Welcome to the PSU Dental Clinic at Portland State University’s Center for Student Health and Counseling (SHAC). This document is an introduction to our agency and procedures you may expect to experience. If you have any questions after reading this information, please discuss them with a provider.

**What to Expect:** During your initial visit to the dental clinic you will be asked to complete a health history form, read this consent form and agree to our policies. Completion of these forms assists the dental staff in your dental care. Appointments will be scheduled based on your dental need.

**Eligibility for Services:** The Student Health Fee is a mandatory fee assessed to any student taking 5 or more regular PSU credits for Fall, Winter, Spring and Summer terms. If you drop below 5 credit hours within the first two weeks of the term, you will lose your Student Health Fee and will not be eligible for dental services nor have the Basic Insurance, except in special circumstances.

**Fees:** Although there is no student dental insurance plan, our fees are greatly reduced compared to those of a private dental clinic. All of our services are billed to your student account. After your appointment you will see the dental charges on your student account. The dental fees can be paid in the same manner as your tuition. A few appliances which are made in a lab outside of PSU, such as night guards and crowns, require payment prior to treatment. You will always be informed if prepayment is required.

**Staff:** The PSU Dental staff provides care with your utmost comfort and health in mind. Our professional staff consists of dentists, dental hygienists, dental assistants and receptionists.

**Hours of Operation:** The Dental Clinic is open year-round from 8:00 am to 5:00 pm Monday through Saturday, except during major holidays or the weekend in conjunction with a major holiday. If you require emergency care outside the hours of operation, you are advised to go to the nearest emergency room.

**Your basic responsibilities are:**
- To be respectful in speech and manner to the dental staff.
- To seek dental attention promptly.
- To be honest about your medical history.
- To ask questions about anything you do not understand.
- To follow dental advice and dental instructions.
- To report any significant changes in symptoms or failure to improve.
- To respect clinic policies.
- To keep appointments or cancel in advance. **If you fail to keep or cancel an appointment 24 hours prior to your appointment, a $30 fee will be charged to your student account per hour of appointment time. If you do not show for your scheduled appointment, a $30 fee will be charged to your student account per hour of appointment time.** Extenuating circumstances will be considered.
- To seek non-emergency care during regular business hours.
- To provide useful feedback about services and policies.
- To maintain a current address and phone number in the PSU system in order to facilitate communication as necessary. Updates can be made at [www.banweb.pdx.edu](http://www.banweb.pdx.edu).
- To present photo identification for services.

**Your basic rights are:**
PSU Dental Services at SHAC

Consent for Treatment

- To be treated with dignity and respect.
- To know the names and professional status of the people serving you.
- To confidentiality (except in the situations described below under “Confidentiality”).
- To receive accurate information about your dental related concerns.
- To know the effectiveness, possible side effects and problems of all forms of treatment.
- To participate in choosing a form of treatment.
- To select and/or change your dental care provider.
- To review your dental records with a dentist.
- To information about services and any related costs.

Confidentiality: In accordance with state and federal laws as well as professional ethical guidelines established for physicians, nurses, dieticians, dentists, and dental hygienists, SHAC maintains confidential records of all patient contacts. This means that except for diagnostic or referral purposes, no information about contacts with a physician, nurse, dietician, dentist, or dental hygienist will be disclosed to parties outside of SHAC without written permission from you for such disclosure. There are some exceptions to confidentiality. Physicians, nurses, dieticians, dentists, or dental hygienist may be required to release certain information if the following situations exist: (1) If you state intent to harm yourself or others; (2) If you are diagnosed with a reportable disease as required by the State Health Department; (3) If you reveal abuse or neglect of a child or vulnerable adult; (4) At risk of operating a motor vehicle; or (5) If you initiate legal proceedings regarding your treatment or when an illness defense is used in a criminal or civil action. Confidentiality in these cases will be limited to the extent the law allows.

In addition, if you see a therapist from SHAC’s Counseling Services, your physician, nurse, dietician, dentist, or dental hygienist may share information with your therapist to the extent necessary to ensure optimal communication about your complete care. If you receive psychiatric medication from Student Health Services, brief notes about your treatment at Counseling Services will be included in your SHAC chart.

A signed Release of Information (ROI) is required for the release of your dental records to any party outside of SHAC, including to yourself. As a university health service, please be aware than any records taken outside the clinic become an Educational Record governed under the laws of the Federal Educational Rights and Privacy Act (FERPA). There is a fee to have records released.

Our clinic does not directly bill insurance companies. However, if your insurance allows you to receive treatment here and you are interested in reimbursement from your insurance, you may provide us with your insurance information and we will file a claim on your behalf for reimbursement. Our clinic is not responsible for the determination of the insurance, although, we will gladly provide information needed for the reimbursement.

By signing below you indicate that you understand the information presented in this document and you consent to receiving services at the PSU Dental Services.

____________________________  ____________________
Print name                                ID number

____________________________  ______________
Signature                          Date

*You have a right to a copy of this signed consent. If you would like a copy please request one from a Dental receptionist.
Consent form last updated 10/7/14