
General Policies and Initial Consent

1. The School of Dentistry treats patients and trains future dentists, dental specialists and dental hygienists. Students provide patient care under faculty supervision. The school is a teaching institution, and therefore, our students do not have extensive clinical experience. If your dental needs are too complex for students, you may be referred to graduate dental clinics, other treatment facilities including the School of Dentistry's Faculty Practice office, or private practices. Not all patients are appropriate for treatment at the School of Dentistry.
2. Emergency dental service (Urgent Care) is provided for the treatment of dental emergencies only (pain, swelling, acute infection, bleeding, etc.), and is limited to only such care as is necessary to relieve the emergency. Non-Urgent treatment cannot be obtained through this service. Patients desiring routine (comprehensive) dental care may make a screening appointment and be subject to the rules and regulations of the clinical teaching program of the School of Dentistry.
3. At the screening visit, you will be charged for indicated x-rays. After screening your case will be reviewed and assigned to an appropriate provider, depending on your dental needs. At this time a fee for a Comprehensive Oral Exam will be charged which will include the formulation of a treatment plan. This may require more than one visit to the Dental School by you so that faculty can evaluate your oral health. The Comprehensive Oral Exam fee and the charges at the time of the screening visit are non-refundable.
4. After initial evaluation, you may need further diagnostic work or preventive and/or emergency procedures before the dental school can develop a comprehensive treatment plan for you. These preliminary services might include:
 - Photographs, further x-rays, and models of teeth
 - Examination of teeth and other oral soft tissues
 - Cleaning of teeth
 - Fluoride treatment
 - Restoration of teeth (fillings)
 - Use of local anesthetic
 - Root Canal treatment (endodontics)

Charges for preliminary services are not included within the diagnostic fee. You will be advised of costs of recommended preliminary services: you may refuse any proposed preliminary service. However, if you do so, you may not be able to receive a comprehensive treatment plan and further care.

5. Fees for additional services will be explained when the comprehensive treatment plan is presented to you. An estimate of the cost for each service will be given to you before treatment. The estimated cost of a service must be paid at the initiation of that treatment unless other payment arrangements have been made with a Business Manager. Actual costs will reflect services provided, and may be higher or lower than the estimates. Any additional payment due from you will be due upon completion of services. Any refunds can be made only by University check which may take 4-6 weeks to process.
6. Students at the School of Dentistry are still in training, work more slowly, and may be performing procedures for the first time. This leads to longer appointments. Since this treatment is performed in an academic setting there may be longer waiting times between appointments and last minute changes to the clinic schedule. Additionally, the School cannot assure you that one provider will complete treatment within one school year. Another provider may need to complete your treatment in a subsequent school year.
7. You will receive a treatment plan based on your individual needs. Your treatment plan may need to be changed based on clinical findings encountered during treatment. Such findings may make your treatment plan more or less expensive. You have the right to ask questions and be provided with answers to your questions at any time during the course of treatment.
8. Your treatment may be discontinued if you do not keep two appointments without notifying the School of Dentistry, you repeatedly cancel appointments, you repeatedly are late for appointments, or you are uncooperative with students or staff. Abusive behavior and/or language will not be tolerated and will lead to discontinuation of treatment.
9. The School of Dentistry accepts applications from all people, regardless of age, sex, sexual orientation, race creed, color, national origin, or disability.
10. All School of Dentistry patient records are the property of the School of Dentistry. Upon your written request, the School of Dentistry will release copies of the information in your records. There is a charge for duplication or delivery costs. Since the School is a teaching institution, your written records, photographs, casts and other clinical information may be used for educational purposes. Your patient identifying information will be removed before such uses. Your case may be discussed confidentially amongst students, faculty and professional staff. You further authorize the School of Dentistry to release any information, including medical or dental information

pertinent to your claim, requested by any third party pay (insurance) or regarding charges incurred by you or a child for whom you are the legal guardian. You consent to these uses by signing below.

11. I give my permission for providers of the School of Dentistry to take close-up photographs and/or make videotapes for teaching or promotional purposes, or for use in any educational/dental professional publication, printed or electronic, where appropriate. I understand that images of me will be used in such a way as to protect my privacy and identity.
12. Infrequent risks and complications are known to occur as a result of dental procedures. The most common risks are biting the tongue or lip following the administration of local anesthetic and soreness around the area treated. Less common complications include infection, swelling and reaction or allergy to anesthesia or dental care products.
13. Having appropriate dental X-rays is part of diagnosing dental conditions and establishing a correct treatment plan. Some of these conditions can be very serious including, but not limited to, cancers, cysts, tooth decay, periodontal disease, developmental defects, etc. The standard of care is that most dental procedures will not be undertaken without X-rays. Each patient will be individually assessed to determine the minimal number of x-rays for proper diagnosis of their oral status. Rarely, the use of X-rays has been linked with certain medical problems including cancer; however, the risk of not using X-rays is that many conditions affecting health will not be detected.
14. You are free to withdraw consent to treatment at any time.
15. You agree to provide an accurate and up to date medical and dental history for yourself or the person for whom you are legally responsible. (Must be a legal guardian and provide written documentation).

For questions or concerns please contact (410) 706-7101 and your call will be directed to the appropriate department.

Acknowledgement of Receipt of HIPAA Privacy Policies and Procedures

The University of Maryland School of Dentistry is required by federal law to maintain the privacy of your health information and provide individuals with notice of our legal duties and privacy practices with respect to protected health information. If you have questions about any part of this notice or if you want more information about the privacy practices at the University of Maryland School of Dentistry, please ask to speak with our HIPAA Compliance Officer in person or by phone. If you would like a copy of the Notice, please ask.

I have read and/or received a copy of this institution's Notice of Privacy Practices.

By signing below you acknowledge that you have read and understood this document, that you accept the policies discussed above, that you have read and/or received a copy of this institution's notice of privacy practices, and that you give consent for diagnostic examination (including x-rays) and treatment.

PATIENT BILL OF RIGHTS

Each patient is entitled to:

- Considerate, respectful and confidential treatment;
- Continuity and completion of treatment;
- Access to complete and current information about his/her condition;
- Advance knowledge of the cost of treatment;
- Informed consent;
- Explanation of recommended treatment, treatment alternatives, the option to refuse treatment and risk of no treatment and expected outcomes of various treatments;
- Emergency, incremental and total patient care;
- Treatment that meets the standard of care in the profession;
- Access to a patient advocate who will appropriately communicate your experience. To communicate your experience, please contact one of the following Patient Care Coordinators at one of the appropriate numbers below:

1st Floor Urgent Care, Screening, Oral Surgery, PLUS & Special Care & Geriatrics Clinics - 410-706-8127

2nd Floor Undergraduate Clinic - 410-706-8127

2nd Floor AEGD Clinic - 410-706-1250 or 410-706-4156

3rd Floor Undergraduate Clinic - 410-706-8127

3rd Floor Orthodontics/Pediatric Dentistry Clinic - 410-706-0768

4th Floor Endodontics, Prosthodontics & Periodontics Clinic - 410-706-8111

Patient's name (Print)

Patient's Chart Number

Signature of Patient, Parent or Legal Guardian:

(Date)