

# University of Pittsburgh School of Dental Medicine

## Packaged Consent

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During the registration, each patient is provided with a hard copy of a packaged consent document which includes:

- Patient Bill of Rights and Patient Responsibilities
- Acknowledgement of Receipt of Privacy Practices
- Consent to Initial Examination
- Continuity of Patient Care Policy
- Informed Patient Consent
- Maintenance and Replacement/Repair of Dental Restorations/Prostheses
- Patient Information Brochure
- Preventative Dentistry Policy
- School of Dental Medicine Billing Policy
- Patient Photograph Consent Form

Receipt of this information is posted in the patient's electronic health record by use of the narrative listed below:

I, \_\_\_\_\_, a School of Dental Medicine patient, acknowledge that I have been given the forms and policies listed below. I accept that School of Dental Medicine Policies and Procedures must be followed by all patients. I acknowledge that it is my responsibility to review the forms and policies below. Furthermore, I understand it is my responsibility to understand all forms, policies and / or procedures given to me and to express any questions, concerns or complaints I may have with my student/resident/faculty or staff prior to beginning any treatment plan or changes to that plan.

1. Patient's Bill of Rights and Responsibilities
2. Notice of Privacy Practices
3. Consent to Initial Examination
4. Continuity of Care Policy
5. Informed Patient Consent
6. Maintenance and Replacement/Repair of Dental Restorations/Prostheses
7. Patient Information Brochure
8. Preventive Dentistry Policy
9. School of Dental Medicine Billing Policy
10. Patient Photograph Consent Form

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature (Parent/Legal Guardian witnessed by signature)

# University of Pittsburgh School of Dental Medicine

## Patient's Bill of Rights and Responsibilities

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*The following is presented to patients as part of the School of Dental Medicine (SDM) Packaged Consent:*

Recognizing that a personal relationship between the treating dentist and the patient is essential for the provision of dental care, the University of Pittsburgh School of Dental Medicine (SDM) presents this Patient's Bill of Rights and Responsibilities as related to the comprehensive care (non-emergent) patient.

### Patient's Rights:

We expect that the following rights will contribute to more effective patient care and greater satisfaction for the patient, the patient's treating resident/student, and the SDM. We propose that the following guidelines form a structure with which successful, comfortable, and satisfying dental care may be given and received.

1. The patient has a right to considerate and respectful care.
2. The patient has the right to expect from the treating dentist/student dentist complete, current information concerning diagnosis, treatment, and prognosis in terms the patient can understand. If the condition or age of the patient does not permit this to occur, the information must be made available to the appropriate person on the patient's behalf.
3. The patient has the right to expect information sufficient to give informed consent prior to the beginning of any treatment procedure. Except in severe emergencies, information for informed consent should include, but not be limited to, the specific procedures and treatment, the risks (if any) involved, and the probable costs.
4. The patient has the right to refuse treatment, but he/she must be informed of the possible consequences of this decision.
5. The patient has the right to every consideration of his/her privacy concerning dental care. Case discussions, examinations, and treatment are to be held confidential within the setting of the faculty, staff, residents, and students. Confidentiality must be maintained regarding all records pertaining to patient care, except when appropriate consent is given.
6. The patient has the right to expect that his/her care meets the standards of care of the profession.
7. Once accepted for treatment by the SDM, the patient has the right to expect prompt and continuing care.
8. The patient has the right to emergency care, as needed.
9. The patient has the right to request and examine an itemized total bill; regardless of the source of payment for services rendered.
10. The patient has the right to know the SDM's guidelines affecting:
  - a. acceptance as a patient;
  - b. eligibility for continuing treatment;

- c. fees involved and payment methods.
- 11. The patient has the right to decide to participate or refuse to participate as a subject in a research project. This decision will have no effect upon access to continuing care. Agreement to participate in a research project must be in writing.
- 12. The patient has the right to know the rules of the SDM, and the regulations that apply to his/her conduct as a patient.

#### Patient's Responsibilities

1. The patient shall provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters pertaining to his/her health. The patient has the responsibility to report unexpected changes in his/her condition to the responsible practitioner.
2. The patient shall make it known to the appropriate practitioner whether he/she clearly understands the course of treatment and what is expected of him/her.
3. The patient is responsible for following the recommended instructions given by the practitioner, including follow-up treatment instructions.
4. The patient is responsible for his/her actions, if he/she refuses treatment or does not follow the instructions of the practitioner.
5. The patient is responsible for keeping appointments, and, when unable to do so for any reason, to notify the practitioner or the SDM.
6. The patient (or the legally responsible party) is responsible for assuming that the financial obligation is fulfilled as promptly as possible.
7. The patient is responsible for being considerate of the rights of other persons and the SDM.
8. The patient should expect the SDM to provide only those services that the attending practitioners determine to be appropriate.

# University of Pittsburgh School of Dental Medicine

## Acknowledgement of Receipt of Privacy Practices

*The following is presented to patients as part of the School of Dental Medicine (SDM) Packaged Consent:*

At the University of Pittsburgh School of Dental Medicine (SDM), we are committed to protecting the privacy of your medical information, as federal and state law require. When we say “information,” we mean health, treatment, or payment information that identifies you. Attached is the SDM’s “Notice of Privacy Practices.” The Notice explains how we meet this commitment. The Notice also explains your legal rights about what is in your health record. All people and places that make up the SDM must follow the Notice. This summary tells you in brief what the Notice says. **THIS SUMMARY IS NOT A COMPLETE LISTING OF HOW WE USE AND DISCLOSE (SHARE) YOUR HEALTH INFORMATION.** SDM has the right to change this Summary and the Notice without first notifying you.

