

Dental Hygiene Clinic Patient Agreement

Harper College is a teaching institution that offers dental hygiene services to residents of the area. The patients who seek the services of the dental hygiene clinic are accepted on their merits as suitable educational experiences for the students. Based upon an initial screening appointment, you may or may not qualify as an acceptable patient. If your dental requirements are too complicated or your medical history indicates a potential problem, your treatment may be stopped or postponed after a consultation between the clinical dentist and the dental hygiene professional staff. You will then be advised to seek dental care from your personal dentist or other agency.

The following information provides a basis for an agreement between you and the college if you are accepted as a patient.

1. Screening:

- Your first appointment will be a screening at which time we will determine your dental hygiene needs and provide general information regarding your oral health status.
- The approximate length of the appointment and cost are provided in the Welcome letter.

2. Medical Conditions:

- Certain medical conditions may necessitate medical consultation with your physician prior to receiving dental hygiene services in our clinic.
- Patients who have active communicable infectious diseases will not be treated in the dental hygiene clinic until the infectious disease is no longer communicable or a physician has approved treatment following a written medical consultation.

3. Accidental Puncture:

- In the event your student dental hygienist is accidentally punctured by an instrument, you will be requested to have blood drawn for necessary lab tests.
- The cost of the lab tests will be paid by Harper College.
- By signing this document you are agreeing to the release of your dental and medical information to the Clinic should an accidental exposure occur.

4. Eye Protection:

- For the protection of your eyes, you will be asked to wear either the safety glasses provided by the clinic or your own glasses during treatment.

5. Treatment Provided:

- A medical and dental history will be completed.
- An **examination of the head & neck and oral structures** will be performed, which will determine your treatment plan.
- In addition to **dental hygiene care/periodontal therapy**, the following procedures may be done when indicated:
 - complete mouth series x-rays or bitewing x-rays and/or panoramic
 - oral cancer screening
 - charting of the teeth & supporting structures
 - vital signs and blood pressure screening
 - examination by dentist
 - plaque control education, nutrition counseling, and risk assessment for dental diseases
 - local anesthesia provided by students certified in local anesthesia administration
 - Nitrous oxide sedation provided by students certified in nitrous oxide
 - pit and fissure sealant placement
 - polishing of tooth surfaces
 - impressions for study models
 - application of desensitizing agents and fluoride
 - care of removable dental appliances

6. Personal Dentist:

- You will be asked to identify an emergency medical facility and a personal dentist or public dental health facility prior to any treatment.
- After your appointments are completed, you will be referred to your personal dentist or to a local public dental care facility, because the Harper College Dental Hygiene Clinic is only a part of your dental care—we are not your primary care dentist or dental care facility.

7. Clinical Fees: Clinic fees are to be paid at the time of the appointment.

8. Appointment Time:

- It is important for you to be prompt and keep all appointments. We request 48 hours' notice in advance if you are unable to keep your appointment.
- If you fail to keep your appointment, are tardy repeatedly or need to leave early, students lose valuable experience that may adversely affect their progress in the program.
- Three (3) consecutive failed appointments will result in dismissal from the dental hygiene patient clinic.

9. Number of Appointments:

- Several appointments may be necessary to complete your treatment.
- The time between the first appointment and the subsequent appointments will be kept to a minimum as much as the clinic schedule and the students' schedule allows.

10. HIPAA:

- We are required to maintain the privacy of your health information.
- We have posted the "Notice of Privacy Practices" in the reception area, and a copy will be given to you at your request.

11. Questions: If you have any questions concerning the condition of your mouth or teeth, we encourage you to ask the clinical dentist or dental hygiene staff.

12. Educational Setting:

- From time to time, photographs and television cameras are used in the clinic for education or publicity purposes. Occasionally patient radiographs, intraoral photographs, and aspects of the patient's chart is used in the classroom for educational purposes.
- Unless you inform us on the HIPAA Authorization document, we will consider your signing this agreement as authorization for you to be included in group photographs and television filming when these occur in the clinic.
- Unless you inform us on the HIPAA Authorization document, we will consider your signing of this agreement as authorization for Harper College to use part or your entire patient chart for educational purposes only.

Patient Compliance Agreement

I have read the preceding information and consent to the dental procedures performed by dental hygiene students as part of my supervised dental treatment. I have been informed of the findings from the screening appointment and the approximate cost of treatment at the Harper College Dental Hygiene Clinic. I understand that since this is a teaching institution I will be assigned to a student whose level of education requires the learning experience my dental condition provides. I am aware that the student who will be treating me expects me to behave in an appropriate manner for an educational setting and arrive on time for my appointments and that being late repeatedly, needing to leave early and missing any appointments could result in my discontinuation of my treatment since the student must have a patient in every clinic session in order to receive a passing grade for the clinical course. I understand that each appointment will be up to four hours long and that multiple appointments may be required to complete my treatment. I agree to abide by the rules and regulations as herein stated and that my signature indicates my commitment to the students' learning experience and my intent to attend all appointments or call at least 48 hours in advance to cancel my appointment so that the student can find a patient to replace me. I understand that I will receive a copy of "Notice of Privacy Practices."

Patient Name: _____

Today's Date: _____

Patient/Legal Guardian's Signature (if patient is under 18 years of age)