



Consent for Dental Hygiene Services

Community Location: _____

Grade: _____

Advantage Dental wants to help keep your community cavity-free and healthy. Dental hygienists from Advantage Dental will be available on site during the year to provide free dental services. These services do not replace regular dental care from a dentist.

YOU MUST FILL OUT AND SIGN THIS FORM TO GIVE PERMISSION FOR YOU/YOUR CHILD TO RECEIVE ANY OF THESE SERVICES.

PATIENT INFORMATION																			
Name of Patient: _____																			
(Last)	(First) (Middle Initial)																		
Patient's Date of Birth: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F																			
<p>INITIAL ON YES or NO for each service and SIGN and DATE below. Detailed information about each service is on the back of this form.</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">Screening (Teeth Checkup)</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>Fluoride Coating</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>Sealant</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>Silver Fluoride</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>Antiseptic for the Teeth (Iodine)</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>Protective Restoration</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> </table>	Screening (Teeth Checkup)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Fluoride Coating	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Sealant	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Silver Fluoride	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Antiseptic for the Teeth (Iodine)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Protective Restoration	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<p>List medications currently taking: _____ _____</p> <p><input type="checkbox"/> Iodine allergy <input type="checkbox"/> Shellfish allergy (shrimp, crab etc.) Other Allergies (please list): _____</p> <p>History of: <input type="checkbox"/> Asthma <input type="checkbox"/> Behavioral Considerations (please describe): _____ _____</p> <p>Other (please describe): _____ _____</p>
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Protective Restoration	<input type="checkbox"/> YES	<input type="checkbox"/> NO																	
Parent/Legal Guardian Information if Applicable																			
Parent/Legal Guardian Name: _____																			
Best phone number to reach you during the day: (_____) _____																			
Friend or family member's phone number to reach you in case you change your phone number: (_____) _____																			

Your signature indicates that you have been informed of the risks and benefits of treatment, your questions have been answered, and that you consent to the treatment indicated above.

As the parent/legal guardian, I agree to all of these statements:

- I give consent for dental services initialed/indicated above from Advantage Dental Clinics and Advantage Dental Group, PC (jointly "Advantage Dental"), and/or one of its representatives.
- The results of the oral hygiene services, including personal health information and scheduling information, may be shared between Advantage Dental, the dental provider (hygienist or patient's dentist), the community site, any listed insurance carriers, the dentist of record, any applicable Coordinated Care Organization, and/or the Dental Care Organization of record for purpose of treatment, payment or healthcare operations.
- I have been given a copy of the "Notice of Privacy Practices" and HIE (Health Information Exchange) Notification.
- This consent will remain active for 24 months unless revoked in writing or by calling an Advantage Dental representative.

If you have dental insurance through Medicaid, the Oregon Health Plan or Healthy Kids, the hygienist will notify the plan of the services received.

Sign Here **Parent/Legal Guardian Signature:** _____ **Date:** _____

Screening (Teeth Checkup): A specially trained hygienist will look in the mouth to check for changes in teeth that may indicate cavities or other oral health problems.

- **Risk(s):** Decay or other problems could exist and get worse if not discovered in an oral health screening.
- **Alternative(s):** Choose to not have a checkup.

Fluoride Coating: A temporary thin coating is (called varnish by dentists, but is not paint!) put on the teeth to make them resistant to cavities. The coating is safe even if it is swallowed. It does not sting, taste bad or stain the teeth.

- **Risk(s):** Allergy is rare.
- **Alternative(s):** Daily or weekly fluoride rinses, fluoride foam, or fluoride gels applied at your dentist's office.

Sealant: A dental sealant is a white coating put on the chewing surfaces of the back teeth where cavities occur most often. Sealants make barriers on the teeth that keep bacteria out and prevent cavities. They don't interfere with biting or chewing.

- **Risk(s):** Sealants only protect the chewing surfaces and can last for several years, but sometimes they need to be replaced. Brushing is still needed to protect the whole mouth from tooth decay.
- **Alternative(s):** Silver fluoride, or choose to not have dental sealants. Choosing not to use sealants could increase the chances you will develop decay in the chewing surfaces of the teeth.



Before Sealants After Sealants

Silver Fluoride: Fluoride with silver looks like water but is very powerful and stops cavities that are hard to see. It is painted on the teeth with a tiny brush and can heal early tooth decay. It goes on quickly, and doesn't hurt or smell. Cavities that are stopped or healed with silver fluoride will turn dark brown or black. Teeth without cavities will not change color. If the color shows a lot, a dental provider can cover it with white filling material. Fillings may not be needed for cavities that are healed with silver fluoride.

- **Risk(s):** If silver fluoride comes in contact with skin it will cause a small dark spot that will go away on its own in 1-2 weeks. If it comes into contact with existing white fillings it might stain.
- **Alternative(s):** Choose not to have the silver fluoride applied. This could leave harmful bacteria on your teeth and increase the chance of tooth decay. Another alternative would be to use fluoride toothpaste regularly and have fluoride varnish and sealants applied at your dental office.