<p>How SDM may use and share your health information -</p> <p>Without your consent, SDM can use and share your health information to:</p> <ul style="list-style-type: none"> <li>• Provide you with dental treatment and other services</li> <li>• Receive payment from you, an insurance company, or someone else for services we provide to you</li> <li>• Operate SDM, which includes such things as giving you appointment reminders, telling you about other treatment options, and contacting you for certain marketing and fundraising activities</li> <li>• Comply with the law</li> <li>• Meet special situations as described in the Notice, such as public health, safety and research</li> </ul> <p><b>Exception:</b> This does not include behavioral health, drug and alcohol, and AIDS/HIV information.</p> <p>With your verbal agreement, SDM can:</p>	<p>Your legal rights about your health information offer you the -</p> <ul style="list-style-type: none"> <li>• <b>Right</b> to ask to see and copy your dental record</li> <li>• <b>Right</b> to ask that incorrect or incomplete information in your dental record be corrected</li> <li>• <b>Right</b> to ask for a list of non-SDM parties with whom we have shared your health information. This right does not include health information we shared (1) if we had your written permission to share the information, and (2) to carry out treatment, payment and health care operations</li> <li>• <b>Right</b> to ask SDM to limit how we use and share your health information without your consent. SDM is not required to agree to your request.</li> <li>• <b>Right</b> to ask for confidential communications</li> <li>• <b>Right</b> to ask for a paper copy of the Notice of Privacy Practices</li> </ul> <p><b>Violation of privacy rights:</b></p>
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- Share your health information with the family and friends you agree can have this information

All other uses and sharing of your health information will be done only with your specific written permission or as required by law.

**If you believe your privacy rights have been violated, you have the right to file a complaint. Please see the attached Notice for more details.**



University of Pittsburgh

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The University of Pittsburgh, School of Dental Medicine (SDM), and its related Practice Plan, University Dental Health Services, Inc. (UDHS), are required by law to maintain the privacy of your medical records and to give you this Notice that describes our privacy practices. This Notice describes how we may use and disclose your protected health information to carry out treatment, payment, and health care operations; and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information, which is information about you, including demographics that may identify you and that relates to your past, present, or future physical or mental health and related health care services. This Notice takes effect April 14, 2003, and will remain in effect until we replace it.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change our privacy practices at any time. We reserve the right to make the changes to our privacy practices and this Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change to our privacy practices, we will change this Notice and make the new Notice available upon request. You may access the Notice on the University's Website at <http://www.pitt.edu/hipaa>, or by contacting the SDM's Privacy Officer, University of Pittsburgh School of Dental Medicine, 440 Salk Hall, 3501 Terrace Street, Pittsburgh, PA, 15261, or you may request one at the time of your appointment.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION.** We may use or disclosure your health information as follows:

**Treatment.** To a physician, dentist, or other healthcare provider providing treatment to you. For example, your protected health information may be provided to a physician or dentist to whom you have been referred to ensure that the healthcare provider has the necessary information to diagnose or treat you.

**Payment.** To obtain payment for services we provide to you. This may include activities your health insurance plan may undertake if it approves or pays for the health care service, we recommend for you, to determine eligibility for plan benefits, or to coordinate benefits.

**Health Care Operations.** In connection with our healthcare operations, including insurance related activities, quality assessment, reviewing the competence or qualifications of health care professionals, conducting medical review, legal services, audit services, accreditation, certification, licensing or credentialing activities, and for business planning, management, and general administration.

**Authorization.** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You may revoke your authorization at any time, in writing, except to the extent an action already has been taken in reliance on your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any purpose except those described in this Notice.

**OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT.** We may use and disclose your health information in the following ways. You have the opportunity to object to these uses.

- **Others Involved in Your Healthcare.** Unless you object, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health care information relevant to that person's involvement in your care or payment related to your care, if we determine it is in your best interests based on our professional judgment.

- **Emergencies.** We may use or disclose your health information in an emergency situation. If this happens, your physician and/or other healthcare provider shall try to obtain your consent as soon as reasonably practical after the delivery of treatment.
- **Communication Barriers.** We may use and disclose your health information if your physician, dentist, or other healthcare provider attempts to obtain consent from you, but is unable to do so due to substantial communication barriers; and the physician and/or dentist determines, using professional judgment, that you intend to consent under the circumstances.

**OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT.** We may use or disclose your health information in the following situations without your consent or authorization.

- **As Required by Law.** We may use or disclose your health information to the extent disclosure is required by law. You will be notified, as required by law, of a use or disclosure.
- **Public Health.** We may use or disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury, or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure, and other activities related to oversight of the health care system.
- **Legal Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose your health information to coroners, medical examiners, and funeral directors for purposes of identification, determining cause of death, and to enable them to perform their duties as authorized by law. Health information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.
- **Public Safety.** We may disclose your health information to appropriate persons to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- **National Security.** We may disclose your health information for military or national security purposes, as necessary.
- **Workers' Compensation.** We may disclose your health information, as necessary, to comply with workers' compensation or similar laws.
- **Inmates.** We may use or disclose your health information if you are an inmate of a facility, and your physician, dentist, or other healthcare provider created or received your protected health information in the course of providing care to you.
- **Marketing.** We may contact you to give you information about health-related benefits or services that may be of interest to you.
- **Fundraising.** For the purpose of raising funds to benefit the University, the University may use or disclose the following protected health information: (1) demographic information that can include, but not be limited to, age, race, gender, marital status, and occupation; and (2) dates that health care was provided to a patient.
- **Disclosure to Plan Sponsors.** We may disclose your health information to the sponsor of your group health plan for purposes of administering benefits under the plan.
- **Researchers.** We may disclose your health information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and protocols to ensure the privacy of your protected health information.

#### **STATEMENT OF YOUR HEALTH INFORMATION RIGHTS.**

**Right to Inspect and Copy.** You have the right to inspect and copy your protected health information. This includes medical and billing records and any other records that your physician, dentist, or other healthcare provider uses to make decisions about you. To inspect and copy such information, you must submit your request in writing. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request. Under federal law, you may not inspect or copy psychotherapy notes or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative proceeding, and protected health information that is subject to law that prohibits access to health information.

**Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information. You may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care for notification purposes, as described in this Notice of Privacy Practices. Your request must state the restriction requested, and to whom you want the restriction to apply. The SDM is not required to agree to the restrictions you request. You must submit your request in writing to the SDM's Privacy Officer, University of Pittsburgh, School of Dental Medicine, 440 Salk Hall, 3501 Terrace Street, Pittsburgh, PA, 15261.

**Right to Request Confidential Communications.** You have the right to request to receive confidential communications by alternate means or at an alternate location. You must submit this request in writing to the SDM's Privacy Officer, University of Pittsburgh, School of Dental Medicine, 440 Salk Hall, 3501 Terrace Street, Pittsburgh, PA, 15261. The SDM will try to accommodate reasonable requests; however, we are not required to agree to your request.

**Right to Request Amendment.** You have a right to request an amendment to your health information that you believe is incorrect or incomplete. We are not required to change your health information. If your request is denied, we will provide you with information about our denial and tell you how to file a statement of disagreement with us. We may prepare a rebuttal to your statement; a copy of which will be provided to you. To request an amendment, you must submit the request in writing to the SDM's Privacy Officer, University of Pittsburgh, School of Dental Medicine, 440 Salk Hall, 3501 Terrace Street, Pittsburgh, PA, 15261.

**Right to Accounting of Disclosures.** This right applies to disclosures for purposes other than treatment, payment, or healthcare operations, as described in this Notice of Privacy Practices and disclosures made to you. To request an accounting of disclosures, you must submit your request in writing to the SDM's Privacy Officer, University of Pittsburgh, School of Dental Medicine, 440 Salk Hall, 3501 Terrace Street, Pittsburgh, PA, 15261. Your request should specify a time period of up to six years and may not include dates before April 14, 2003. The SDM will provide one list per 12 month period free of charge. We may charge you for additional lists.

**Right to Paper Copy.** You have the right to obtain a paper copy of this Notice, even if you agreed to accept this Notice electronically. To obtain a paper copy, submit a written request to SDM's Privacy Officer, University of Pittsburgh, School of Dental Medicine, 440 Salk Hall, 3501 Terrace Street, Pittsburgh, PA, 15261. You also may access this Notice on the University's Website at <http://www.pitt.edu/hipaa>.

**Complaints.** You may complain to, or to the Secretary of Health and Human Services, about this Notice of Privacy Practices or if you believe your rights under this Notice have been violated. You may file a complaint with us by notifying the SDM's Privacy Officer, University of Pittsburgh, School of Dental Medicine, 440 Salk Hall, 3501 Terrace Street, Pittsburgh, PA, 15261 and completing the SDM's Privacy Practices Complaint form. We will not retaliate against you for filing a complaint.

**This Notice was published and becomes effective on April 14, 2003.**

You have the right to file a complaint with us about our privacy practices or our compliance with our Notice of Privacy Practices, our Privacy Policies and Procedures, or federal or state privacy rules or laws. We will not require you to waive any right you may have under federal or state privacy or other law to file your complaint, nor will filing your complaint adversely affect our treatment of you. To exercise this right, please complete, sign and date Sections A and B below, then submit this complaint to us at:

Privacy Officer  
University of Pittsburgh, School of Dental Medicine  
440 Salk Annex  
3501 Terrace Street  
Pittsburgh, PA, 15261

Telephone: (412) 648-8880  
Fax: (412) 648-8219

You may, in addition or in the alternative to filing a complaint with us, file a complaint with the United States Department of Health and Human Services. For information on the procedures for doing that, please contact us at the above location.

**SECTION A: PATIENT LODGING COMPLAINT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Patient #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**SECTION B: PATIENT COMPLAINT**

Please give a concise, plain statement of your complaint:

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Please give a concise, plain statement of the resolution you seek for your complaint:

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# University of Pittsburgh School of Dental Medicine

## Consent to Initial Examination

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*The following is presented to patients as part of the School of Dental Medicine (SDM) Packaged Consent:*

I authorize performance by residents and/or students; under the supervision of the faculty. I authorize such diagnostic, radiographic, or treatment procedures as may be deemed necessary for diagnosis of (my, his, her) oral condition.

I acknowledge that the University of Pittsburgh is an educational institution and that research and education are integral parts of its mission. I authorize the use of my medical records for information, research, and teaching purposes which do not reveal my identity to persons outside of the approved academic programs of the University of Pittsburgh and its affiliates.

I understand the nature and purpose of the examination is to determine oral health needs. No guarantee or assurance has been given by anyone regarding my acceptance as a patient.

I acknowledge that x-rays are taken for diagnostic purposes only and remain the property of the School of Dental Medicine (SDM). Requests for record duplication including x-rays must be accompanied by an authorization for release of protected health information. There is a fee for record and radiograph duplication.

I authorize the release of any medical information necessary to process insurance forms or related claims. I may request payment of insurance benefits either to myself or the SDM.

I understand that there is a fee for all services performed at the School of Dental Medicine including examination(s), treatment procedures, and radiographs.

# University of Pittsburgh School of Dental Medicine

## Continuity of Care Policy

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*The following is presented to patients as part of the School of Dental Medicine (SDM) Packaged Consent:*

1. In order to maintain the schedules necessary for our educational mission, and to pay proper attention to the needs of all of our patients, you will be contacted by the School of Dental Medicine's (SDM) Quality Care Manager regarding your future status as a patient in the event your actions have led to the accumulation of 3 (three) cancellations\* with less than 24 hours notice and/or appointments for which you do not show within your current treatment plan.
  - Please be advised that each appointment which you cancel or do not appear may be verified by a SDM staff member.
  - The SDM reserves the right to treat and consider all appointments for which you arrive over 30 (thirty) minutes late as a cancellation and the appointment may be rescheduled.
  - The SDM is not willing to incur costs related to the use of an interpretation service should you fail to cancel with less than 24 hours notice or fail to show for your appointment(s). In these instances, you will be expected to assume payment for the services that will be billed to the SDM related to your missed appointment(s).
  
