

PATIENT RIGHTS

You have the right to:

- Considerate, confidential, respectful treatment and to be treated with privacy and personal dignity.
- Be offered treatment without discrimination as to race, religion, sex, national origin or source of payment.
- Expect that if your physician requests medical services for you at Community Dental Program, that staff respond in a reasonable manner to meet your medical need. The Community Dental Program will also respond in a manner to your request for other services customarily rendered by the Community Dental to the extent the services do not require the approval of your physician or are not inconsistent with your treatment.
- Privacy, confidentiality and security of all records pertaining to your treatment, except as otherwise provided by law or third party contract. You have the right to refuse the release of your medical information.
- Upon request, to be informed of any research project and be offered the right to refuse to participate in the project. The Community Dental Program shall also comply with any additional provisions for research stipulated by the school department.
- Ask questions and receive information needed to make intelligent choices about health care received, to be informed about diagnosis and prognosis, and to have pain assessed and managed.
- Be fully informed of what services are available at Thundermist including after hours and emergency care and fees for all services.
- Be furnished with identities of all other health care and educational institutions that the Community Dental Program has authorized to participate in your treatment and the nature of the relationship between the institutions and Thundermist.
- Participate in decisions regarding your health care, pain management and to be fully informed of the benefits and risks associated with any treatment and to be involved with resolving dilemmas about care, treatment and services.
- Refuse treatment to the extent permitted by law and to be informed of the medical consequences associated with refusing treatment.
- Know the name of your provider.
- Change your medical provider at any time.
- Receive referrals for care that the provider is unable to meet.
- Have your cultural, spiritual, psychological and personal values, beliefs and preferences respected.
- Seek assistance (interpreter, wheelchair, etc.) during your visit. Please ask the health assistant.
- Examine any pertinent school based center rules regulations that specifically govern your treatment.
- Access, request amendment to and receive an accounting of disclosures regarding your own health information as permitted under applicable law.
- Express complaints or concerns at any time regarding the care received or the lack thereof. If you have any concerns about quality care or your safety, please contact the Dental Program Manager at 767-4161.
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○ PATIENT RESPONSIBILITIES

You have the responsibility to:

- Keep your appointments, to be on time and if unable to do so, call to cancel the appointment or to reschedule.
- Be considerate of other patients and staff.
- Respect the property of other patients and of the Community Program offices.
- Let your dental provider know when you do not understand what is being said to you regarding your treatment and what you are expected to do.
- Report any changes in your address, telephone number, insurance information and, if necessary, financial status.
- Obtain previous dental records when requested.
- Provide the program staff with the most accurate and complete information possible regarding: your health concerns, past illnesses, hospitalizations, medications and unexpected changes in your health condition, including level of pain if applicable.
- Do what you and your dental provider have agreed upon. You must understand that if you do not do so, then you will be responsible for the outcome and may lose the right to dental care at the Community Dental Program.
- Be honest with us, including letting your provider know if you have any concerns about following the plan of care.