

PCC Dental Clinic New Patient Documents

Clinic Procedures

- The PCC Dental Clinic serves mainly as a teaching facility for dental hygiene and dental assisting students. The Dental Sciences program's main priority is the education of the students.
- The PCC Dental Clinic is not a full-service dental clinic and cannot be a patient's sole dental provider.
- Services offered to the public include oral screenings, oral examinations, x-rays, teeth cleaning, oral hygiene education, deep cleanings, periodontal maintenance, simple fillings, and sealants. The PCC Dental Clinic DOES NOT provide emergency care, crown and bridge restorations, dentures, root canals, TMJ treatment, or extractions.

To receive care at this clinic, patients must read, understand, and agree to the following expectations:

- I will arrive on time for my appointment and attend all necessary subsequent appointments in order to complete care. I understand that LATE arrivals of 15 minutes or more may result in my not being seen for treatment that day.
- I understand that if I no-show or cancel two appointments with less than 24 hours notice, I may have the privilege of being a clinic patient revoked.
- I understand that keeping my scheduled appointment is essential. The students depend on patient attendance to meet their clinical requirements. Cancellations or no-shows can affect their ability to complete coursework and gain necessary experience.
- I will remain for the full appointment time (up to 3 ½ hours) and return for as many appointments as needed to complete the proposed and agreed-upon treatment.
- I understand that completing this treatment is not only important for my health, but part of my responsibility as a clinic patient receiving no-cost services in exchange for being an integral part of the students' education.

- I will treat all staff, students, as well as other patients, with respect and courtesy. I understand that disrespectful or derogatory language and actions will not be permitted in the clinic.
- I am aware that PCC cannot promise that I will be treated every three, six, or even twelve months. I may need to seek treatment at another facility if it is recommended that I have more frequent cleanings than what my assigned student can provide, or if I have decay that cannot be promptly scheduled for treatment.
- I understand that I will need current X-rays to receive treatment. They are required at PCC and will help the student assess the health of my teeth and supporting bone structure. I know that clinic staff cannot proceed with treatment without current x-rays. I can either arrange to have them sent from my most recent dental clinic or have them taken here at the PCC Dental Clinic.
- I understand minors WILL NOT be treated without consent. Minors are children under the age of 16 years old. If I am the parent or guardian of a minor, I will provide written consent each time the minor receives treatment.
- I will not leave small children unattended and unsupervised at any time in the clinic or waiting area. I understand that clinic staff CANNOT care for children or infants while parents/guardians are being treated.
- I understand I will have to complete and sign an accurate health history prior to my first appointment. This history must be updated annually.
- If driving a vehicle, I am responsible for paying for parking while at the clinic to avoid getting a parking citation.
- I understand that I may be contacted by phone, text message, or email to communicate appointment information.
- I understand appointments are only available during the academic year (fall term through spring term, excluding school breaks and summer), and the types of appointments fluctuate depending on which cohort of students is in the clinic at that time.

If you are willing and able to agree to the above policies, you will receive dental treatment at no cost. If you are unable to follow the procedures of the PCC Dental Clinic, it is recommended that you seek dental care elsewhere in the community.

Patient's Bill of Rights

As a patient of the PCC Dental Clinic, you have the right to:

- Receive considerate, respectful, and non-discriminatory oral health care.
- Be provided with current information concerning your oral diagnosis, treatment, and prognosis in order to make informed decisions.
- Know the names, roles, and responsibilities of any dental, dental hygiene, and dental assisting instructors and staff in the dental clinics who are involved in your care.
- Refuse treatment at any time.
- Receive care in a clean, safe, non-smoking environment.
- Be referred to other health care providers when your needs are beyond the scope of services offered at this clinic.
- Expect that all records and communications pertaining to your care will remain confidential, except as outlined in the *Notice of Privacy Practices*.
- Take an active role in making decisions about your treatment.
- Request information about the clinic's infection control procedures.

Permission to Photograph. Videotape and Duplicate

With this document, I hereby grant Portland Community College permission to photograph or record dental services provided to me during treatment as a patient in the PCC Dental Clinic. Use of these materials shall be limited to educational and in-house use only. Sale or other use of these images is strictly prohibited.