2. In the event your cancellation/"no show" history does not permit an acceptable level of continuance of care as outlined above, the SDM reserves the right to inactivate your care and dismiss you as a patient from the SDM.

*\* Should you cancel or not show for any appointment where the outcome may compromise your oral or overall health, you may receive notification from the SDM that will outline expectations that will allow you to continue care or consequently be dismissed as a patient from the SDM.*

# University of Pittsburgh School of Dental Medicine

## Informed Consent Policy

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*The following is presented to patients as part of the School of Dental Medicine (SDM) Packaged Consent:*

I authorize the performance of general dental procedures upon \_\_\_\_\_, that are deemed necessary by the faculty of the University of Pittsburgh School of Dental Medicine (SDM). I understand that the diagnostic, radiographic, and treatment procedures could be performed by residents/students under the direction of the licensed faculty. I also understand that this is a teaching facility and overall treatment time is often lengthy.

1. Treatment Plan

I understand the recommended treatment and my financial responsibility as explained to me. I understand that by signing this consent, I am in no way obligated to any treatment. I also acknowledge that, during treatment, it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination.

2. Drugs and Medication

I understand that antibiotics, analgesics, and other medications can cause allergic reactions, such as redness and swelling of tissue, pain, itching, vomiting, and/or anaphylactic shock. I understand that local anesthesia is often required to perform dental procedures, and I authorize its use.

3. Extractions

Alternatives to removal of teeth have been explained to me (i.e., root canal therapy, crown and bridge procedures, periodontal therapy). I understand that removing teeth does not always remove the infection, if one is present, and it may be necessary to have further treatment.

4. Crowns, Bridges, Veneers

I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. I further understand that I may be wearing temporary crowns, which come off easily, and that I must be careful to ensure that the crowns are kept on until the permanent crown is delivered. I realize the final opportunity to make changes (i.e., shape of teeth, fit, size, color) will be before cementation. Excessive delays in returning for final cementation of crowns may allow for tooth movement. This may necessitate a remake of the crown or bridge. I understand there may be additional charges for remakes due to my delaying permanent cementation.

5. Endodontic Therapy

I realize there is no guarantee that root canal treatment will save my tooth, that complications can occur from the treatment, and that, occasionally, root canal filling material may extend through the tooth which does not necessarily affect the success of the treatment. I understand that endodontic files and reamers are very fine instruments, and stresses and defects in their manufacture can cause them to separate during use. I understand that occasionally additional surgical procedures may be necessary following root canal treatment (apicoectomy). I understand that the tooth may be lost in spite of all efforts to restore it.

6. Periodontal Disease

I understand I may be diagnosed with periodontal disease, which causes gum and bone loss, and can lead to the loss of teeth. Alternative treatments have been explained to me, including scaling, periodontal debridement, and possible tooth extractions.

7. Fillings

I understand that recurrent decay can occur around fillings requiring treatment to be redone. I understand that care must be exercised in chewing on filled teeth, especially during the first 24 hours, to avoid breakage. I understand that a more extensive restorative procedure than originally diagnosed may be required due to additional or extensive decay. I understand that significant sensitivity is a common after-effect of newly-placed fillings.

8. Removable Partial and Complete Dentures

I understand that the wearing of removable partials or complete dentures is difficult. Sore spots, altered speech, and difficulty in eating are common problems. Immediate dentures may require considerable adjusting and several relines. A permanent reline will be needed at a later date. This is not included in the denture fee. I understand that it is my responsibility to return for delivery of my removable partial or complete denture. I understand that failure to keep my delivery appointment may result in poorly fitted dentures.

9. Pediatric Dental Care

The parent and/or legal guardian understands that cooperation among patient, parent/guardian, and dental team is required to ensure optimal comprehensive care. This will include directions for the patient's home care program.

I understand that dentistry is not an exact science and that, therefore, practitioners cannot properly guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding this dental treatment, which I have requested and authorized.

# University of Pittsburgh School of Dental Medicine

## Maintenance and Replacement/Repair of Dental Restorations/Prostheses

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*The following is presented to patients as part of the School of Dental Medicine (SDM) Packaged Consent:*

### Maintenance of Dental Restorations/Prostheses:

While the goal is to have dental restorations and prostheses last as long as possible, these treatments all have varying lengths of serviceability. There is a joint responsibility between the providers and patients for maintaining restorations. Although the School of Dental Medicine (SDM) cannot guarantee any service provided to patients, longevity may depend upon compliance by patients with the following:

- Regular monitoring (every 3 - 6 months) by a dentist (to include preventive dentistry services at the SDM through the Preventive Dentistry Policy);
- Proper home care; and
- Avoidance of harmful oral habits.

Failure by patients to follow any of the above may result in a negative outcome to the restorations and/or prostheses. In this event, corrective care will be at the patients' own expense.

### Replacement/Repair of Defective Restorations/Prostheses:

Repair/replacement of restorations or prostheses provided by the SDM must take place within a reasonable time period. When problems have been identified, patients will be notified of the need for replacement/repair. Documentation will be entered in the patients' electronic health record (EHR) to acknowledge the need for treatment.

Failure of the patient to seek and complete corrective treatment within 20 days may result in progression of disease, loss of the tooth/teeth, or the necessity of more extensive treatment at the patient's expense.

