

CPCC Dental Hygiene Clinic Patient Procedures

As a patient, I acknowledge that the **CPCC Dental Hygiene Clinic** functions primarily as a training facility for students enrolled in the Dental Hygiene Program. The facility provides patient centered preventive oral health care services including dental x-rays, oral prophylaxis, non-surgical periodontal therapy, coronal polishing, sealants and fluoride application to members of the community as an integral part of the students' clinical skill development. I understand that although the clinic will attempt to appoint all patients screened, priority scheduling will be made for those patients that meet the students' clinical training requirements. Additionally, I understand that there is no guarantee that my recommended recare/recall appointments will be able to be consistently accommodated. I acknowledge that the **CPCC Dental Hygiene Clinic** recommends that I have a primary care dentist to serve any of my dental health care needs that they are not able to address.

In agreeing to be a patient at the **CPCC Dental Hygiene Clinic**, I further acknowledge and agree to the following conditions:

- The preventive oral healthcare services provided through this clinic, are not a substitute for routine dental examinations, and other services provided by a dentist.
- Student dental hygienists are performing preventive oral health services in a learning environment. Patients must be committed to being treated to completion which may involve multiple appointments of up to 3 hours in length.
- The **CPCC Dental Hygiene Clinic** requires a 24 hour cancellation notice to 704-330-6704. Two broken appointments or last minute cancellations may result in dismissal from the clinic.
- Consistent with the **CPCC Dental Hygiene Clinic** Privacy Policy, patient information/records will be kept confidential and patient privacy will be maintained.
- If a patient has dental insurance, the **CPCC Dental Hygiene Clinic** will assist with the completion of the dental claim form to facilitate proper reimbursement.
- In the event of an accidental exposure incident in which a student, faculty member or another member of the clinic personnel is exposed to a patient's blood through a needle or instrument stick, the patient involved will be required to obtain a blood test for Hepatitis B, Hepatitis C, and HIV at the cost of the college. The results of the test will be made available to the student and the patient if necessary.
- Local anesthesia may be recommended as an integral part of patient treatment and will be administered by a licensed dentist, a properly certified licensed dental hygienist or a dental hygiene student. The patient reserves the right to refuse or accept the recommendation following a full explanation of the procedure and the risk involved with the administration of local anesthesia.



- Latex is used in the clinic. If a patient has a latex allergy, he/she must inform the dental personnel so that a treatment decision can be reached. The **CPCC Dental Hygiene Clinic** cannot guarantee a latex free environment.

I accept all of the above **conditions** and hereby give my consent to the faculty and students of CPCC to render any preventive oral health services deemed necessary for me or for my dependent(s). I also consent to the use of any radiographs or photographs taken during the course of my treatment for teaching purposes or in scientific publications.

Signature

Date

CPCC Dental Hygiene Clinic Privacy Policy

Your medical and dental records are confidential. This information will only be utilized as outlined in the Notice of Privacy Policy. If the clinic dentist needs information from your medical doctor prior to your treatment, he or she will provide a form for you to sign which allows the dentist to contact your physician in this regard. Patients picking up radiographs to hand carry to the dentist will be asked to show identification. If you have any questions regarding this policy, please ask the student or dentist providing your treatment. Please sign your name below indicating that you have read and accepted the **CPCC Dental Hygiene Clinic Privacy Policy**.

Signature

Date