Consent for Dental Clinic Treatment

I understand that patient care provided at PCC is directed by attending staff providers and dental faculty will determine if I am a "teaching case" appropriate for a school clinic. In some cases, treatment may be denied based on the difficulty or type of case, health history, behavioral, or other factors. Because of the restrictions on the school schedule, facilities, and personnel, the PCC Dental Clinic cannot make commitments to me in terms of appointment frequency (patients are encouraged to continue to see a community dentist on a regular basis).

I understand licensed dentists or a dental hygiene student under the direct supervision of a dentist will perform all restorations in the Dental Clinic. If a problem occurs with a restoration that was placed in the PCC Dental Clinic, an appointment will be made to resolve the

problem, if available. If I experience discomfort or other dental concerns during school breaks and/or summer term, it is my responsibility to schedule an appointment with a community dentist.

With this understanding, I consent to services rendered and provided under the instruction of attending dentists and dental hygienists.

Waiver and Release of Liability

I understand that patient care at PCC is overseen by licensed providers and may involve certain risks. I acknowledge that I have the right to be informed about my treatment and to ask questions regarding my care, including potential risks, benefits, and alternatives. I understand patient satisfaction and procedural success cannot be guaranteed.

In consideration for the services provided by the Dental Clinic, I voluntarily agree to waive, hold harmless, and release PCC, its employees, students, and agents, from any and all claims regardless of nature or severity, from care received at the Dental Clinic, as permitted by law.

I understand that PCC wishes to alert me to a limitation in the law that relates to PCC: Because PCC is a public body, Oregon law (ORS 30.260 to 30.300) may limit the dollar amount that a person may recover from PCC or its employees for a claim relating to treatment at PCC, and the time within which a person may bring a claim. If I have any questions about this, I understand that I should ask or seek advice from an attorney or other trusted advisor.

Notice of Privacy Policies

The PCC Dental Clinic has always been committed to safeguarding your protected health information (PHI) and takes the responsibility very seriously. Under a federal law called the *Health Insurance Portability and Accountability Act (HIPAA)*, all health care providers must have a Notice of Privacy Practices and provide you with a copy. Please review it carefully. If you have questions or concerns, please contact the PCC Dental Clinic by phone: (971) 722-4909 or by email: dentalclinic@pcc.edu.

How the clinic may use or disclose your PHI:

- Treatment: This is the most important use and disclosure of your PHI. For example, clinic personnel may use or disclose your dental or health information to another health care provider as part of the treatment process.

- Quality Assurance: The clinic may use/disclose your health information in connection with the clinic's quality assurance or accreditation processes.
- To Family and Friends: The clinic must disclose your health information to you, as described in the Patient Rights policy. The clinic may disclose your health information to a family member or other person, but only with your authorization. The clinic will use good professional judgment, disclosing only health information that is relevant to persons involved in assisting with care, such as picking up prescription information or x-rays.
- Marketing: The clinic will not use your personal health information for marketing purposes.
- Required by law: The clinic may use or disclose your health information when the clinic is required to do so by law or for national security reasons.
- Abuse or neglect: The clinic may disclose your PHI to appropriate authorities if clinic staff reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or of other crimes.

All other uses and disclosures of PHI require your written authorization.

Health Insurance Portability and Accountability Act (HIPAA):

- Dental patient records are not identified by patients' names when being viewed in the clinic.
- Privacy screens are used to avoid others in the clinic from seeing patients' personal data, including x-rays, dental charts, etc.
- Patient charts will be kept closed while on the counter or closed in a file slot.
- Discussion with patients will occur in a low voice. Sensitive discussions should occur in the private conference room.
- Patients will be informed of treatment choices, alternative procedures available, and risks of procedures, and they will have their questions answered.
- The informed consent document and treatment plan will be signed electronically by the patient and documented in the patient's electronic notes.
- Photographs or videos of patients will only be taken with signed written consent.
- Cases presented by students during documentation meetings and during classroom discussions will occur without the use of the patient's name.

- Confidentiality of patient records/findings will be strictly enforced. Discussion will not occur about cases unless under the parameters listed above.
- The Notice of Privacy Practices will be read by the patient and acknowledged electronically. Paper copies will be available upon request.

I have read/received a copy of the PCC New Patient Documents.

Full Name: _____

Signature: _____ Date: _____

Contact Information:

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