## SCHOOL OF DENTISTRY UNIVERSITY of WASHINGTON

#### **Compliments and Concerns:**

We want to provide the best care for you. Your feedback contributes to improving our service.

If you would like to share a compliment or concern about your experience as a patient, please contact our patient relations team at 206-616-1423.

#### huskydental.org

UW School of Dentistry Magnuson Health Sciences Center 1959 NE Pacific Street Box 357131 Seattle, WA 98195

Phone: 206-616-6996 Fax: 206-616-1052

The Center for Pediatric Dentistry Washington Dental Service Building at Magnuson Park 6222 NE 74th Street Seattle, WA 98115

Phone: 206-543-5800 Fax: 206-543-0063

# PATIENT RIGHTS & RESPONSIBILITIES





#### THE SCHOOL OF DENTISTRY

Is committed to providing you quality, affordable and patient-centered dental care

Thank you for choosing UW School of Dentistry to care for your dental needs. We welcome you and appreciate the opportunity to provide you with excellent dentistry. This brochure will provide general information about our Dental Clinics. We encourage you to ask questions about any part of this information that is not clear to you.

#### **Your Dental Provider**

Dental students, graduate students and residents in training are under close supervision by experienced, licensed faculty dentists.

#### **Dental Appointments**

STUDENT CLINICS: Appointments begin at 9:30am and 1:30pm, and last two and a half hours. Patients must be available for the entire appointment time. Appointment availability may be limited when school is not in session.

Appointment times vary in our Specialty Clinics and UW Dentistry Faculty Practice.

#### **Payment For Services**

Payment is due at the time of service. The School accepts cash, check, CareCredit, Visa, Discover, MasterCard, American Express and Apple Pay. Please provide your dental insurance information upon registering as a new patient. If we are in your insurance plan's network, our billing office will submit claims to your insurance company. Any co-payments are due on the day of service. If the School is not contracted with your insurance plan, you are responsible for the payment at the time of service. We do not offer payment plans.

#### **Missed Appointments**

If you miss an appointment or cancel with less than 24 hours' notice, we may charge you a cancellation fee. Please note that chronic lateness to appointments or more than two cancelled or failed appointments may be cause for discontinuing your care.

#### **Urgent Care**

If you are experiencing pain or swelling, please call the Dental Urgent Care Clinic between 8:30am – 4:30pm at 206-543-5850 to schedule an appointment.

For after hours emergency care, please call UWMC Emergency Department at 206-598-4000.

#### **Limited Care**

Limited treatment is available in some cases for patients with minimal needs with referrals from private practices, community clinics or other School of Dentistry clinics.

#### Animals

In accordance with WA state administrative code animal control policy, we enforce a no pet policy. However, service animals will be accommodated.

#### **Parking**

We do not validate parking. For maps and directions, visit:

dental.washington.edu/about-us/location-directions

### OUR MISSION IS TO ADVANCE ORAL AND CRANIOFACIAL HEALTH AS A GLOBAL LEADER IN COLLABORATIVE EDUCATION, PERSONALIZED PATIENT CARE, COMMITMENT TO SERVING COMMUNITY NEEDS AND CONTINUOUS IMPROVEMENT THROUGH DISCOVERY AND INNOVATION.

#### PATIENTS HAVE THE RIGHT TO:

- Expect professional behavior consistent with the ADA Principles of Ethics and Code of Professional Conduct and the ADEA Statement on Professionalism in Dental Education. UWSOD faculty, staff, students and volunteers share a collective responsibility for maintaining the highest ethical standards and professional conduct in their relationships with each other and with patients.
- 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.
- Care that is considerate and respectful of their cultural and personal values and beliefs.
- Have reasonable access to a certified interpreter or other language assistance if they do not speak or understand the English language.
- A reasonably safe and secure environment.
- Be free from all forms of abuse or harassment.

- 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.
- Effective pain management. Pain will be addressed and managed as deemed appropriate by the care provider.
- Consideration for their personal privacy and confidentiality of information.
- Have access to a written statement that articulates the rights and responsibilities of patients.
- Access their own health information, request amendment to it and receive an accounting of disclosures about it, as permitted under applicable law.
- Expect that appointments will be offered to them on a regular basis until the completion of their care, once they begin the care process.

- Request and receive an itemized and detailed explanation of their bill for services rendered.
- Expect that services rendered in the School meet the standard of care of the dental profession.
- Make complaints about their care according to the established policy and guidelines available in all patient care areas. Patients can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment and services.
- Be informed of outcomes of care, treatment and services, including unanticipated outcomes.
- 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 RESPONSIBILITY TO:

- Provide, to the best of their knowledge, accurate and complete information and to report any changes in their medical status to their care provider.
- Participate in discussions about their plan of care, ask questions and to inform the care provider if they do not understand proposed treatment.
- 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.
- Follow the treatment plan to which they agreed, including any recommended follow-up instructions.
   Patients are responsible for the outcomes if they do not follow the care and treatment plan.
- Know their insurance coverage, benefits and other spending accounts.
- Notify their dental care providers or a staff member if they have any complaints or concerns.

- Provide 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.
- Provide accurate personal identification information.
- · Inform the School if they have special needs.
- Inform the School when their treatment is not progressing with their provider by calling Patient Care Coordination at 206-221-0778.
- Make necessary arrangements for childcare as the School does not provide childcare. Children are not allowed in treatment areas except for their own appointments, and children may not be left unattended in waiting areas.
- Patients have the responsibility for the following 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 any discriminatory or sexually harassing behavior toward staff, students or faculty per University policy.
- Patients are responsible for being considerate of the rights of others.
- Patients are responsible for being respectful of the property of other persons and the School of Dentistry.
- Patients who do not comply with these responsibilities can be dismissed following the School's Termination of Care Policy.



## THE CENTER FOR PEDIATRIC DENTISTRY

#### **General Information:**

If your child is being seen at the Center for Pediatric Dentistry (CPD), please review the following information below:

#### **Dental Appointments**

Appointments vary in length and are scheduled between 9:00am and 5:00pm. Children must be accompanied by a parent or an individual with written prior authorization to consent for care of the child.

#### **Broken Appointments:**

3 Broken Appointments may result in limitations to scheduling availability.

Please review the Broken Appointment Policy during registration at CPD.

#### **Emergency Care**

For emergencies, please call CPD between 8:00am–5:00pm, Monday through Friday at 206-543-5800. For after business hours emergency care, please call Seattle Children's Hospital at 206-987-2000.

#### Parking

Free parking is available on-site at the Washington Dental Services Building at Magnuson Park.