# University of Pittsburgh School of Dental Medicine

## Patient Information Brochure

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*The following is presented to patients as part of the School of Dental Medicine (SDM) Packaged Consent:*

### INTRODUCTION

A primary role of the School of Dental Medicine (SDM) is to educate dental health professionals. The resident/student depends on the patient's commitment to complete necessary educational requirements. Because this is a teaching institution, the patient should be aware that treatment will take longer than in a private dental office. Be assured that the dental care patients receive meets the standard of care of the dental profession. Dental care is provided in accordance with the SDM Standards of Care, Health Insurance Portability and Accountability Act (HIPAA), and the Centers for Disease Control (CDC) recommendations.

The clinic is open from 8:00 a.m. to 4:30 p.m., Monday through Friday, throughout the school year, excluding University holidays and designated University breaks.

### HOW TO BECOME A PATIENT\*

The first step in becoming a patient in the clinical program is to arrange for an initial screening examination to determine patient treatment needs. Appointments may be scheduled by phone at (412) 648-8616, or in person at the SDM's scheduling desks located on the basement level, second, and third floors next to the elevators. The patient's initial screening examination will be conducted by a faculty member and resident/student and will take approximately two hours. At this appointment, x-rays may be taken for which an additional fee will be charged. An exact fee cannot be quoted, as the number and type of x-rays will not be known until the time of the examination.

The following are important to note for the appointment day:

- Arrive at least 30 minutes prior to the patient's scheduled appointment to register.
- Allow time for parking and traffic in the Oakland area.
- Provide names and dosages of any medications the patient presently is taking.
- Provide photo identification and insurance cards.

The SDM does not have facilities or staff for child supervision while the patient is having dental treatment. Children are prohibited from accompanying the patient into the patient treatment areas.

*\* Please note that that prior to being permitted to schedule a screening appointment at the SDM in our main clinics, you will be asked to confirm your ability to comply with the following important SDM policies:*

1. *Should you not present for your screening appointment, or cancel with less than 24 hours notice, or are late for your appointment, we reserve the right to not reschedule you for additional appointments.*
2. *If you have a special health care need that cannot be reasonably or safely accommodated in the main clinic, you will be referred to our Center for Patients with Special Needs for further evaluation.*
3. *The manufacturer of our dental chairs recommends that we do not exceed their equipment's recommended weight limit. In order to ensure your safety, should your weight exceed 350 lbs., I cannot schedule you for an appointment in our main clinics, but I could give you contact information for our Center for Patients with Special Needs, which may be able to accommodate you.*

*You will be asked if you have any reason why you cannot comply with these three guidelines.*

## CONSENT FORMS

It is the policy of the SDM and proper professional practice not to proceed with any treatment until the rationale, alternatives, and expected outcome, including any material risks of the proposed treatment, are fully explained and understood by the patient. Because this information is essential, the patient (parent/guardian) will be asked to sign a consent form. If the child or adolescent is under the age of 18, a parent/guardian must accompany him or her. Children or adolescents will not be examined or treated unless accompanied by a parent or guardian. The parent or guardian must remain in the clinic waiting room at all times while the child/ adolescent is being treated.

## PATIENT ASSIGNMENT

After the screening examination has been completed and the SDM accepts the patient, the patient will be assigned to a student doctor from the predoctoral program or to a specialty resident, depending on the patient's treatment needs. To meet the educational needs of our students/residents, and depending on the complexity of your treatment needs, this assignment may be changed at any given time. A patient can expect an average waiting period of one to two weeks to be assigned. Patients with the most flexible availability will be the easiest to assign to student doctors. If a patient's availability is limited, he/she should inform the faculty member at the time of the initial examination.

Registered patients who wish to inquire about their assignment status or other related questions should call (412) 648-8616. Pediatric patients (all children and adolescents less than 18 years of age) should call the Department of Pediatric Dentistry at (412) 648-8930. Patients with special needs should call the Center for Patients with Special Needs at (412) 648-3039.

The patient's resident/student will schedule an appointment under supervision of a faculty member. The patient's examination will be completed using in-depth information

gathering, diagnostic techniques, and specialty departmental consultations, if needed. Treatment options and fee estimates will be discussed. After the patient has decided on treatment options, a financial counselor will explain existing payment plans.

#### COMPREHENSIVE CARE

The SDM's philosophy of comprehensive care is recommended for most patients. At least one alternative to the ideal treatment plan (if applicable) will be suggested along with its benefits, risks, and prognosis. Patients will not have the option to select only limited portions of the recommended treatment plan.

#### EMERGENCY TREATMENT (*Bleeding, Pain, Swelling, or Infection*)

Emergency treatment is limited to making the patient comfortable, and only the emergency condition will be addressed during the emergency appointment.

#### PATIENTS 18 YEARS OF AGE AND OLDER

- Current patients of the SDM must first contact their resident/student if they have a dental emergency. If unable to contact the resident/student, or if the patient has not been seen for their first appointment, they may come to the emergency clinic.
- Emergency Clinic registration begins at 8:00 a.m. Monday through Friday. Patients are seen on a first-come, first-served basis.
- As space is limited, there is no guarantee that all patients will be treated for emergency care each day. Based on the nature of the emergency, patients may be asked to return to the Emergency Clinic another time.

#### PATIENTS UNDER THE AGE OF 18

- If a current pediatric dental patient at the SDM is in need of emergency care, the patient should contact the patient's resident/student first.
- Pediatric (patients under the age of 18 years) dental emergencies are seen only after an appointment has been made. Please call (412) 648-8616 to make an emergency appointment. Emergency pediatric dental appointments are at 10:00 a.m. or 1:30 p.m. Walk-in (unscheduled) emergency appointments are not available for patients under the age of 18.

The fees for root canal therapy (endodontic care) do not include the final restoration. Subsequent to this appointment, the patient must be scheduled for a comprehensive examination and treatment plan, which will include assessment of any tooth/teeth in which endodontic treatment was initiated. Without final restoration of the treated tooth, the tooth may become re-infected and require extraction.

