HARVARD
School of Dental Medicine
HARVARD DENTAL CENTER

Harvard Dental Center
General Consent to Examination

Teaching Practice

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

Consent to Dental Procedures: Prior to receiving dental/oral health care, you are encouraged to ask any questions that you may have before you give your consent to restorative dental treatment. All dental procedures may involve risk or unsuccessful results and complications and no guarantees are made regarding any results or cure. You, as our patient, have the right to be informed of any such risks and potential consequences of not performing treatment, the nature of the procedure, expected benefits, and availability of alternative methods of treatment. You have a right to consent to or refuse any proposed procedure at any time prior to its performance. The Harvard Dental Center's Teaching Practices also reserves the right to not perform specific treatment requested by a patient. I understand that the services will be provided by a dental care provider who is a dental student and/or an advanced graduate resident, supervised by faculty and/or advanced graduate residents of The Harvard Dental Center.

X-Rays: Dental x-rays will be taken as necessary and appropriate for examinations, diagnoses, consultations and treatments.

Photographs: Patient photographs may be taken to document a clinical condition and record examination findings.

Patient's Financial Responsibility: Payment is expected at time services are rendered. Pre-payment for services is required. 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's Teaching Practices contracts with certain insurance companies. Patient 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 Teaching Practices can submit claims to insurance companies on the patient's behalf for direct reimbursement to the patient. Although not occurring frequently, 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 the responsibility of the patient to seek and pay for final treatment for a permanent restoration.

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

Keeping your appointment: Since a time is reserved for you as a valued patient, we request that you be on time for your appointment. In return The Harvard Dental Center's Teaching Practices student providers will

strive to be on time for your appointment. If you find that you are unable to keep an appointment, The Harvard Dental Center's Teaching Practices asks that you 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 be cause to discontinue your treatment at The Harvard Dental Center's Teaching Practices.

Emergency and After-hours Care: Emergency dental care is generally temporary treatment that is intended to provide relief of severe pain and/or infection for one tooth or oral/facial area. It is the patient's 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, please 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 and/or teaching purposes including scientific publications; every effort will be made to prevent my identity from being revealed. I expect no compensation or other remuneration, and I specifically release and agree to hold harmless the University and all others from liability or other obligation 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. The Harvard Dental Center 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 University, its trustees, agents, employees, faculty and students for liability for loss of or damage to my personal items or valuables.

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.

Patient's name: TESTER TEST DOB: 01/01/2000

Signature: _____ Date: _____

Address: 188 Longwood Ave , Boston MA

If the patient is under 18 years or incompetent to consent, *a parent or legal guardian of the patient with authority to give consent* must sign this Informed Consent.

_____ _____

Parent or Legal Guardian Signature Date

_____

Parent or Legal Guardian Name