



**The statement of Patient Rights and Responsibilities is as follows:**

Effective 5/15

The students, faculty, and staff of the School of Dentistry strive to provide high-quality dental care in a patient-friendly atmosphere.

**All of our patients are entitled to:**

- Continuous and complete treatment that meets professional standards of care
- A clear explanation of recommended and alternative treatment options, the option to refuse treatment, the risks of no care, and expected outcomes of various treatments
- Current information about their dental health care status and progress of care
- Advanced knowledge about the cost of treatment
- Treatment with respect, consideration, and confidentiality
- The right to ask questions anytime about their dental care
- Access to a patient advocate for assistance
- Informed consent before any procedure is performed
- Confidentiality regarding medical conditions, oral health, and patient records

**As an OHSU School of Dentistry patient you have a responsibility to:**

- Be thoughtful of other patients and visitors
- Be considerate and respectful of those who are helping you
- Provide accurate, honest and complete information about your medical and dental history that will help us care for you, including information about medications and drugs you have used, previous illnesses, injuries or medical and dental care you have received, and information about your current health status
- Participate in your oral health care decisions
- Ask questions when you do not understand
- Follow your oral health care provider's instructions once you have agreed to the recommended care
- Be available for appointments depending on the student and clinic schedules
- Cancel appointments you are unable to keep at least 24 hours in advance
- Be financially responsible for all care received except for the financial or welfare assistance listed on the Patient Information Form
- Notify School of Dentistry business services of any change in your dental insurance or welfare coverage
- Share your concerns, and provide suggestions and compliments that will help us provide high-quality, compassionate care



**By signing below:**

- I acknowledge that I have been provided a copy of the OHSU Notice of Privacy Practices and Patient Rights and Responsibilities.
  
- I acknowledge that I have read, fully understand and agree to the OHSU Terms and Conditions of Service consent.
  
- I acknowledge that I have read and understood the SOD Patient Information and Agreement, the SOD Financial Policies, and the SOD Private Insurance Policies. I agree to abide with the rules and regulations of the School of Dentistry.
  
- I understand that I may request and be provided a copy of these forms.

**Patient Name:**

**Chart:**

**Date:**

**Signature of Patient (If Applicable):**