Emergency oral surgery includes care that is limited to the extraction of one or more non-restorable teeth in order to alleviate or prevent pain or infection. The SDM is not obligated to replace extracted teeth either for functional or cosmetic reasons.

Please note: The SDM will not provide any type of care that is not in the best interest of the patient.

If you experience an after hours, weekend, or holiday emergency,  
please call: (412) 369-3965.  
Our answering service will page the resident on call who will contact you.

## GENERAL INFORMATION

### CELL PHONES

The use of cell phones is strictly prohibited in all clinic patient treatment areas. Cell phones may only be used in the main lobby on the ground floor.

### PATIENT'S FINANCIAL RESPONSIBILITY: PAYMENT OF FEES

The SDM requires payment for: 1. the initial screening appointment; 2. emergency care, and; 3. dental hygiene appointments on the day of service. After a final treatment plan has been drafted and approved by the patient, a review session will be arranged with one of the SDM's financial counselors. At this session, financial arrangements will be made for payment of dental treatment. The SDM requires down payments for treatment and offers monthly payment plans for the balance. Visa, MasterCard, or Discover are accepted. There is a \$30.00 fee for returned checks. Monthly statements for any outstanding balances will be sent. Payments also can be made at the SDM's cashier's office on the first floor. Patients with commercial dental insurance or Medical Assistance, please see the appropriate section related to insurance and payment.

### FEE SCHEDULE

The SDM has an established fee schedule for residency, predoctoral, and dental hygiene clinics. After discussing the treatment plan, fees will be arranged with the resident/student and financial counselor.

### TREATMENT FEE ESTIMATES

During the treatment planning appointment, patients will be advised of ideal treatment, the total estimated cost for that treatment, and any alternative treatments and costs. Both the patient and the attending faculty member must sign/approve the treatment plan once the plan has been understood and accepted. The treatment plan will be monitored and tracked for progression of care. Any questions should be directed to the resident/student or supervising faculty. Treatment estimates are based upon current fees and may vary from the actual cost if the services or procedures are performed after a lapse of time or if additional services are found to be required once treatment has begun. SDM fees are subject to change without notice.

### DENTAL INSURANCE PATIENTS

The SDM will submit a predetermination to the patient's insurance carrier, if required, to determine the patient's financial responsibility for their dental care. Once the insurance carrier has determined the patient's coverage and has contacted the SDM, a financial appointment will be arranged with the patient's resident/student and the financial counselor. At this time, a payment plan will be developed for the patient. It is the patient's responsibility to inform the financial counselor of any change in insurance. The

SDM will submit a claim to your insurance carrier; however, payment for service is the ultimate responsibility of the patient.

#### MEDICAL ASSISTANCE PATIENTS

If the patient is covered by Medical Assistance, the registration desk must be informed upon admission. Photo identification is required. Should the patient not present with photo identification, two alternative forms of identification (in addition to the patient's medical assistance card) are required. Patients obtaining coverage after admission are expected to notify the SDM immediately. Claims cannot be made retroactively; therefore, patients who do not inform the SDM of all changes are responsible for payment and treatment fees performed without authorization. The resident/student must obtain authorization in advance for all treatment covered by Medical Assistance.

Not all dental procedures are covered by Medical Assistance. The resident/student cannot provide such treatment unless the patient is willing to accept financial responsibility for the non-covered treatment. In such cases, the patient will be required to comply with procedures outlined in the section on fees.

The insurance card must be valid at the time of treatment. Fraudulent use of Medical Assistance to obtain dental services is punishable by law.

#### NON-PAYMENT

If the patient does not honor their payment plan, the SDM will withhold services until the balance is current. If payment is not received within 30 working days after the second statement, the account will be sent for further collection activity and the patient may be discharged from treatment.

#### DENTAL RECORDS

The SDM, as the dental provider, has the prime custodial rights to every patient record. Each patient has a property right to personal health information and the privilege of reasonable access. Requests for personal health information are processed through the Dental Records Request Line. This line can be accessed by dialing (412) 648-8389. Records cannot be released without patient authorization. Original dental records must remain with the SDM. A fee is charged for the duplication of a patient's radiographs, progress notes, and treatment plan. Fees must be paid prior to release of dental records. By law, the University has 30 days to provide dental records from the time the proper authorization and payment is received.

#### APPOINTMENTS

All treatment at the SDM is provided by residents or students under faculty supervision. The assigned resident/student or patient care coordinator will schedule your appointments. The telephone number for the scheduling desk is (412) 648-8616. Cancellations should occur only if it is absolutely necessary and at least 24 hours in advance. Three failures to meet appointments (cancellations and/or failures to appear) will result in patient dismissal. As noted, the resident/student depends on the patient's commitment to complete necessary educational requirements.

## PATIENT INQUIRY

If there are any questions about treatment, fees, or rights, contact your resident/student. Resolution of non-financial patient problems and/or concerns should be made while the patient is in the clinic and the faculty supervisor is present. In the event that this effort is unsuccessful, the resident/student and the patient should consult the department as the case may warrant. Should the nature of the concern or problem go beyond this level and remain unresolved, the resident/ student will confer with the Quality Care Manager (412) 648-1027.

Questions of a financial nature should be directed to the SDM's Office of Patient Business Services, (412) 648-3100. For information on business and insurance procedures, see sections on Fee Schedule, Dental Insurance Patients, and Medical Assistance Patients.

## INTERPRETATION SERVICES

The SDM will arrange for interpretation services for patients who are non-English speaking or are otherwise hearing or communication impaired. Patients are advised that the SDM is not willing to incur costs related to the use of an interpretation service should the patient fail to cancel within less than 24 hours notice or fail to show for his/her appointment(s). In these instances, the patient will be expected to assume payment for the services that will be billed to the SDM related to all missed appointment(s).

