

**Laramie County Community College
Dental Hygiene Clinic
Patient's Rights and Responsibilities**

The students and faculty of the LCCC Dental Hygiene Clinic are pleased to provide you with preventive oral hygiene care. We would like you to take the time to read this explanation of your rights and responsibilities. If you have any questions, please ask; we will be happy to answer any of your questions.

1. Each patient will receive quality care that is considerate and respectful of your personal values, beliefs, and culture.
2. The Dental Hygiene Program practices standard/universal precautions in disease control. A copy of the infection control policy is available from the program assistant.
3. All patient information and records are considered confidential.
4. We will provide you with complete and current information about your dental condition. You will receive a Report of Findings or Medical Referral form on which we will note any additional identified needs. We will, as necessary, consult with your dentist or physician.
5. The student dental hygienist will inform you in advance as to the cost of treatment. Patients must be prepared to pay at the time of service.
6. The recommended treatment will be explained to you as well as any possible treatment alternatives. You have, at any time, the option to refuse treatment. The expected outcome of various treatments will be explained to you by the student dental hygienist.
7. You will be informed regarding your treatment needs and be asked to sign consent to treatment needs and be asked to sign consent for treatment. You will receive a copy of your treatment plan.
8. The treatment you receive in the LCCC Dental Hygiene Clinic meets the standard of care in the profession. Treatment in our clinic involves more time than in a private office.
9. You have the responsibility to provide accurate and complete information about your health and other matters related to your care.
10. You have the right to expect continuity and completion of treatment started. We expect the patient to keep all scheduled appointments. Failure to do so may result in treatment being discontinued. Clinic time is limited, and the student dental hygienist is **relying** on you to keep your appointments.
11. Policy on cell phone use in clinic by patients: Please silence cell phones and for the safety and privacy of the patient, student, and instructors no photographs (with cell phone or a camera) can be taken during treatment.
12. LCCC does not discriminate in selection of patients. All patients who provide teaching cases regardless of disability or ability to pay will be treated.
13. Since we are a teaching facility, if your oral health needs are beyond the scope of the dental hygiene program, you will be referred to your family dentist.

I, the undersigned, have read and understand the Patient's Rights and Responsibilities and accept its terms.

Print Patient Name: _____ Relationship to Patient: _____

Signature: _____ Date: _____