

### Patient Rights and Responsibilities Statement

**Patient Name:**

**DOB:**

Welcome to the University of New England College of Dental Medicine Oral Health Center.

In order for us to provide optimal treatment, it is necessary for you to understand the following information.

#### Patient Rights

1. Considerate, respectful, and confidential care.
2. Timely, ongoing care until agreed treatment is completed.
3. Access to current and complete information about his/her oral condition.
4. An explanation of recommended care and alternate care and the advantages, disadvantages, costs, and time involved for each.
5. Informed consent to treatment and the option to refuse treatment with an explanation of risks of no treatment.
6. Availability of 24-hour emergency care, with which a charge may be associated.
7. Care that meets the standard of care for the dental profession including currently accepted infection control measures.

#### Patient Responsibilities

1. PROVISION OF INFORMATION: Patients/parents/guardians have the responsibility to provide, to the best of their knowledge, accurate and complete information about present dental complaints, past illnesses, hospitalizations, dental care, medications, and other matters relating to the patient's health. The patients/parents/guardians are responsible for indicating that they clearly understand the course of treatment considered and what is expected of them.
2. COMPLIANCE WITH INSTRUCTIONS, ASKING QUESTIONS, AND SATISFACTION WITH CARE:
  - a. Patients/parents/guardians are responsible for following the agreed upon treatment plan recommended and approved by their assigned student(s) and faculty.
  - b. Patients/parents/guardians also have the responsibility to ask questions if they do not understand a diagnosis, dental treatment, or instructions for follow-up care, as well as to communicate any limits of their abilities and/or circumstances to adhere to the agreed upon plan of care. They also have the responsibility to inform the people involved in patient care if they are not satisfied.
3. REFUSAL OF TREATMENT: Patients/parents/guardians are responsible for their actions and consequences if they refuse treatment or do not follow instructions of the students and faculty providers.

4. **FINANCIAL OBLIGATION:** Patients/parents/guardians are responsible for assuring that the financial obligations of patient health care are fulfilled as promptly as possible. Insurance assignment does not relieve the patients/parents/guardians from fulfillment of financial obligations.
5. **CLINIC RULES AND REGULATIONS:** Patients/parents/guardians are responsible for following clinic rules and regulations affecting patient care and conduct.
6. **RESPECT AND CONSIDERATION:** Patients and their family/friends/caregivers are responsible for being considerate of the rights, privacy, and confidentiality of other patients and clinic personnel and for being respectful of the property of other persons and the Oral Health Center clinic facilities. This responsibility includes the appropriate supervision of children in public and treatment areas. Failure to address these responsibilities and/or behaving in a manner deemed unsuitable for a health care environment could impact a patient's status and may lead to termination of patient care.
7. **APPOINTMENTS:** Patients/parents/guardians are responsible for keeping appointments and for notifying the clinic when unable to attend. The Oral Health Center expects patients to provide 24 hours' notice when canceling or rescheduling. Failure to keep appointments, not notifying the OHC when unable to attend, cancelling on short notice, or displaying a pattern of repeated cancellations, failures, and/or short notices (3 or more occurrences in a 12-month period) can lead to termination of the patient-Oral Health Center relationship.

**Please note:** The demands of the clinical educational environment can impact appointments and the length of time it takes to start and complete your treatment care plan. If your dental care needs are/become extensive/complex you could be declined as a patient of the Oral Health Center Practice, have only part of your care done by an assigned student(s), and/or you may be referred to the private sector.

My signature below indicates that I have read the College of Dental Medicine Oral Health Center's Patient Rights and Responsibilities Statement and will comply to the best of my ability.