

**TITLE:** Patient Rights & Responsibilities

**POLICY:**

The Patient Rights & Responsibilities document will be provided to all University of Florida, College of Dentistry patients.

**APPROVING AUTHORITY:** Dean, University of Florida College of Dentistry

**CUSTODIAN/S:** Associate Dean for Clinical Affairs

**DEFINITION/S:** NA

**REFERENCE/S:** UFCD Patient Rights and Responsibilities Form: (Attached)

**Agency for Healthcare Administration (AHCA) website:**

<http://www.floridahealthfinder.gov/reports-guides/patient-bill-rights.aspx>

**PROCEDURE/S:**

All patients will review and sign the Patient Rights & Responsibilities form. A paper copy of the signed form will be offered to the patient, and an electronic copy of the signed form will be attached to the patient record as a consent (RIGHTS) form.

An internal monitoring process has been established to ensure compliance.

*Patients:*

*Please carefully read, sign and date this form. If you have any questions or concerns about your rights or responsibilities, please do not hesitate to discuss them with your provider. If they are not resolved, you may contact the patient advocate:*

*(352) 273-6820 or visit the Patient Services.*

*-- Thank you – UF College of Dentistry*

**As a patient of the University Of Florida College Of Dentistry you have certain rights during your course of treatment.**

- You have the right to considerate, respectful and confidential treatment.
- You have the right to a complete and thorough dental examination and the right to a thorough review of your medical history especially as that history may relate to your dental condition.
- You have the right to a complete treatment plan of your dental needs, explained completely to you in a manner so that you understand those needs. You have the right to have input into that treatment plan so that your personal concerns regarding treatment needs are addressed. Treatment options including risks and costs associated with your proposed dental treatment.
- You have the right to have your treatment needs completed promptly and on a scheduled basis. You have the right to emergency dental care through your dentist of record or another provider if referred.
- You have the right to impartial access to dental treatment regardless of race, national origin, religion, sexual orientation or physical handicap. You have the right to special help if you have a disability.
- You have the right to consult with a patient advocate if a problem develops during your treatment which you cannot resolve. You may contact the patient advocate through Clinic Administration at (352) 273-6820 or at Patient Registration.

**As a patient you also have certain obligations.**

- You have an obligation to keep all dental appointments. Failure to keep, or appropriately cancel an appointment, may result in a cancelation charge or discharge as a patient.
- You have an obligation to pay for your dental treatment as that treatment is delivered. Treatment cannot continue if you fail to pay in a timely fashion.
- You have an obligation to do your part to maintain your dental health. You must floss, brush, etc., and return for any scheduled recalls to do your part to ensure the longevity of your dental treatment.
- You have an obligation to provide the clinic with accurate and comprehensive personal information related to your health, demographics, and contact information.
- You have an obligation to behave in a manner that is respectful. The College of Dentistry has zero tolerance for disruptive or abusive behavior.

**I certify that I have read, understand and agree to the above rights and obligations.**

Patient name (please print) _____	Patient (or legal guardian) signature _____	Date _____
Witness name _____	Witness signature _____	Date _____