

PATIENT AGREEMENT

Patient

Name: DOB:

Please review this document. If you have any questions, please ask.

GENERAL INFORMATION: *Thank you for choosing the University of New England College Of Dental Medicine for your oral health care needs. Our goal is to provide you exceptional care. Receiving care in a dental school setting is different from private practice and community clinics. Care is provided by students and supervised by licensed dentists. We partner with other UNE colleges and programs, such as Dental Hygiene, and their students may also be part of the team that provides your care.*

TREATMENT TIME: *Appointments will be approximately 3 hours in length. There are two main reasons the appointments are this long: (1) students are learning how to become dentists and will be slower than a fully licensed dentist and (2) students are closely supervised by licensed dentists who will need to check in several times during each appointment; these licensed dentists supervise multiple students at once and there can be a wait time until they are available.*

PHILOSOPHY OF CARE: *For patients seeking comprehensive care:* *Your first appointment will be a Screening appointment. If it is determined that you may be a good fit for the educational setting of our teaching clinic, you will have multiple subsequent appointments for a detailed Comprehensive Oral Evaluation. Only after your Comprehensive Oral Evaluation will we be able to make a definitive decision about your suitability for the school setting. If it is determined that you are a suitable fit for our program, we will then start treatment in a sequenced and phased way.*

We provide comprehensive care which focuses on treating diseases in your mouth before proceeding with replacement of teeth, cosmetic, and elective treatment. We provide evidence-based, patient-centered care. This means that treatment options may vary from patient-to-patient based on each patient's individual needs and circumstances, including medical history and medications.

SIMULTANEOUS TREATMENT AT OUTSIDE DENTISTS: *Once you initiate treatment with the Oral Health Center, you may not simultaneously receive dental care from an outside dentist unless we refer you for a specific procedure that is outside of the scope of our students. For individuals who live in another geographic location for part of the year, if dental care is obtained from another dental office while you are away, records from that office must be provided to our office before we can resume your care. This includes treatment notes and radiographs/x-rays.*

ATTENDANCE EXPECTATIONS: *We ask all patients to come on time (or a few minutes early) and be available for the full duration of the appointment. If patients have checked in more than 30 minutes late, we reserve the right to reschedule. If patients have a pattern of checking in more than 30 minutes late OR canceling with less than 24*

hours' notice OR not notifying us at all that you are not coming to an appointment, we will no longer be able to provide care to you and you will need to find another dental provider. We consider a pattern to be 3 instances of any of the above in a 12-month period.

COMMUNICATION: *We need to be able to contact you. Please be sure that the telephone number we have for you is current, your voice mailbox is set up, and please be sure to return messages. Students and providers are not permitted to communicate with patients by text.*

CONSENT TO NON-INVASIVE DIAGNOSTICS AND PROCEDURES: *Diagnostic exams and tests are critical to accurately diagnosing the conditions in your mouth. This includes examinations, radiographs (x-rays), photographs, digital scans, and others. Non-invasive treatment includes cleanings, deep cleanings, fillings/restorations, crowns/caps, bridges, and dentures. By signing this form, you authorize your care providers to perform these diagnostics and treatments as appropriate. The indications, risks and benefits will be explained to you. In the event that alternatives are available, these will also be explained to you. You will ask questions to understand your options. For invasive procedures, an additional procedure-specific consent form outlining the indications, risks, benefits, and alternatives of treatment will be reviewed with you prior to the procedure. Patients who refuse x-rays or other necessary diagnostics or who insist on treatment with which we do not agree or that is outside of our scope will be asked to find another dental provider.*

MINORS: *For minors (patients under the age of 18), a parent or legal guardian must be present at all appointments where treatment options are being discussed. For other appointments, a parent or legal guardian can designate a proxy to accompany a minor patient. This must be arranged with an Oral Health Center staff member, and a signed designation form must be on file prior to any appointments where this will be exercised.*

URGENT & EMERGENT CARE: *Urgent and emergent dental treatment is intended to provide relief of severe pain and infection for individuals in acute need. Comprehensive care patients-of-record will have access to a 24-hour dental emergency service. There may be a charge associated with this service.*

A walk-in first-come, first-served urgent care clinic is also available to individuals who are not patients of record. This service is only available during our business hours.

