

**BCC DENTAL HYGIENE DEPARTMENT  
PATIENT'S RIGHTS  
AND  
CONSENT PACKET**

- **STANDARDS OF PATIENT CARE**
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**BROOME COMMUNITY COLLEGE  
DEPARTMENT OF DENTAL HYGIENE  
Binghamton, New York**

**QUALITY ASSURANCE PLAN FOR PATIENT CARE**

An ongoing comprehensive quality assurance plan has been implemented to ensure that the Department of Dental Hygiene adheres to certain standards of care. These standards have been identified as our guiding principles of patient care. The plan encompasses several components:

Clinical Treatment, Patient Satisfaction, Chart Audits, Infection Control and Radiography. These components will be continually reviewed to identify deficiencies, to implement corrective measures and evaluate the effectiveness of the corrective measures. A multi-level approach will provide a thorough assessment of the quality of care provided to our patients.

**BCC DENTAL HYGIENE STANDARDS OF PATIENT CARE**

1. Patients or patient guardians will receive written information in the BCC DH Department Patient's Rights and Consent Packet. Additional information is displayed in the clinic reception room.
2. A thorough medical history will be gathered prior to treatment and will be reviewed at each appointment. Changes will be documented. Modifications of treatment as a result of new findings will be documented. Medical alerts will be indicated by a red sticker and in the electronic record.
3. Patients will be provided with a comprehensive intra and extra oral examination. A complete examination will be performed, including: dental charting (for restorations and pathology), periodontal assessment, radiographs and other data collection procedures to assess the patient's needs. All patients will receive an oral cancer exam (using the American Cancer Society guidelines). The patient will be informed of any suspected pathology and will receive an appropriate referral from the Supervising Dentist.
4. Patients will have their oral hygiene evaluated, utilizing the criteria stated in the Dental Hygiene Student Clinic Manual, and including a periodontal assessment, amount of calculus, plaque and stain present, probing depth and clinical attachment level.
5. Patients will be provided with educational, preventive and therapeutic dental hygiene services based on individual patient needs according to evidence-based decision making and documented in the dental hygiene care plan.
6. Patients will be advised of benefits/risks and alternatives to treatment.
7. Patients will be presented with a Patient Wellness Report, based on an analysis of the data collected. The Patient Wellness Report will include prevention, health promotion and education strategies that include as a minimum: access to fluoridation, oral hygiene instruction for self care, and tobacco cessation. Patients with identified risk factors associated with oral disease(s) will receive counseling, referral, and or training to reduce or eliminate risk factors.
8. At the completion of treatment, patients identified with risk factors for periodontal disease that can be modified by a student; such as oral biofilm, calculus, and stain will have been reduced or removed.
9. Patients should be satisfied with the quality of care they received in the Dental Hygiene Clinic.
10. The patient record will contain radiographs, services rendered, assessments, recommendations and an individual care plan. The patient record shall remain confidential.
11. The dental hygiene process of care will be based upon ethical decision making.
12. Infection control measures mandated by OSHA will be followed.
13. Radiation procedures, protective measures and record keeping will comply with the NYS Department of Health and Radiation Safety.

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DEPARTMENT OF DENTAL HYGIENE  
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**PATIENT'S RIGHTS FOR DENTAL HYGIENE CARE**

All consumers of services offered by New York licensed professionals have the legal right to

- ❖ Receive competent professional services which meet the standard of dental hygiene care.
- ❖ Verify the credentials of licensed professionals and know the names and titles of licensed professionals who provide service.
- ❖ Access to complete and current information about his/her condition.
- ❖ Receive clear explanations of the services being offered or provided and how much they cost.
- ❖ Refuse any services offered.
- ❖ Know what client records will be maintained, how to obtain copies; and that personally identifiable information normally cannot be revealed without the consumer's consent.
- ❖ File a complaint with the State Education Department about a licensed professional or an unlicensed practitioner.
- ❖ Patients have the right for continuity and completion of treatment.
- ❖ Informed consent.
- ❖ Policies on bloodborne and infectious diseases are in place and available upon request.

In addition, if you are a person with a disability, you may request and be provided a reasonable accommodation to access professional services.

You are encouraged to choose professionals who uphold the rights listed above and who also:

- ❖ Treat you with courtesy and respect.
- ❖ Explain your service options, including their consequences and any follow-up services which may be required or recommended.

BROOME COMMUNITY COLLEGE  
DEPARTMENT OF DENTAL HYGIENE  
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**PATIENT'S AGREEMENT POLICY FOR TREATMENT**

The Broome Community College Dental Hygiene Department is a teaching institution with its primary purpose to train and graduate qualified dental hygiene practitioners. Our goal cannot be obtained without our patients and we welcome you to our clinic.

