

Patient's Bill of Rights and Responsibilities

The patient has a **right** to:

1. considerate, respectful and confidential treatment
2. a safe, clean, and healthy environment to receive treatment
3. continuity and completion of treatment
4. access to complete and current information about his / her condition
5. advance knowledge of the cost of treatment
6. informed consent
7. explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment and expected outcomes of various treatments
8. treatment that meets the standard of care in the profession

The patient has a **responsibility** to:

1. Share honest and complete information about your medical and dental history, previous illnesses, hospitalizations, exposure to communicable diseases, medications, allergies, previous or current alcohol or drug use (including tobacco and marijuana), and your current medical care
2. Let us know when there are changes in your general health condition, or if you should experience complications or unusual discomfort following a treatment procedure
3. Ask questions so that you can better understand the nature of you dental conditions and the treatment provided
4. Be available for the full duration of appointments, and if you are the parent of a child under the age of 18 all paperwork must be completed prior to the appointment. A designated adult must be available for the entire treatment appointment.
5. Follow instructions you are given, be available for services you need and keep your scheduled appointments.
6. Comply with all Clinical and College policies and procedures
7. Give at least 24 hours' notice when canceling an appointment visit.
8. Seek routine dental care, as recommended, from another source once the preventative course of treatment is completed.
9. Be considerate and respectful of other patients, and students, faculty and staff of the College.

Patient's Signature: _____

Date: _____