

# Statement of Patient Rights and Responsibilities

## YOUR RIGHTS AS A PATIENT:

**YOU AS A PERSON:** We are interested in providing you with the best dental hygiene care and recognizing and respecting your dignity as a human being. You should expect ***considerate, respectful, and confidential treatment*** regardless of your race, creed, national origin, age, disability, sex, or source of payment.

**SERVICES YOU NEED:** Within its capacity, the Dental Hygiene Program will provide dental hygiene preventive and therapeutic services consistent with the assessment of your needs. We will inform you about what services we can and cannot provide and will encourage you to visit your private dentist for regular exams and dental treatment. When your relationship with the School ends, for whatever reason, we will tell you about your further dental hygiene needs.

**UNDERSTANDING YOUR PLAN OF CARE:** You are entitled ***to access to complete and current information about your condition***, a clear explanation of your oral health problems, a clear ***explanation of recommended treatment, treatment alternatives, the option to refuse treatment, expected outcomes of various treatments***. You are also entitled to know the risk of no treatment, ***advanced knowledge of the cost of treatment***, who will provide your care, approximately how long it will take, and ***continuity and completion of treatment***.

**CONSENT AND REFUSAL OF TREATMENT:** You have the right to participate in decisions about your dental hygiene treatment and to have any questions answered before giving your ***informed consent***. You can then decide whether or not to give your ongoing consent and allow the procedures to be done. ***Any treatment provided will meet appropriate standards of care for the profession of dental hygiene***. All dental procedures may involve risks, unsuccessful results, and complications. No guarantee is made as to the result or success of the treatments. Complications encountered during therapy that may alter your plan of care or affect the outcome of your treatment will also be explained to you and the expected outcomes of various treatments. You may refuse treatment and expect to be informed of the possible consequences of your decision. You can choose to stop treatment here and seek a private dentist. The College also reserves the right to discontinue your dental treatment whenever it is considered advisable and in the best interest of you and your dental health and refer you to your private dentist.

## YOUR RESPONSIBILITIES AS A PATIENT:

- To be considerate and respectful of other patients, students, faculty and staff of the Dental Hygiene Program. Patient participation in the Dental Hygiene Clinics will be terminated permanently for any rude, sexual, or disorderly conduct by a patient to the student, faculty, staff, or other patients and will be cause for automatic dismissal of the patient.
- To share honestly and completely information about your medical and dental history, previous illnesses, hospitalizations, exposure to communicable diseases, medications you are taking, allergies, and your current medical care
- To let us know when there are changes in your health condition, and when you experience unusual discomfort or complications following a treatment procedure
- To ask questions so that you can better understand the nature of your dental condition and the treatment provided
- To follow the instructions you are given, pay for all services when received, and help us help you as a patient.
- To be available for the services you need, to keep your scheduled appointments, and arrive for appointments on time.

**Due to a limited number of student clinic days while in the program, patients may be dismissed for continual "No-Shows." Students are unable to regain missed clinical time. This could have a detrimental effect on the student's ability to graduate from the program. Three no shows or late cancellations may result in Amarillo College not continuing your care.**

Your signature or initials on this form certify that you have read and understood the information provided, that you have received a copy and that you have been informed of your rights as a patient.

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Signature