



Utah College of Dental Hygiene
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“PATIENT BILL OF RIGHTS”

As a patient in the Dental Hygiene Clinic at UCDH you have the **RIGHT**, consistent with law to:

1. Understand and use these rights. If for any reason you do not understand or you need help, the clinic will provide assistance.
2. Receive treatment that meets the standard of care in the professions without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, medical condition, HIV/AIDS status or source of payment.
3. Receive considerate and respectful care in a clean and safe environment, free of unnecessary restraints.
4. Know that names, positions, education, and functions of any dental hygiene instructors, staff and students in the dental hygiene clinic who are involved in your care.
5. Refuse treatment, examination or observations by any instructors or students.
6. Receive treatment in a non-smoking area. Please use the designated outdoor area if you wish to smoke
7. Receive complete information about any referral that is advised.
8. Receive information that you need in order to give informed consent prior to any proposed procedure or treatment.
9. Refuse treatment and be told what effect this may have on your health.
10. Refuse to take part in research. In deciding whether or not to participate, you have the rights to a full explanation.
11. Privacy while in the clinic and, consistent with law confidentiality regarding all communication, information and records pertaining you care. Ask for a private consultation room if you feel your privacy is in question.
12. Participate in all decisions about your treatment at this dental hygiene clinic.
13. Review your dental hygiene record and obtain a copy of your dental hygiene record, for which the clinic can charge a reasonable fee.
14. Obtain advance knowledge of the cost of all your planned treatment.
15. Receive treatment by the same student hygienist for completion of all your planned treatment and recall care.
16. Complain without fear of reprisal, regarding the care and services you are receiving. If you are not satisfied with the clinic’s response, you can complain to the Program Administrator or the Utah State Board of Dental Examiners.

These “patient rights” go hand-in-hand with “patient responsibilities” to allow faculty students, and staff to meet patient needs. We ask that you assume responsibility for:

1. Providing to the best of your knowledge accurate and complete information about present complaints, past illnesses, hospitalization, medication and other matters relating to your health.
2. Reporting unexpected changes in your health to the clinician.

3. Reporting whether you clearly comprehend the planned course of treatment and what is expected of you.
4. Following the treatment plan recommended for you care.
5. Keeping appointments punctually and notify the clinic as soon as you are aware that you are unable to keep your appointment if for any reason
6. Your actions if you refuse treatment or do not follow the clinician's instructions.
7. Assuring that the financial obligation for your healthcare are fulfilled promptly.
8. Following clinic rules and regulations affecting patient care and conduct.
9. Being considerate of the rights of other patients and clinic personnel.

THE UCDH CLINIC DOES NOT

Take the place of a periodic examination and diagnosis by your dentist, or services provided by a dentist, such as fillings, crowns, root canals, partials, or dentures.

Note: Radiographs (x-rays) will be taken only when they can be sent to your dentist or they are required to assess your overall oral health.

Name of Dentist: _____ **Phone:** _____

Cost: The cost of dental hygiene services at UCDH for adults is determined by oral health classification. The cost ranges from \$10.00 to \$40.00. For children the cost is \$5.00. Sealants are \$2.50 per tooth; some optional treatments may require an additional charge. Please consult with your student hygienist on the fees charged.

- I have read the UCDH "Patient Bill of Rights" and understand what my rights and responsibilities are as a patient in its clinic.
- I have been given an opportunity to read and receive a copy of the "UCDH Program Privacy Policy."
- I will inform anyone in my care when I want to use a private consultation room to discuss any personal/health related issues.

Print Patient Name: _____ Date: _____

Patient Signature: _____ Student Signature: _____