## SUMMARY

Thank you for choosing the University of Pittsburgh School of Dental Medicine to provide your dental care. The SDM makes every effort to provide the best treatment possible its patients and to meet the profession's standards of care.

The SDM accepts patients with dental needs that are considered appropriate for teaching students contemporary techniques of dentistry regardless of race, religion, gender, age, disability, sexual orientation, or ethnic or national origin. However, the SDM reserves the right to refuse treatment, except to relieve pain or protect life, to any person for the following reasons, to include, but not limited to:

- The patient (or his/her immediate family) has a history of not discharging financial obligations to the SDM.
- The patient (or his/her immediate family) has a history of not abiding by the patient responsibilities.
- The patient's conduct is disruptive or compromises the rights of others.
- The patient discriminates against student doctors, residents, dental hygienists, faculty, or staff on the basis of race, color, religion, ethnicity, national origin, age, sex, sexual orientation or marital, veteran, or disability.
- The patient does not keep his/her appointment(s).
- The patient's medical status prevents safe care given the available SDM resources.
- The patient provides false information or falsifies documents.

## PATIENT'S BILL OF RIGHTS

Patients are provided a statement outlining the rights and responsibilities of a patient of the SDM. Patients are encouraged to contact the Quality Care Manager (412) 648-1027 if the school has not honored its pledge or if the patient's rights were not honored.

### **Patient Services:**

#### DENTAL ANESTHESIOLOGY

- provides nitrous oxide, oral sedation, intravenous (IV) sedation and/or general anesthesia

#### DENTAL HYGIENE

- provides dental prophylaxis (teeth cleaning) and preventive services, such as application of topical fluoride treatments and sealants; educates and counsels patients about proper oral hygiene techniques, nutrition, and tobacco cessation

#### EMERGENCY CARE

- provides emergency dental care (pain, bleeding, swelling, infection)

#### ENDODONTICS (ROOT CANAL)

- provides treatment of tooth infections of the pulp caused by decay or injury

#### IMPLANTOLOGY

- provides replacement of missing teeth using dental implants and implant-supported or implant-retained prostheses

#### NEW PATIENT SCREENING

- includes examinations and assessments of oral health needs, including medical factors

#### ORAL AND MAXILLOFACIAL SURGERY

- provides diagnosis and surgical and adjunctive treatment of diseases, injuries, defects, and aesthetic problems involving the teeth and other structures associated with the oral and maxillofacial regions

#### ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

- provides diagnosis and specialized treatment of oral and facial malformations, including braces

#### PEDIATRIC DENTISTRY (all patients less than 18 years of age)

- provides preventive and comprehensive dental treatment for children and adolescents

#### PERIODONTICS

- provides services ranging from prophylaxis (teeth cleaning) to the treatment of periodontal disease (gum disease) including scaling and root planing (deep

cleaning), as well as specialized treatment such as periodontal surgery, bone grafts, soft tissue grafts, implants, and managing of temporomandibular joint (TMJ) disorders

#### PROSTHODONTICS

- provides services ranging from single unit crowns to multiple units of crowns (bridges), removable complete dentures, and removable partial dentures to replace missing teeth

#### RADIOLOGY

- provides imaging services that include radiographs of teeth and supporting structures (intra-oral); 3D imaging of selected areas for certain diagnostic tasks such as study of potential implant sites, temporomandibular joints, etc.; appropriate referrals for advanced imaging at UPMC hospitals or other such imaging centers in select cases, upon request from the care provider; radiographs are read by radiology faculty and written reports are provided, when specifically requested.

#### RESTORATIVE DENTISTRY

- provides restorations (fillings), such as silver amalgam, gold, composites (white fillings), and porcelain inlays, onlays, and veneers

#### SPECIAL NEEDS PATIENTS

- provides comprehensive dental services for patients of all ages with various types of disabilities or limitations resulting from problems such as stroke, accidents, cerebral palsy, seizure disorders, or emotional disturbances

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The services listed above are representative of typical dental procedures performed. Other more involved services are available but not listed.

#### ***Important Telephone Numbers***

After Hours Emergencies Including Weekend or Holidays (412) 369-3965  
*Ask for the dental resident on call to be paged.*

Financial Counselors (412) 648-2137  
(412) 648-2138  
(412) 383-9490

Dental Records Request Line (412) 648-8389

Office of Patient Clinical Services (412) 648-8615

Quality Care Manager (Patient Care Representative) (412) 648-1027

Office of Patient Business Services (412) 648-3100

Main Scheduling Desk

(412) 648-8616

*Resident's/Student's Name:* \_\_\_\_\_

# University of Pittsburgh School of Dental Medicine

## Preventive Dentistry Policy

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The following policy is designed to ensure that all School of Dental Medicine (SDM) patients of residents and students receive:

1. Appropriate preventive dental care instruction prior to beginning definitive restorative treatment. Patients are to be informed of their role in successful dental treatment, as well as the consequences of their failure to follow preventive dental practices (packaged consent).
2. Appropriate periodontal treatment (if required) prior to beginning definitive restorative treatment;
3. Regular preventive treatment (prophylaxes and recall examinations) during the course of active treatment. These appointments are to be listed as part of the treatment plan.
4. At the termination of the patient's active treatment, the opportunity to enroll in a preventive dentistry program at the SDM (to be jointly coordinated and managed by the Dental Hygiene Program and/or the respective residency or module designees).

Items one through four (1-4) above are the responsibility of the assigned resident/student.

