Patient Rights and Responsibilities

PATIENT RIGHTS

Regarding dental care, each patient has the right to:

• Be treated respectfully and courteously by students, faculty and staff.
• Receive dental care in a safe and secure environment, free from abuse or harassment.
• Receive dental treatment that meets the standard of care in the profession.
• Receive the information necessary to give informed consent prior to the start of any procedure and/or treatment so you understand the purpose, probable results, alternatives, and risks involved.
• Participate actively in decisions regarding your dental care or designate a representative when appropriate.
• Receive reasonable continuity of care -- keeping in mind:
  - constraints of the academic schedule
  - that care will follow a comprehensive and appropriately sequenced treatment plan
  - that goals of treatment vary according to individual needs.
• Receive an estimate of the cost of your dental treatment as well as continuing explanations of your bill, as requested.
• Discontinue treatment at any time and be informed of the medical and dental consequences of your actions.
• Expect emergency treatment to be available during clinic hours, with priority given to providing relief of pain and swelling. After-hours emergency care is available through the University of Iowa Hospitals and Clinics or your local hospital, at additional fees.
• Discuss questions with any member of the health care team: faculty, student, staff, or patient representative.
• Participate in a formal grievance procedure.

Regarding health information, each patient has the right to:

• Expect that all communications and records pertaining to your care will be treated confidentially within the dental care team.
• Request in writing to review your health information.
• Receive a description of how we (or our business associates) disclose your health information for purposes other than treatment, payment, and healthcare operations for the last 6 years. This applies to any disclosure made after April 14, 2003.
• Request in writing to receive copies of your treatment record (for a fee).
• Request in writing that we place additional restrictions on our use or disclosure of your health information.
• Request in writing that we amend your health information.
• Receive a copy of The University of Iowa College of Dentistry Notice of Privacy Practices in written form.
• Request in writing that we communicate with you about your health information by alternative means or to alternative locations.
PATIENT RESPONSIBILITIES

Regarding dental care, each patient has the responsibility to:

- Abide by collegiate rules and policies, as informed by collegiate personnel.
- Be respectful of clinic personnel, other patients, and clinic property.
- Make arrangements for the care of your small children or dependent adults during your dental appointments.
- Arrange on time for a scheduled appointment or give 48-hour notice for a change in appointment. Failure to keep scheduled clinic appointments may result in a severed relationship between the patient and the College.
- Provide accurate and complete information about your health, including medications and past or present medical problems.
- Report any changes in health status.
- Provide current information regarding your health insurance.
- Follow treatment recommendations given by your dental care provider after reasonable treatment options are presented.
- Notify a provider if you do not understand information about your care or treatment.
- Inform your provider if you are not satisfied with any aspect of your care.
- Pay promptly all fees for treatment you have received.
- Please be aware that e-mail is not a secure method of communication.

CONCERNS AND COMPLAINTS

It is the responsibility of all University of Iowa College of Dentistry faculty, students, and staff to listen to patient concerns as well as those raised by family members or visitors. To share a complaint you may contact a student, staff or faculty member or a patient representative. The issue will be thoroughly investigated, and the outcome will be communicated to you.

All complaints and concerns are treated confidentially. Patients who express a concern or complaint will not have their future treatment compromised in any way. You may talk with your dental care provider or contact the patient representative at 319-335-7499. Survey cards are also available in the clinic reception areas.

SPECIAL ASSISTANCE

For non-English speaking patients or for patients or visitors with hearing impairments, interpreters and translation services may be available. Please inform the clinic of this need when making the appointment.

Handicapped parking spaces are available in the patient parking lot. If you need assistance from your car with a wheelchair, please alert the parking attendant when you arrive.

CONTACT INFORMATION

For more information about our patient rights and responsibilities practices, or for additional copies of this notice, please contact us at:

Clinic Administration
257 DSB South
College of Dentistry
University of Iowa
Iowa City, IA 52242
Telephone: 319-335-7499
www.dentistry.uiowa.edu

Nondiscrimination Statement

The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information contact the Office of Equal Opportunity and Diversity, (319) 335-0705.

The University of Iowa