

PATIENT RIGHTS & RESPONSIBILITIES

Policy Revised April 2007

Patient Rights & Responsibilities

The University Of Washington School Of Dentistry is committed to respecting the rights and responsibilities of its patients who are accepted for care. These rights and responsibilities are recognized as important parts of the care process and are supported by all staff, faculty and students throughout the School. Staff, faculty and students will be educated about patient rights and their role in supporting these rights. Patients are expected to uphold their responsibilities as stated if accepted for care.

Patient Rights

- Patients have the right to impartial reasonable access to care and treatment regardless of one's race, color, creed, religion, sex, sexual orientation, national origin, disability, age, or status as a disabled veteran.
- Patients have the right to care that is considerate and respectful of their cultural and personal beliefs.
- Patients have the right to have reasonable access to an interpreter or other language assistance if they do not speak or understand the English language for the treatment planning and consent phases of care.
- Patients have the right to a safe and secure environment.
- Patients have the right to be free from all forms of abuse or harassment.
- Patients and/or their legally authorized surrogate decision maker(s) have the right, in collaboration with their dentist, to be informed and make decisions involving their dental care, including the right to accept or to refuse dental treatment and to be informed of the consequences of such refusal.
- Patients have the right to be fully informed of their dental needs and the alternatives for care and to be referred elsewhere when the School cannot provide the care a patient requests.
- Patients have the right to effective pain management. Pain will be addressed and managed as deemed appropriate by the care provider.

Patient Rights & Responsibilities (continued)

- Patients have the right to consideration for their personal privacy and confidentiality of information.
- Patients can expect that services rendered in the School meet the standard of care of the dental profession.
- Patients have the right to have access to a written statement that articulates the rights and responsibilities of patients.
- Patients have the right to have access to their dental record during normal business hours, or to obtain a copy of the record at reasonable costs of duplication.
- Patients have the right to make complaints regarding their care according to the established policy and guidelines available in all patient care clinics.
- Patients have the right to request and receive an itemized and detailed explanation of their bill for services rendered.
- Patients have the right to expect that appointments will be offered to them on a regular basis until the completion of their care, once they begin the care process.
- Patients of record have the right to access services for urgent care at the School or to obtain a referral if necessary.

Patient Responsibilities:

- Patients have the responsibility to provide, to the best of their knowledge, accurate and complete information about their past and current medical status and to report any changes to their medical status to their care provider.
- Patients have the responsibility to participate in discussions about their plan of care, ask questions and to inform the care provider if they do not understand proposed treatment.
- Patients have the responsibility for following the treatment plan to which they agreed and any recommended follow up instructions and/or recommendations for their care.

Patient Rights & Responsibilities (continued)

- Patients have the responsibility to make and keep appointments, arrive on time, stay for the entire time scheduled, and provide a minimum of 24 hours notice to change or cancel appointments.
- Patients have the responsibility for making necessary arrangements for child care as the School does not provide child care. Children are not allowed into the treatment areas except for their own appointments, and may not be left unattended in the waiting areas.
- Patients have the responsibility for following the School of Dentistry policies and guidelines affecting patient care and conduct:
 - Patients may not disrupt or interfere with their care provider, other patients, or the operations of the patient care and office areas.
 - Patients may not conduct any illegal activities on the premises of the School of Dentistry.
 - Patients may not engage in behavior considered as discriminatory against or sexually harassing toward, staff, students and faculty of the School per University policy.
 - Patients are responsible for being considerate of the rights of other patients and School personnel and students.
 - Patients are responsible for being respectful of the property of the other persons and the School of Dentistry.
- Patients have the responsibility for providing updated, accurate insurance and billing information (including name, mailing address, phone number, and any other requested information for billing purposes), and for meeting the financial obligation agreed to with the School.
- Patients are responsible for letting their care provider know if they have complaints or concerns by reporting any complaints or concerns to their care provider or patient advocate, who will then contact the appropriate personnel.

Signature Statement:

By signing below, it shows that I have read my rights and responsibilities as a patient of the School, and may receive a copy if I request one.

Signature: _____

Patient Rights & Responsibilities (continued)

Care Agreement for Treatment in the Teaching Clinics

This form contains facts you should know about your dental care at the University of Washington School of Dentistry. If there is any part of this form that is not clear, you can ask questions about it. At the bottom of the form there is a place for you to sign your name so that we know you have read it (or had it read to you) and agree to receive dental care from us.

Provider Assignment:

Your care will be provided by pre-doctoral dental students and/or post doctoral students/residents in training. The care provider assigned to you will depend on your dental needs. All treatment is supervised by licensed dentists at the appropriate level for the care being provided. These dentists are faculty at the School and will work together with the student provider to diagnose and treat you. Your assigned dental student, which will be either a predoctoral, or post doctoral dental student or resident, depending on your treatment needs, has the primary responsibility for providing your care.

Dental Appointments:

Generally appointments are scheduled as follows: 9:30 a.m. - 12:00 noon and 1:30 - 4:00 p.m. Patients need to be available for the entire appointment. Cancellation of three appointments or failing twice to notify a student that you want to cancel an appointment can result in discontinuation of your care. There is a charge for appointments cancelled with less than 24 hours notice. Appointment availability may be limited when school is not in session.

Payment for Services:

Payment is due at the time of service. Payment may be made in cash, by check, Citi Health Card, or by bank card (Visa and MasterCard). If your insurance is registered with the School, we will bill your insurance; however you are responsible for the co-pay portion on the service day.

Comprehensive Care:

A complete plan of care will be developed and approved by the dental student and supervising faculty. Your agreement and consent to the plan will be required prior to dental care. Due to the limited number of students, not all patients can be offered this care program.

Limited Care:

Limited treatment is available to some patients depending on patient needs and student availability. Patients accepted for limited care are treated in a specialty clinic (for example for a tooth extraction or root canal).

Patient Rights & Responsibilities (continued)

Imaging:

Imaging, such as x-rays, photographs, and/or videotapes or other images of you may be used for diagnosis, and/or educational purposes. These images will become a part of your dental record.

Research:

Your dental treatment, patient record and images may be used for research by the School of Dentistry and for publication. In such cases, your authorization and consent will be requested. If you agree to a release of your record, for research or publication, including any images, you will not be identified by name. **(I am checking on this part)**

STATEMENT OF UNDERSTANDING

Please initial each of the following:

___ I have read all the information above and understand and will abide by the conditions for acceptance as a patient in a teaching clinic at the School of Dentistry. It is further understood that failure to do so may result in the discontinuation of care at this institution.

___ I acknowledge that I have read and agree to my financial obligation for receiving care.

___ I give permission to the School of Dentistry to provide diagnostic and urgent care services for me as needed prior to the development of a plan of care.

Signature Statement:

By signing below, it shows that I have read this document and agree to receive dental care from the University Of Washington School Of Dentistry. If there is any part of this form that you do not understand, be sure to ask questions about it.

Signature: _____