
Patient Policies

Patient bill of rights and responsibilities

The Roseman University of Health sciences, College of Dental Medicine, (CODM) is committed to respecting the rights and responsibilities of its patients who are accepted for care. The CODM provides patient centered care that considers your cultural traditions, personal preferences and values, family situations, and life-style. We believe that by understanding and participating in your oral health care you can achieve more satisfactory, long-term results. This applies equally if you are a patient or legal guardian/conservator of a minor for whom you must provide treatment consent. Therefore, we encourage a partnership between you and the dental team members who are the faculty, staff, and students. By exercising your patient rights and responsibilities you fulfill your role as a member of our team and help assure that your oral health will be your expectation, both now and in the future.

You Have a Right to

Considerate, Respectful and Confidential Treatment

We respect your right to be treated respectfully and will honor your request to be addressed in a manner that is acceptable to you. Confidentiality of your dental records is assured by both federal and Utah law. Your records will not be released to persons or agencies outside the college unless you provide written consent to do so. Exceptions may apply, however, with respect to complaint investigations, when required by third party payment contracts or when allowed by law.

Access to Complete and Current Information about Your Oral Condition

Your oral health care at Roseman CODM clinics may involve a few simple procedures or it may encompass a number of specialty care programs. Whatever the scope of your treatment, information regarding your total care is available. While we make every attempt to keep you informed, you should never be reluctant to ask questions if you are uncertain about your oral health status or treatment.

Continuous and timely Completion of the Agreed Upon Treatment

As a patient in a health care teaching institution, you are a partner in our commitment to the education of future health care providers. As a Roseman CODM patient, you have the right to receive comprehensive care in a timely manner. You have a responsibility to keep your scheduled appointments, to provide prompt payment for service and to be available to treatment upon reasonable notice. If you cannot be available for treatment and we are thereby unable to provide your care in a timely manner, you may be dismissed from the program.

Access to Emergency Care

If problems arise related to your oral health care at the Roseman CODM clinic, you have a right to receive emergency care to alleviate your pain and/or infection. This service is available at all times to active patients. There may be fees associated with emergency care.

Explanation of Treatment Recommendations and Costs

You have the right to receive a complete oral health evaluation, in terms you can understand, of you diagnosis, treatment recommendations, reasonable alternatives, risks and benefits and probable outcomes associated with each option including no treatment and the respective costs. If CODM cannot provide comprehensive treatment, each patient will be given a full explanation and recommendations on how to resolve his/her particular problem. Parents or legal guardians/conservators have a right to an explanation regarding the options for the behavioral management of children. If you do not understand these explanations, you have a responsibility to ask for additional information. Payment is expected at the time of treatment.

Acknowledge Your Consent to Treatment

After being informed of your treatment options and their costs, you have a right to accept, defer or decline any of the options, providing professional standards of care are not compromised. Once you have reached an agreement on the treatment to be performed, you will be asked to provide written consent prior to beginning treatment. You will be asked to sign documents and you should have complete information about their content. You have the right to change your mind about your treatment at any time. Payment is expected at the time of treatment.

Care Consistent with the Accepted Standards of the Profession

As an educational institution, it is our mission to provide you with quality, comprehensive oral health services. As a part of your comprehensive care, consults with dental specialists, on your behalf, may be requested when indicated. We utilize accepted techniques in oral health care delivery, materials and equipment. You can be assured that all clinical personnel understand and adhere to current standards for infection control.

Timely and Courteous Access to a Patient Advocate

If you feel your rights and requests are not being honored at any time, and you cannot resolve the situation with your student, dentist or staff person, you shall have access to a Patient Advocate who will assist you in this process.

Likewise, in order to extend to you the above rights, there are certain responsibilities placed on all patients accepted for treatment. Violation of patient responsibilities may result in dismissal from the CODM.

You have a Responsibility to:

Be considerate and respectful of the rights of other patients and CODM personnel

You are responsible for being respectful of the property of other persons at CODM. Patients are expected to treat faculty, students and staff with courtesy and respect. Inappropriate behavior or comments of a cultural, ethnic or sexual nature will not be tolerated and will result in you being discharged as a patient.

Be available for care and keep scheduled appointments

You have the responsibility to make appointments, arrive for appointments on time, stay for the entire time scheduled and provide notice at least 24 hours in advance when you cannot keep a scheduled appointment.

You have the responsibility to report changes in your health status

Provide to the best of your knowledge, accurate and complete information about present medical and dental history, past illnesses, hospitalizations, medications, and other matters relating to your health.

Follow suggestions and advice prescribed in a course of treatment by your health care providers

If your refusal of treatment prevents us from providing appropriate care according to ethical and professional standards, we may need to end our relationship with you after giving you reasonable notice.

Provide updated, accurate billing information

You are responsible for meeting any financial obligations agreed to with the CODM

Make necessary arrangements for child care

Children are not allowed into the treatment areas except for their own appointments, and may not be left unattended in the waiting areas. CODM does not provide child care.

Patient Name

Patient ID #

Authorized Signature

Date of Signature

Test

self

Authorized Signature Name

Relationship to Patient