



Harvard Dental Center General Consent to Examination

Faculty Group Practice

Health Care Operations: The Harvard Dental Center may use and disclose my health information in connection with its healthcare operations. See *Notice of Privacy Practices* provided for signature and a complete description.

Consent to Dental Procedures: I voluntarily give my consent to The Harvard Dental Center for restorative dental treatment and related diagnostic procedures necessary in the judgment of the treating dentist and his/her assistants. Prior to receiving dental/oral health care, I have been encouraged to ask any questions that I may have. I understand that all dental procedures may involve risk or unsuccessful results and complications and that no guarantees are made regarding any results or cure. I understand that The Harvard Dental Center's Faculty Group Practice will inform me of the risks, potential consequences of not performing treatment and benefits and alternatives to specific recommended treatments so that I may give my consent to a specific dental procedure or treatment. I have a right to consent to or refuse any proposed procedure at any time prior to its performance. The Harvard Dental Center also reserves the right to *not* perform specific treatment requested by a patient. As an academic center, occasionally providers may be accompanied by student observers. If you prefer them not to be present please inform your faculty provider.

Photographs and X-rays: I consent to photography, filming or x-rays as necessary and appropriate for examinations, diagnoses, consultations and treatments, and for the purposes of professional consultation, research, education, or publication in professional journals, understanding that every effort will be made to prevent my identity from being revealed.

Patient's Financial Responsibility: I agree that my portion of payment, for services, is due at the appointment that marks the start or completion of a procedure, except for orthodontic care, which payment structure is set forth in the Financial Policy. An estimate of fees and consultation will be provided prior to commencing treatment. The fee schedule is updated annually on July 1. All procedures that are completed after July 1, will be charged at the new rate. The Harvard Dental Center contracts with certain insurance companies. I may be asked to provide personal identification that may include a picture I.D. and social security number to process dental insurance claims. As a courtesy, The Harvard Dental Center's Faculty Group Practice may submit claims to insurance companies on my behalf. I consent to The Harvard Dental Center's release of my patient information to insurers for the purpose of obtaining payment for the treatment provided to me. Although not occurring frequently, I understand that it is possible that during general prophylactic treatment, fillings and/or crowns may become dislodged, especially when such restorations are temporary or failing. The dislodged restoration will be re-cemented with temporary cement and it will be my responsibility, as the patient, to seek and pay for final treatment for a permanent restoration.

Dental Records: I understand that the dental records, x-rays, photographs, models, and other diagnostic aids that relate to my treatment are the property of The Harvard Dental Center's Faculty Group Practice. I have a right to make an appointment to inspect these materials and/or request a copy of them. The Harvard Dental Center's Faculty Group Practice may charge a reasonable administrative fee for this service. I may also request to have a copy of my dental x-rays sent to another health care provider by completing a written

request.

Keeping my appointment: Since a time is reserved for me as a valued patient, I understand that I must be on time for my appointment. In return, The Harvard Dental Center's Faculty Group Practice will strive to be on time for my appointment. If I find that I am unable to keep an appointment, The Harvard Dental Center's Faculty Group Practice asks that I please notify the office at least 24 hours in advance. A total of three cancellations without 24-hour notice, three missed appointments, or repeated unsuccessful attempts to arrange an appointment may cause The Harvard Dental Center's Faculty Group Practice to discontinue my treatment.

Emergency and After-hours Care: Emergency dental care is generally temporary treatment intended to provide relief of severe pain and/or infection for one tooth or oral/facial area. I understand that it is my responsibility to make arrangements for follow-up care that may be required to alleviate or resolve the dental problem that caused the emergency. For after-hours care, I may call the office and follow the recorded instructions.

Disclosure Health Information: By my signature below, I authorize The Harvard Dental Center's Teaching Practices to disclose my health information as needed for the purpose of providing treatment to me, for seeking payment for treatment from my insurer or other third party, if available, and for carrying out the clinic's health care operations.

Publication of Records: Because I have sought treatment in a dental school, I authorize that records of my case, including progress notes, x-rays, photographs/videos, slides, or any other available documentation be made available for teaching purposes including scientific publications; every effort will be made to prevent my identity from being revealed. I expect no compensation or other remuneration. I specifically release and agree to hold harmless The Harvard Dental Center's Faculty Group Practice, Harvard University and all others from liability or legal responsibility arising from the taking or use of photographs/videos. I further understand and intend that this release shall be binding on me, my heirs, executors, administrators, successors and assigns.

Valuables: I take full responsibility for all personal items and valuable during the time I am at the dental school, such as jewelry, money, wallets, cell phones, electronic devices, computers, etc. I understand that The Harvard Dental Center's Faculty Group Practice accepts no responsibility for the loss or damage of these items. To the fullest extent permitted by law, I agree to release and hold harmless the Harvard Dental Center, its Faculty Group Practice and Harvard University, their trustees, agents, employees, faculty and students for liability for loss of or damage to my personal items or valuables.

<p>The undersigned certifies that she/he has read and is willing to comply with the foregoing, and is the patient, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.</p>
