

University of Louisville School of Dentistry

DATE OF PUBLICATION: 10/4/06

Patient Responsibilities

As a patient of ULSD, you can help us accomplish our goals by recognizing that you play an important role in your care. You are expected to:

- Provide complete and accurate information about your general health and past dental care, and inform your student/dentist of any changes in your health.

- Inform the school of any changes in address, telephone number and/or insurance.

- Pay for services at each appointment or comply with an established schedule of payment. Fees at the dental school are reviewed and revised on an annual basis.

- Have a parent or guardian or personal representative present for patients under 18 years of age. Children who accompany adults who are to receive treatment will not be allowed to remain in the treatment cubicle during the appointment period.

- Make every effort to be on time for appointments.

- Be available for a three-hour appointment at least twice a month. Please contact the school 24 hours prior to the scheduled time when canceling an appointment.

- 3 or more no shows and/or cancellations with less than 24 hours notice may result in dismissal from the program.

Your Rights as a Patient of the Dental School

1. You have the right to receive treatment that meets or exceeds the current standards of care for the dental profession in a considerate, respectful, and confidential manner regardless of race, gender, age, national origin, religion, sexual orientation, or disability.
2. You have the right to receive treatment provided on a regular basis and completed within a reasonable length of time considering the constraints of an academic institution.
3. You have the right to a copy of information found in your dental record.
4. You have the right to be provided with information about the approximate cost of the treatment to be rendered prior to the beginning of treatment and you should understand that the fee for services may change before this treatment is completed.
5. You have the right to an explanation of recommended treatment, alternate treatment, and your option to refuse treatment so that you are comfortable in signing your informed consent before initiation of treatment. Only treatment which is of an emergency nature or needed for diagnosis and development of a treatment plan will be done prior to that time.
6. You have the right to be informed of the treatment options and to have the various programs available in our clinics explained to you. You will also be informed of any risk that you may be taking if an existing dental condition is not treated.
7. You have the right to know which members of the health care team (dental student, dental hygiene student, graduate dentist, and/or faculty member) are directly responsible for your care, including their names and how you may receive assistance in case of a dental emergency.
8. You have the right to receive information regarding continuation of care after completion of your dental treatment.
9. You have the right to withdraw consent and to discontinue participation in the treatment or activity at any time.
10. A Federal privacy law, known as HIPAA, grants you the following rights: the right to request amendments to your patient information in some circumstances; the right to request certain restrictions to the use of your patient information; the right to request an alternate means of communication; the right to request an accounting of those who used your patient information for any means other than for treatment, payment, and/or healthcare operations; the right to receive the school's Privacy Notice; and the right to complain to the school if you believe your privacy rights have been violated.