**EAST TENNESSEE STATE UNIVERSITY**

**DENTAL HYGIENE CLINIC**

**PATIENT CONSENT FORM**

Welcome to the ETSU Dental Hygiene Clinical Program. This program is designed to provide a thorough education experience for students while providing quality preventive services. In order to accomplish these objectives, please read carefully the following policies of this department.

1. The services provided in this clinic are not a substitute for the routine checkup and regular services provided by a dentist.
2. All new patients as well as patients who have not visited this clinic within the past two years will be required to first obtain a one-hour screening appointment. Upon completion of this appointment, you will then be assigned to a student.

***Simple cases may not be seen in our clinic depending on appointment availability.***

These patients should seek dental treatment from their private dentist if not contacted by this clinic within six months.

***EVEN THOUGH YOU HAVE BEEN THROUGH THE SCREENING PROCESS,***

***YOU ARE NOT GUARANTEED A CLEANING APPOINTMENT.***

1. Student hygienists are performing these services; appointments will be lengthy and may require multiple visits.
2. X-rays will be sent to your private dentist on request for a small fee.
3. Students follow a strict schedule, please be on time for appointments.
4. Cancellation policy: Cancellations are requested 24 hours in advance of the appointment to allow the student hygienist an opportunity to fill the appointment time. The students’ clinical course responsibilities are extensive and dependent on patient compliance with appointments as scheduled. Therefore when a patient has three (3) cancellations documented in his/her file, we have the right to discontinue dental hygiene services from East Tennessee State University Dental Hygiene Clinic. We appreciate your time and consideration of these policies. Please sign below and return this form to the receptionist.
5. You may be denied treatment, if your condition is beyond the scope of our clinic.
6. Sometimes during the course of dental hygiene treatment, unexpected consequences may occur (such as losing a filling or crown). The dental hygiene clinic is not responsible. We do not have the personnel/equipment necessary for routine restorative care; therefore, we recommend that you see your family dentist for the necessary repair/treatment.
7. Permission is hereby given for treatment documented in my treatment plan and agreed upon by myself, my student clinician and faculty member including but not limited to x-rays, photographs, sealants, fluoride treatment, etc.

 *Thank You,*

*ETSU Dental Hygiene Program*

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Signature

**PATIENT’S BILL OF RIGHTS**

Patients receiving dental hygiene therapy at the Dental Hygiene Clinic at East Tennessee State University have the right to...

1. Informed participation in all decisions involving patient’s dental hygiene therapy program.
2. Privacy regarding source of payment for therapy. This includes access to care without regard to source of payment.
3. Complete and accurate information concerning the scope of care provided in the dental hygiene clinic.
4. Explanation in layman’s terms of all proposed procedures including possibility of risks and side effects.
5. A complete and accurate evaluation of patient’s condition and prognosis without treatment before giving treatment consent.
6. Designate another person to make treatment decisions for the patient.
7. Identify professional status and experience of all those providing care.
8. Not be discriminated against based on race, religion, national origin, sex, handicap or sexual orientation.
9. All information in patient’s record.
10. Not have any test or procedure designed for educational purposes rather than the patient’s direct personal benefit without the patient’s consent.
11. Refuse any particular drug, test or treatment.
12. Privacy of both person and information.
13. Informed consent including the following:
14. Description of recommended treatment
15. Description of risks and benefits of recommended treatment
16. Description of alternatives including risks and benefits of alternatives
17. Probability of success and what the therapist means by success
18. Problems anticipated in recuperation
19. Any other information generally provided by qualified therapist.
20. Comprehensive dental hygiene therapy.
21. Referral to dentist of record for examination and evaluation.
22. Request forwarding of dental records and radiographs to their dentist of record.
23. Expect treatment be delivered as scheduled.
24. Information regarding patient distribution and eligibility for treatment.

**FEE SCHEDULE**

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| **SERVICE** | **AMOUNT** |
| Dental Cleaning | $ 20 |
| Senior Citizens (Age 55 and Over ) | No Charge for Cleaning |
| Sealants | $12 each |
| Full Mouth Radiographs/Panoramic | $30 |
| Bite Wing Radiographs | $20 |
| Single Film | $ 5 |
| **No payment is required for x-rays unless the films are removed from the clinic** **by request of the patient or the patient’s dentist of record.**  |