GENERAL INFORMATION: Chabot College Dental Hygiene Clinic is primarily a teaching clinic, and therefore clients receiving dental hygiene care will be participating in the teaching program. Clients will be selected only if they are considered suitable as teaching cases. Treatment will be performed by a dental hygiene student and will be supervised by members of the Chabot College faculty. Treatment under supervision generally requires more time than if done in a private practice and most appointments will be approximately three hours in length. For adults, multiple appointments may be required, that is from two to five appointments.

The Chabot College Dental Hygiene Clinic is not a substitute for a regular visit to your dentist. Clients are treated in the Dental Hygiene Clinic once a year. It is recommended that all clients seek dental care between visits at Chabot College. In certain cases, treatment in the Dental Hygiene Clinic may be refused until the client's dentist provides treatment.

APPLICATION TO BECOME A CLIENT: Only clients whose care is suitable for teaching purposes are eligible for care in the Chabot College Dental Hygiene Clinic. New clients require an initial evaluation or assessment appointment to determine if they are eligible. Clients not offered dental hygiene treatment in the Chabot clinic will be referred for treatment to their dentists, to a dental school clinical program, or, if they have no dentist, to the local dental society. Some clients may initially qualify for treatment and later, after initial therapy is completed, may no longer be considered appropriate as teaching cases; in this case, services will be discontinued and the client will be referred to his/her dentist.

CONSENT TO DENTAL HYGIENE PROCEDURES: Before receiving treatment, you should ask the student hygienist about the procedure(s) that he/she recommends you undergo, and ask any questions you may have before you decide whether to give your consent for the procedure(s) to be done. You have the right to be informed of any risks and complications, the expected benefit, and the availability of alternative methods of treatment. You have the right to consent or to refuse any proposed procedure at any time prior to its performance. However, refusal to consent to proposed procedures may cause you to be considered an inappropriate teaching case.

CLIENT ACCEPTABILITY: The following are conditions of client acceptability for treatment in the Dental Hygiene Clinic:

1. Free from any medical or dental condition which would make treatment hazardous to client or operator,
   A. Medical Conditions: the client's health condition must be acceptable for student treatment. If conditions indicate a need to consult the client's physician, the client must obtain the necessary written clearance and/or evidence of pre-medication before the client will be accepted.
      1. The following conditions require either physician clearance or premedication*: Rheumatic Fever, Rheumatic Heart Disease, heart murmur, mitral valve prolapse (with valvular regurgitation), heart defect from birth, prosthetic joint replacement, prosthetic heart valve replacement. (*Premedication must be confirmed by presenting the prescription container at the exam.)
      2. The following conditions require physician clearance for periodontal treatment:
         a. Tuberculosis - Client must also have been on antibiotics for a minimum of four (4) weeks.
         b. High Blood Pressure - If a client presents at the exam with a blood pressure exceeding 160 systolic and/or 95 diastolic, a physician's clearance must be presented which includes a statement of the highest blood pressure acceptable for periodontal treatment.
         c. AIDS or HIV - Clearance must state that periodontal treatment is not contraindicated.
         d. Clients who currently receive radiation treatment or chemotherapy.
         e. Sickle Cell Anemia.
         f. Organ transplant.
         g. Long term steroid use.
         h. Pregnancy - Clearance must include clearance for topical anesthesia local anesthesia, treatment, and radiographs.
         i. Clients who are taking or who have taken prescription diet medications (i.e. Phen-fen, Pondimon, Redux).
B. Hazardous Conditions: A client with a condition hazardous to the client, student, or faculty may be refused treatment at the discretion of the clinical instructor which include, but are not limited to:
1. Clients with a history of hepatitis B, C, or D, unless non-carrier medical clearance is provided.
2. Clients who have had a heart attack, stroke or cardiac surgery within the past six (6) months.
3. Herpetic lesions in any visible stage or any other transmissible disease.
4. Acute abscesses, severely inflamed gingivae (purulent, hemorrhagic, retractable, etc.) in the area to be treated.
5. NUG (Necrotizing Ulcerative Gingivitis) or ANUG (Acute Necrotizing Ulcerative Gingivitis) anywhere in the mouth.
6. Clients with extreme tissue or tooth sensitivity which interferes with proper probing and exploring by the instructor.

II. Oral conditions are considered acceptable for student learning,

III. Client interest in learning preventive oral hygiene techniques,

IV. Client cooperation in keeping clinic appointments on time,

NOTE: The clinic supervisor reserves the right to refuse or discontinue treatment when indicated.

X-RAYS: Dental radiographs will be taken as necessary and as appropriate for dental hygiene assessments, dental examinations, diagnosis consultation, and treatment. Treatment in the Chabot College Dental Hygiene Clinic will be refused without current radiographs present.

FINANCIAL RESPONSIBILITY: Clients who receive treatment in the Dental Hygiene Clinic will be charged for treatment according to the fee schedule in effect. A fee estimate will be provided prior to beginning treatment and clients must be prepared to pay for services at the start of treatment. Clients with Denti-Cal insurance will be required to provide personal identification and appropriate information necessary to process dental insurance claims. Clients are personally responsible for payment of services at the dental hygiene clinic. Upon client's request, a copy of the fee slip will be provided for the client's records.

DENTAL RECORDS: The records, x-rays, photographs, models, and other materials relating to treatment in the Dental Hygiene Clinic are the property of the Dental Hygiene Clinic. Client's have the right to inspect such materials and to request copies. All requests for copies must be made in writing. Clients may also request to have one set of dental x-rays by signing an x-ray release form. Dental/medical records may be used for instructional purposes and if they are, the client's identity will not be disclosed to individuals not involved in their care and treatment.

KEEPING YOUR APPOINTMENTS: You are required to be on time for your appointments. If you find that you are unable to keep an appointment, you agree to notify the student dental hygienist or the appointment secretary at least 24 hours in advance. A total of TWO cancellations without 24 hours notice, TWO missed appointments, or repeated unsuccessful attempts to arrange for an appointment may be cause to discontinue further treatment in the Dental Hygiene Clinic.

Your signature on this form certifies that you have read and understand the information provided on the form, that you have received a copy, and that you accept dental hygiene care under the described terms and conditions.

Date

Client's Signature

If signed by other than the client, indicate relationship: ________________ (i.e. parent/guardian/conservator)

FEDERAL PRIVACY NOTIFICATION: Public Law 93-579, referred to as the Federal Privacy Act, became effective September 27, 1975. Section 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.