

PLEASE NOTE: THIS DOCUMENT AND THE NOTICE OF PRIVACY PRACTICES ARE FOR YOUR INFORMATION ONLY AND SHOULD NOT BE RETURNED.

If your child has a dental emergency please call the Mobile Dental Van at 1 -866-254-0052 or 716-560-5127. After hours or on the weekend, proceed to your nearest emergency care facility. The UB School of Dental Medicine is not responsible for reimbursement of any charges you incur while obtaining emergency dental care at any other facility. If you have any questions please contact Paula Fischer at (716) 829-6240 or Shirley Hammond at 716-969-1076.

Your child will be a registered patient of the UB School of Dental Medicine. The following are your rights and responsibilities as a patient.

YOU HAVE THE RIGHT TO:

1. Understand and use these rights. If for any reason you do not understand or need help, the school will provide assistance.
2. Be treated with dignity and respect, regardless of your race, religion, age, sex, beliefs, lifestyle, national origin, disability, or sexual orientation.
3. Receive confidential treatment in a clean and safe environment, free of unnecessary restraints. Receive continuous care to completion of planned treatment with knowledge of anticipated cost.
4. Receive emergency, incremental and total care consistent with the standard of care in the profession.
5. Receive education, counseling and explanations to your questions.
6. Know the names, positions and functions of any personnel involved with your care.
7. Receive complete information about your diagnosis, treatment and prognosis.
8. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include possible risks and benefits of the procedure or treatment.
9. Refuse examination, treatment or change your mind and be told what effect these actions may have on your health.
10. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
11. Privacy and confidentiality of all information and records regarding your treatment.
12. Participate in all decisions about your treatment.
13. Review your records with a clinician and obtain a copy of your record for which the School of Dental Medicine can charge a reasonable fee.
14. Receive an itemized bill and explanation of all charges.

15. Complain without fear of reprisals about the care and services you are receiving.
16. Have access to a patient advocate. Complaints made to the patient advocate should be in writing. To reach a patient advocate call 716-829-2390.

YOU HAVE A RESPONSIBILITY TO:

1. Provide to the best of your knowledge, accurate and complete information about present medical and dental history, past illnesses, hospitalizations, medications, and other matter relating to your health. You have the responsibility to report changes in your health status.
2. Follow the treatment plan agreed upon by you and your dental care providers. This may include following instructions of allied dental health personnel as they carry out the coordinated plan.
3. Make known to your dental care provider that you understand and accept the treatment plan and that you know what is expected of you.
4. Comply with the rules and regulations of the UB School of Dental Medicine, The State University of New York at Buffalo, and the State of New York.
5. Be on time and available for your appointments.
6. Have a working phone number in order for your dental provider to be able to contact you to schedule appointments.
7. Be considerate and respectful of the rights of other patients and UB School of Dental Medicine personnel. You are responsible for being respectful of the property of other persons and the University at Buffalo.
8. Provide proper childcare while you are being treated at the SDM clinics. Children are not to be left unattended and are not permitted to accompany an adult patient who is receiving treatment.
9. Pay for service at the time it is provided.

