

**UCSF PEDIATRIC DENTISTRY
TERMS AND CONDITIONS OF TREATMENT**

GENERAL INFORMATION: The Pediatric Dental clinics of the University of California, San Francisco School of Dentistry are primarily teaching clinics and therefore patients receiving dental care will be participating in the teaching program. Treatment will be performed by dental students or residents in Pediatric Dentistry under the supervision of faculty members of the School of Dentistry. Treatment under supervision generally requires more time than treatment by a private dentist. It is sometimes necessary for a student or resident to modify a procedure to provide the desired standard of dental care. Plan to spend up to one hour for your child's appointment.

APPLICATION TO BECOME A PATIENT: Patients are accepted if they are suitable for teaching purposes in the pre-doctoral or post-doctoral Pediatric Dental Clinic. All patients require an initial evaluation to determine eligibility. Patients not eligible may seek care in other School of Dentistry clinical programs. UCSF Pediatric Dentistry reserves the right to deny acceptance of patients for treatment.

APPLICATION FOR EMERGENCY CARE: Emergency service is to provide temporary relief of acute pain and infection when appointment time is available. Patients are responsible for scheduling appointments for further dental care.

CONSENT TO DENTAL PROCEDURES: Before treatment, the parent or guardian must give consent for dental care. The dental student or resident will provide an explanation of the recommended treatment plan, the risks, the benefits and an alternative treatment plan, if available. You are encouraged to ask questions about any treatment that you do not understand. All dental procedures may involve risks, may be unsuccessful and may result in complications. There is no guarantee of results or cure. The UCSF Pediatric Dentistry reserves the right to refuse to perform a treatment requested by parents if the treatment is not within the standard of dental care or not in the best interest of the child.

DENTAL X-RAYS: Dental x-rays may be necessary to complete an examination, make a diagnosis, recommend consultation and for treatment planning.

PHOTOGRAPHS: Patient photographs may be taken for teaching purposes to document clinical conditions or findings.

DENTAL RECORDS: The records, x-rays, photographs, models, and other materials relating to the treatment of your child are the property of the UCSF Pediatric Dentistry. These records may be used for instructional and teaching purposes and in such instances; the identity will not be disclosed to individuals not involved in your child's care and treatment. You have the right to inspect such materials and to request copies. There may be a fee for duplication of records. The parent or guardian must sign a Release of Information form before duplicate records can be sent to another health care provider. If you have dental insurance, the UCSF Pediatric Dentistry will need to furnish information from your records to your insurance company to obtain reimbursement.

FINANCIAL RESPONSIBILITY: Charges for treatment are based on the Clinic Fee Schedule. A fee estimate will be provided before treatment. Payment is expected at the end of each visit. For certain procedures, partial payment may be required in advance. Patients with dental insurance must provide proof of eligibility and identification and must assign to the UCSF Pediatric Dentistry.

KEEPING APPOINTMENTS: Patients are required to be on time for their appointments. You must notify the student dentist, resident or appointment assistant at least 24 hours in advance if you cannot keep an appointment. Your child may not be retained as a patient in the Pediatric Dentistry if there are **TWO (2) MISSED APPOINTMENTS** or late cancellations and appointments for continuing care are not made.

Your signature on this form certifies that you have read and understand the information above and you accept dental care and treatment for your child under the described terms and conditions. Retain one copy for your records.

Signature of Parents: _____

Date: _____

If you are not the parent, indicate your relationship: _____

FEDERAL PRIVACY NOTIFICATION: Public law 93-579, referred to as the Federal Privacy Act, became effective September 27, 1975. Sections 7(B) of this law requires that any Federal State, or local government agency which requests an individual to disclose his/her Social Security Number shall inform that individual whether that disclosure is mandatory or voluntary, by what statute or other authority it is solicited and what uses will be made of it. The Social Security Number used by the University of California, San Francisco School of Dentistry to process dental insurance claims.