How Silver Fluoride looks on a tooth with a cavity



How Silver Fluoride looks on a tooth with no cavity



Before

After

Antiseptic for the Teeth (Iodine): The antiseptic kills bacteria that cause cavities. When applied before the fluoride coating, it prevents many more cavities than just the fluoride coating alone. The amount of iodine used is less than the amount of iodine in a small serving of shrimp or fish. Iodine is a normal part of our diet from food and is safe. It does not sting, taste bad, or stain the teeth.

- **Risk(s):** Allergic reactions are rare, but you should not have this treatment if you are allergic to shellfish.
- **Alternative(s):** Choose to not have the iodine applied. This could leave harmful bacteria on your teeth and increase the chance of tooth decay.

Protective Restoration: This is a simple tooth colored filling placed in a cavity to protect the tooth until a permanent filling can be done. It relieves pain and promotes healing inside of the tooth. No shots are needed. It does not sting or taste bad.

- **Risk(s):** Protective fillings may partially fall out, but what is left still protects the tooth.
- **Alternative(s):** A regular filling or cap. Without care, the cavity may get bigger or become painful.



SUMMARY OF NOTICE OF PRIVACY PRACTICES

Our Responsibilities: We are required by law to protect the privacy of your health information, provide this notice about our privacy practices, follow the privacy practices that are described in this notice, and ensure your acknowledgment of receipt of this notice. We may change our privacy policies any time and notify you of significant changes. You can also request copy of our complete notice at any time. For more information about our privacy policies, contact us at 1-866-268-9631.

How we may use and disclose your health information: We use health information about you for treatment, to get paid for treatment, for administrative purposes, and to evaluate the quality of care that you receive. For example, your health information may be shared with other providers to whom you are referred. Information may be shared by paper, mail, electronic mail, fax, or other methods allowed by law. We may use or disclose your health information without your authorization for several reasons including legally required disclosures and notices to Public Health agencies. If we disclose your information for any other reason, we will ask for your written authorization before using or disclosing your health information. If you sign an authorization to disclose information, you can later revoke it to stop any future uses and disclosures.

Your Rights: In most cases, you have the right to look at or get a copy of your health information that we use to make decisions about you. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information. You also have the right to request restrictions or limitations on how we use or disclose your medical information and the right to request confidential or alternative communications.

Privacy Complaints: If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about access to your health information, you may contact us at 1-866-268-9631.

You also may send a written complaint to the US Department of Health and Human Services. We can provide you with the appropriate address upon request.

Summary of Privacy Practices: This document represents a summary of Privacy Practices. The complete Notice of Privacy Practices will be provided upon request.

www.AdvantageDentalClinics.com

BETTER CARE • BETTER ACCESS • BETTER VALUE

Advantage Dental Clinics Phone: (888) 468-0022 Fax: (541) 504-3907 442 SW Umatilla Ave. Suite 200 Redmond OR 97756

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Non-Discrimination Disclosure Policy

Advantage Dental and network providers must treat you fairly.

We and our providers must follow state and federal civil rights laws. We cannot treat people unfairly in any of our services or programs because of a person's:

- Age
- Color
- Disability
- Gender Identity
- Marital Status
- National Origin
- Race
- Religion
- Sex
- Sexual orientation

To report your concern or get more information please contact our Civil Rights Manager one of these ways:

- Web: www.AdvantageDental.com
- Email: complianceline@advantagedental.com
- Phone: 1-866-471-6685, TTY 711
- By Mail: 442 SW Umatilla Ave. Suite 200, Redmond OR 97756,

You also have a right to file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights (OCR). Contact that office one of these ways:

- Web: www.hhs.gov/
- Email: OCRComplaint@hhs.gov
- Phone: 1-800-868-1019, 800-537-7697 (TDD)
- By Mail: OCR
 200 Independence Avenue SW
 Room 509F HHH Bldg
 Washington, DC 20201

If you would like to request this information in another language or an alternate format such as large print, audio disk, braille, etc. please contact Customer Service at 866-268-9615 or TTY 711.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-866-268-9615 (TTY: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-268-9615 (TTY: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-268-9615 (TTY: 711).

Chinese

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-268-9615 (TTY: 711)。

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-268-9615 (телетайп: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-268-9615 (TTY: 711) 번으로 전화해 주십시오.

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-866-268-9615 (телетайп: 711)

Japanese

ATTENTION : 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-866-268-9615 (TTY: 711) まで、お電話にてご連絡ください。

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-866-268-9615 (TTY: 711)

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-268-9615 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-268-9615 (ATS: 711).

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-268-9615 (TTY: 711).

Tagalog (Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-268-9615 (TTY: 711)

Aribic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 771 (رقم

هاتف الصم والبكم: 1-866-268-9615).

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فرمها می باشد. با 1-866-268-9615 (TTY: 711) تماس بگیرید.

Thai

เรียน: ถ้ คุณพูดภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาได้ ฟรี โทร 1-866-268-9615 (TTY: 711).

Laotian (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ສັບຊ້ອນ, ຄ່າບໍລິການເປັນໄປທ້າຍ. ໂທ 1-866-268-9615 (TTY: 711).