessitate not being accepted as a patient.
- Active tuberculosis patients will not be treated until a clearance letter has been received from the physician responsible for the TB treatment management.

If a significant amount of time has occurred since your last physical examination, you may be referred for a medical consult prior to treatment.

If during your course of treatment, a significant exposure incident occurs, you will be asked to have a baseline HIV, HBC, and HCV blood test taken immediately following the incident. This can be done at the Allegiance Health Clinic located next to the Dental Hygiene clinic.

APPOINTMENT INFORMATION

Please plan on spending anywhere from 2 to 4 hours per visit because this is a teaching clinic and each step in the procedure will be checked by faculty. You may need to be scheduled for additional visits. Completing your procedure is important in order to provide complete and optimal dental hygiene treatment. The students do receive grades for their clinical performance on patients, and it is important for both the student hygienist and you to complete the dental hygiene treatment. However, if you must reschedule your appointment, please let us know at least 24 hours in advance.

CLINIC DISRUPTION POLICY

If any individual or patient commits an act of disruption which interferes with the operation of the dental hygiene clinic, the patient will be asked to leave the clinic voluntarily. If the patient refuses to do so, campus security will be contacted and that individual (and all others involved in the disruption) will be removed from the clinic area and building immediately.

CHILDCARE

We do not have childcare facilities on campus. Therefore, if you have small children who do not have clinical appointments, please arrange for their care as we cannot provide babysitting service in the clinic or the waiting area.

PAYMENTS

Certain services have required fees in order to cover the cost of supplies. Payment is expected upon check-in at the Reception Desk.

PARKING

Parking is free and available in any of the parking areas on the JC campus.

PATIENT RIGHTS AND RESPONSIBILITIES

We strive to provide considerate, respectful, and complete dental hygiene services in the process of satisfying student educational requirements. We will inform you of your current condition and provide you with a referral form upon completion. Any treatment necessary as a follow-up to the services students render as part of their learning experience is the responsibility of the volunteer patient. We will maintain confidentiality of your treatment and medical information. You have a right to expect confidentiality and security in the keeping and/or any authorized transmission of your dental records and a right to inspect those records. Jackson College Dental Hygiene Clinic is in compliance with the Health Insurance Portability and Accountability Act (HIPAA). The Clinic is in compliance with the Americans with Disabilities Act. For more information visit <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

YOU HAVE A RIGHT TO...

- ❖ know in advance the type and expected cost of dental hygiene treatment.
- ❖ expect dental team members to use appropriate infection control methods, such as sterilized instruments, gloves and masks.
- ❖ know the education and training of the dental team.
- ❖ know what professional rules, laws and ethics apply to the dental team.
- ❖ treatment that meets a high professional standard of dental hygiene care.
- ❖ be completely and accurately informed about your dental hygiene condition.
- ❖ courteous, respectful and confidential treatment.
- ❖ refuse any treatment.

- ❖ expect your dental hygiene needs to be met to the best of our ability.
- ❖ be advised of other dental needs outside of the scope of dental hygiene care.
- ❖ be informed of dental hygiene treatment recommendations, costs involved, as well as the advantages and disadvantages, and expected outcomes of each.

YOU HAVE THE RESPONSIBILITY TO...

- ❖ provide current and accurate medical history information.
- ❖ keep scheduled appointments on time.
- ❖ provide at least 24 hours notice when unable to keep an appointment.
- ❖ pay for services upon check-in at the Reception desk.
- ❖ follow the recommendations in an agreed upon, prescribed course of treatment.
- ❖ make known whether you clearly understand the treatment plan and what is expected of you.
- ❖ your actions and any Negative outcomes if treatment is refused or instructions and/or advice is not followed.
- ❖ provide detailed and timely information regarding changes in your condition.
- ❖ exhibit behavior that allows the delivery of Quality care.
- ❖ seek dental examination on a regular basis from the dental provider or specialist.

WELCOME!!!

Patient Signature

Date