1. All patients must be cooperative, prompt and keep appointments. Clinic appointments are three hours. Two failures to appear for a scheduled appointment are grounds for dismissal as a patient at said clinic. Inappropriate or abusive behavior directed towards faculty, staff or students is unacceptable and will result in immediate dismissal.
2. The Dental Hygiene Department reserves the right to terminate, limit or refuse treatment for patients who are uncooperative or refuse to accept and follow the treatment proposed to them. Changes in treatment plan will not be made at the patient's request if contrary to our criteria.
3. I consent to have the faculty, students and staff of the Dental Hygiene Department perform such examinations, treatments, diagnostic procedures, x-rays as are necessary and/or appropriate for my dental health needs.
4. I am aware that the Dental Hygiene Department clinics are part of an educational institution in which students receive training. I also understand that information obtained as part of the examination and any treatment which might follow may be shared with others for the purpose of completing the examination and treatment and advancing the educational objectives of the Dental Hygiene Department.
5. I am also aware that based upon the education needs and resources of the Dental Hygiene Department, dental treatment may not be provided or that only limited treatment may be provided following the examination. Patients with severe oral conditions which are beyond the scope of our teaching clinic will be referred appropriately.
6. I understand that I am expected to comply with home care recommendations and to complete all treatment appointments. **I realize this is not a primary care facility and is not intended to replace annual visits to my private dentist.** I am also aware that I will be referred to my dentist for any treatment beyond that which can be provided in this clinic.
7. The Broome Community College Dental Hygiene Department establishes and enforces a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste. I am aware that the Broome Community College Dental Hygiene Department has bloodborne and infectious disease policies in place and will be made available upon request.

I have been informed of the Patient's Rights for Dental Hygiene Care. I have read the above and understand the policies of the Dental Hygiene Department. I understand that this is primarily a teaching institution and as such some limitation in treatment may be necessary. If my case is of particular teaching value, photos, motion pictures or closed circuit television may be required for classroom use or publication in scientific journals. I have not been given or received any guarantees as to the results to be obtained from the dental treatment I am to receive. This consent will remain in effect for as long as the patient remains a client of the said clinic. My signature at the bottom of the Medical / Dental History verifies that I fully understand the conditions stated above and do not desire any additional information.

## **BROOME COMMUNITY COLLEGE DH DEPARTMENT NOTICE OF PRIVACY PRACTICES**

The Dental Hygiene Clinic at Broome Community College is in full compliance with the Health Insurance Portability and Accountability Act (HIPAA) , effective April 14, 2003.

This notice describes how medical information about you may be used and disclosed and how we must maintain your privacy with the use of this information. We are required to provide you with this Notice. If you have any questions about this notice, please contact our Privacy Officer at 607-778-5130. We will ask you to sign an acknowledgment indicating that you have been provided with this Notice.

### What Health Information is Protected ?

- Information that you are a patient at the BCC DH Clinic
- Medical information
- Treatment information
- Personal identifiers (SS #, phone #, name, address)
- Other types of information that might identify who you are( license plates info on sign in sheet)

### How We Will Protect Your Information:

- Only dental hygiene faculty, Supervising Dentists, dental hygiene students, authorized staff, and outside accrediting agencies may have access to your health information
- The BCC DH Clinic will never transmit any health information electronically- this includes via e-mail or facsimile
- All patient records are housed in a secured area and can only be accessed by authorized faculty, staff, or students
- All employees at BCC who may have access to personal health information as well as all dental hygiene students must sign the Health Science Division HIPAA Access and Confidentiality Agreement

### Summary of this Notice:

- A copy of this notice is available for review and may be found in the Reception Area of the BCC Dental Hygiene Clinic
- You have the right to ask for a written copy of this Notice
- We use and disclose your health information for the purpose of treating you at our Clinic
- We must obtain your written authorization to obtain any additional health information in order to treat you such as in the case of medical inquiry to your physician or to release radiographs to your dentist

**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES/CONSENT FOR  
PROTECTED DISCLOSURE OF HEALTHCARE INFORMATION**

The BCC DH Clinic has a detailed document called the *BCC DH Department Notice of Privacy Practices*. It details the policies and procedures protecting my privacy. I understand that I have the right to read the Notice before signing this acknowledgment and consent. I may again review a copy of the Notice in the Dental Hygiene Reception Room and I may ask for a copy of the Notice. My signature below indicates that I have been given the chance to review the *Notice of Privacy Practices* and that I agree to allow the Broome Community College Department of Dental Hygiene and any of its authorized users to use and/or disclose my personal health information in order to perform treatment and to leave me phone messages regarding appointment time scheduling or confirmation.

\_\_\_\_\_  
Signature of Patient or Legal Representative

DATE \_\_\_\_\_

Note: an electronic version of this form may be used at the BCC DH Clinic