FINANCIAL RESPONSIBILITY: *Patients are responsible for full payment for all dental services at the time they are provided, prior to being seated. In order for you to be prepared to pay at each appointment, fees (or fee estimates) for scheduled procedures will be provided to you before scheduling each appointment. Fee schedules may change.*

DENTAL INSURANCE: *The UNE Oral Health Center accepts insurance assignments from Northeast Delta Dental and MaineCare only. Fee estimates are provided prior to initiating care, however if you wish for a more detailed account of what will/will not be covered, you may request a pre-determination or pre-authorization.*

For all other carriers, as a courtesy, we will assist you with dental insurance submission by providing a coded and itemized list of the treatments rendered to you so that you can submit this to your insurance carrier and receive your reimbursement. The patient portion of the fee is due at the time of the appointment, prior to being seated.

DENTAL MEDICAL RECORDS: *The dental medical record, radiographic images, photographs, videos, casts and other diagnostic aids relating to your treatment are the property of the UNE Oral Health Center. You have the right to inspect such materials and to request a copy of your dental medical records and radiographic images. A reasonable fee may be required for copying these items.*

You may also request to have your dental radiographic images sent to another health care provider by signing a release form.

The UNE Oral Health Center complies with requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act. You will receive separate information, forms, and consent forms outlining our privacy practices. In addition, your dental medical record may be used for educational purposes. If used, your identity will not be disclosed to individuals not involved in your care and treatment.

TERMINATION OF PATIENT-PROVIDER RELATIONSHIP: The UNE Oral Health Center reserves the right to terminate the patient-provider relationship with a patient.

Dismissal is Oral Health Center-initiated and may occur because the treatment needs are outside the scope of the school, a patient refuses comprehensive care, a patient does not comply with the agreed-upon treatment plan, a patient refuses radiographs or other necessary diagnostic aids, a patient seeks simultaneous care outside of UNE OHC while being an active patient of record for comprehensive care, a patient or companion exhibits inappropriate behavior or is unwilling or unable to comply with the Patient Rights & Responsibilities, a patient repeatedly presents to appointments intoxicated and disruptive, or unable to give consent for scheduled treatment, a patient is unable to meet attendance expectations, as outlined above. Patients who are dismissed will have access to emergency care for 30 days and will subsequently no longer be considered a patient-of-record. Patients who are dismissed will not be reinstated.

Discontinuation is patient-initiated and these patients may be re-accepted on a case-by-case basis.

Inactivation is Oral Health Center-initiated when we are unable to contact patients to continue care. These patients may be reinstated.

AUTHORIZATION: If I am accepted as a patient of record in the UNE Oral Health Center program I understand that a student dentist(s) under the supervision of licensed dentists will explain to me the nature of the procedure, the expected benefit, the availability of alternative methods of treatment with corresponding fees and the risks of no treatment. I hereby acknowledge, agree and give my voluntary consent for treatment provided through the UNE Oral Health Center that includes, but is not limited to, routine diagnostic procedures, laboratory tests, x-rays and other treatment. I understand that my treatment may include a variety of interventions. I am aware that the practice of dentistry is not an exact science and I acknowledge that no guarantees have been made to me as to results of examination and treatment received at UNE Oral Health Center. I acknowledge that my care is under the direction of my treating professional(s) and I represent that I will follow the instructions of my professional(s) in the provision of said care.

Your signature on this form certifies that you have read and understand the information provided on the form, that you have received a copy, and that you accept dental care and treatment under described terms and conditions.

Date: _____ Signature: _____

If signed by other than the patient, indicate relationship: parent or legal guardian: _____

(If used) Interpreter Language and ID# _____