Preventive services include:

- medical history update
- intraoral and extraoral examination for cancer and soft tissue pathology
- periodontal screening record (PSR)
- examination of the dentition
- routine prophylaxis

Responsibility for the preventive dentistry examinations:

1. Following the initial examination and prophylaxis or completion of active periodontal therapy, the patient shall be scheduled for his/her first preventive appointment at an appropriate time interval (3, 4, 6 months or other intervals, as determined by the patient's compliance, diet, history, and response to the initial preventive/periodontal service).
2. The preventive appointment may occur in conjunction with another restorative/treatment appointment.
3. The resident/student will be responsible for scheduling the patient for the recall examinations and prophylaxes at regular intervals during the phase of the patient's active treatment at the SDM.
4. At the completion of active treatment, the patient will be:

- a. informed of the essential nature of regular preventive examinations including prophylaxes;
  - b. informed of the preventive services offered by the SDM;
  - c. scheduled with the student providing the treatment, if the student is still enrolled at the SDM, so that the student can continually evaluate treatment; or
  - d. scheduled in the dental hygiene program or asked to schedule with the dental hygiene program.
5. If the patient is being treated in a residency program, he/she will be referred to the dental hygiene program. If pathology is detected, or the patient requires additional services, the resident will be informed. The resident is responsible for seeing that the appointment is scheduled with the dental hygiene clinic.
  6. If the patient elects to go elsewhere for preventive care, he/she must be told and acknowledge that the SDM would like to service and continue to evaluate the treatments provided by the SDM. The responsibility of the SDM for the maintenance of patient treatments strictly depends on the SDM's ability to regularly monitor those services provided by the school. (NOTE: See attached policy for inclusion in the patient's chart).

The responsibility for monitoring resident/student compliance resides with the supervising faculty.

The first appointment on every treatment plan will be an examination and/or cleaning and preventive instructions; until this service has been completed, future treatment (with the exception of emergency dental treatment) will not be provided.

*The following is presented to patients as part of the SDM Packaged Consent:*

“The School of Dental Medicine (SDM) strives to provide you with the best dental care possible. However, maintaining your oral health is a **joint responsibility**.

**Our responsibility** is to:

1. diagnose any oral disease you might have;
2. propose treatment alternatives, and provide treatments agreed upon; and,
3. tell you how you can prevent additional disease.

**Your responsibility** is to:

1. maintain your oral health by effective daily brushing and flossing;
2. use any additional recommended therapies; and,
3. maintain regular preventive examinations and cleanings.

In order to provide an acceptable level of dental care, regular preventive examinations and cleanings are required. Such preventive care helps us not only prevent additional disease, but also allows us to detect dental disease at an earlier stage.

Regular cleanings and examinations are a required aspect of your care at the SDM. These preventive services must occur as follows:

1. prior to the provision of any treatment with the exception of emergency dental care;
2. during the course of your treatment at the SDM at intervals recommended by your dental student and/or resident and the supervising faculty member; (These examinations and cleanings are performed at intervals determined by your oral health and your ability to effectively clean your teeth.) and
3. at regular intervals following the completion of your dental care.

We welcome the opportunity to provide all of your preventive dental care. The benefit to you is that you are helping to prevent future disease and will be cared for by students/residents who are familiar with your previous treatments. At times, it may be necessary to adjust restorations or appliances and seeing you at regular intervals allows us to do so. We can only meet this responsibility if we see you for preventive examinations and cleanings after you have completed your active treatment at the SDM.

I acknowledge that I have read and understand the above, and that all of my questions have been answered.”

# University of Pittsburgh School of Dental Medicine

## School of Dental Medicine Billing Policy

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*The following is presented to patients as part of the School of Dental Medicine (SDM) Packaged Consent:*

“As a courtesy, the University of Pittsburgh School of Dental Medicine (SDM) will submit your claim to your insurance company. You are responsible for all treatment rendered at the SDM. You will be billed for the balance if your insurance does not make payment to the SDM within 60 days. The SDM is not responsible for interpreting your benefits; we will submit for pre-authorization if your insurance requires it. You will be responsible for services not covered by your insurance company. You are responsible for making timely monthly payments; failure to do so may result in discontinuance of your treatment and will result in further collection activity.”

Listed below is a general guideline of insurance plans. You may contact your insurance company or employer for benefit information.

### Medical Assistance

Medical Assistance will pay for covered services. If you are eligible, you are responsible for non-covered services. Services requiring prior authorization will not be provided until the SDM receives approval. If you decide to receive treatment for non-covered services, you are responsible for adhering to the SDM's down payment and monthly payment schedules. Medical Assistance will not cover x-rays, prophylaxis, or an examination if you have received these services elsewhere in the recent past; therefore, you will be billed for these services, if denied.

### Concordia Plus and Dental Maintenance Organizations

The SDM will bill your insurance provider for services. You are responsible for denied or non-covered services, co-payments, and/or deductibles. Services requiring prior authorization will not be provided until the SDM receives approval. You are responsible for adhering to the SDM's down payment and monthly payment schedules.

### Commercial Insurance, United Concordia, and Concordia Flex

The SDM will bill your insurance for services. You are responsible for denied or non-covered services, as well as down payment and monthly payment schedules.

### Worker's Compensation

You must obtain an authorization for treatment to be provided at the SDM from your worker's compensation carrier. We will submit your claim; however, you are ultimately responsible for payment for treatment denied by your carrier. The SDM will bill your dental insurance if your worker's compensation carrier denies your treatment.

### Automobile Insurance

If your dental treatment is related to your automobile accident, your automobile insurance will cover your related treatment in full, up to your policy maximum. All non-covered treatment is your responsibility. The SDM will submit your claim to your dental insurance carrier for all non-covered or denied treatment, if your dental insurance is a DMO or PPO; it is your responsibility to obtain pre-approval or pre-authorization.

### Federal Employee Program

See Commercial Insurance, as noted above.

### Medicare

Medicare does not cover dental treatment.

### Self Pay

Payment is expected at the time of service; however, once a treatment plan has been established, payment arrangements may be made.