

**University of New England – College of Health Professions  
Westbrook College Campus – Dental Hygiene Program**

**Informed Consent & Clinic Registration Form**

The University of New England Dental Hygiene Clinic is part of an institution committed to student learning and the advancement of knowledge through research. Our primary goal is quality education of dental hygiene students and excellence in patient services.

You should understand the following:

1. Students are required to obtain a thorough medical and dental history of each person prior to initiating any treatment. The goal of this procedure is to safely provide the highest quality of care. Some medical conditions may require a consultation between the student dental hygienist, a clinical faculty member, and the patient's physician. This consultation is necessary to ensure that the appropriate dental care may be planned. Although this may require delaying treatment until such treatment plans are established, it should be understood that no patient will be denied care unless such care is considered inappropriate by the patient's physician. All information revealed in the medical and dental history will be kept strictly confidential.
2. Treatment in our clinic proceeds more slowly than in a private office since the services are rendered by students, and are carefully checked by faculty members (licensed dental hygienist or dentist). Although it is the goal to complete all procedures for each patient, completion of all procedures cannot be guaranteed in any specified period of time.
3. Patients will be referred to a private dentist or dental clinic to receive any needed dental care beyond the limits of this institution.
4. **Failure to keep appointments without 24 hours notice or two cancellations, or two no-shows, may lead to your dismissal as a clinic patient.**
5. Diagnostic aids such as x-ray, photographs, plaster models, etc., are the property of the UNE Dental Hygiene Clinic. However, upon your written and/or verbal request, or that of your dentist, a duplicate set of x-rays may be sent with your signed authorization. Records are the property of the University and are not released, but all recommendations and observations are shared with you and your primary care dentist or a dental specialist by Patient Referral Form.
6. An important part of every dental hygiene exam is to verify that all dental restorations are secure. A cracked restoration, a loosely bonded plastic restoration, or a loose fixed bridgework can lead to tooth decay. All dental hygienists are trained to test each restoration with an instrument and report any defective restorations to the patient. Patients must realize that no dental hygienist using a hygiene instrument is strong enough to dislodge a satisfactory restoration. If any defective restorations are discovered the patient will be referred immediately to their dentist for the necessary work.
7. **Anonymous** data gathered from records may be used for educational and research purposes. If any research project conducted by this University intends to use patient data that could be tracked to a particular patient an additional informed consent document must be signed by each patient involved. In addition, before any research project of any design can be initiated the entire project must receive written approval by the University of New England, Institutional Review Board. This approval shall be available for inspection by any participating patient.
8. **You** are responsible for payment of all services rendered. Prices are subject to change without notice.
9. All cell phone use is prohibited in the clinic, this includes photography and social media usage. This policy is to protect the privacy of all patients.

## Patient's Rights and Responsibilities

Dental hygiene care in this institution is patient-centered and therefore focuses on the well-being of our patients. This statement is included to communicate and advocate the expressed wants and needs of our patients and to help the provider-patient relationship to realize excellence in care.

Patients can expect:

1. To be treated with respect, consideration, confidentiality and to uphold privacy.
2. A thorough assessment of their current needs, by student hygienists.
3. To be informed of appointment and fee schedules in advance.
4. To receive an explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments, to make an informed consent before any treatment is begun.
5. To receive treatment that meets the standard of care in the profession of dental hygiene.
6. To receive appropriate and timely referrals for other needed services.
7. Continuity and completeness of care.

### Patients are expected to:

1. To cooperate as partners in their care by asking for information and clarification, and to participate in goal setting and planning of treatment.
2. Comply with recommended or agreed upon therapies or actions of care.
3. Accommodate student learning needs by returning for further appointments, if required.
4. Attempt to keep scheduled appointments, so that student learning and patient care may proceed.
5. Recognize that care received by dental hygiene students under the supervision of qualified faculty is dental hygiene care. Any restorative or emergency dental care will require the expertise of a licensed dentist in your community.

I also agree to make payment for services in accordance with my treatment.

Having read the above, I verify that I understand the information contained there-in, and I grant the authority to the UNE-College of Health Professions, Dental Hygiene Clinic to perform treatment procedures deemed necessary for me.

\_\_\_\_\_  
Patient's Full Name (Print) / Patient's Signature or Responsible Adult Date

\_\_\_\_\_  
\_ If Responsible Adult, what is your name & relationship to dependent?

\_\_\_\_\_  
Address