

## HCC CLINIC INFORMATION/PATIENT CONSENT FORM

Please read the following information carefully so that you will **understand** the conditions under which patients are treated in this clinic. Please sign and date this page indicating that you understand these conditions.

### **I understand that:**

1. the treatment will be provided by a dental hygiene student under the supervision of a licensed dental hygienist and dentist, and that the **treatment will proceed more slowly than in a private dental office since the treatment is rendered by students and carefully evaluated by clinical faculty members.**
2. the treatment will be limited to preventive treatment and is not intended to take the place of a dental examination by a dentist. It is recommended that you have an established dental home and continue oral care provided by your dentist.
3. while optimal dental treatment can be expected, the results of this preventive dental health care cannot be guaranteed.
4. there may be circumstances where I may be reappointed, referred to a private dentist or denied treatment if it is determined to be in my best interest.
5. I will not be guaranteed a recall appointment with this clinic at the advised recall interval that is specific to my oral health conditions.
6. students are required to obtain a medical and dental history of each patient before initiating services. Such information is confidential and considered essential for adequate dental hygiene care.
7. all records are property of the college; however, radiographs may be sent to my private dentist upon request by him/her. Radiographs will be kept on file indefinitely.
8. **two consecutive cancellations, failure to give a 24-hour cancellation notice or failure to keep appointments may lead to dismissal as a clinic patient.**
9. fees are charged for treatment rendered. Fees will be collected after radiographs are taken and after completion of treatment procedures. **Cash or Credit/Debit Card payment only.** Receipt will be given once payment is received. (In order to keep the fee schedule to a minimum, insurance forms for third-party payment are not completed for clinic patients.)
10. if the use of anesthesia is indicated, I consent to the administration of such as the clinical supervising dentist may deem advisable and proper.
11. I consent to the use of my intraoral photographs, radiographs (x-rays), study models or any part of my treatment record for dental, scientific or educational purposes and to professional observation of treatment for the purposes of advancing dental hygiene education.
12. audio, video, or photographic recording students and clinical staff in the HCC Dental Hygiene Clinic is prohibited.

**Having read the above, I verify that I understand the information contained herein, and I grant authority to Halifax Community College Dental Hygiene Program to perform those diagnostic and dental hygiene treatment procedures deemed necessary.**

Note: (Parent or Guardian must sign if patient is under 18 years of age.)