

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO  
SCHOOL OF DENTISTRY  
**PREDOCTORAL CLINICS CONDITIONS OF TREATMENT**

**GENERAL INFORMATION:** The Predoctoral Clinics of the University of California, San Francisco School of Dentistry are primarily teaching clinics and, therefore, patients receiving dental care will be participating in the teaching program. Treatment will be performed by a dental student-doctor and supervised by members of the School of Dentistry faculty. Treatment under supervision generally requires more time than if performed by a private dentist. Also, it is possible that the faculty may direct a student to redo a procedure as necessary to comply with the standard of care in dentistry. Most appointments will require approximately three hours of your time.

**APPLICATION TO BECOME A PATIENT:** Only patients whose dental/medical condition and complexity are suitable for teaching purposes will receive care in the Predoctoral Clinics. All patients require an initial dental assessment, which also allows determination of the types of dental services needed and appropriate level of provider/s. Patients not offered dental treatment in the Predoctoral Clinics would be referred to more advanced providers in other School of Dentistry clinical programs or outside practitioners. The School of Dentistry reserves the right to deny treatment in the Predoctoral program.

**APPLICATION FOR EMERGENCY CARE:** Emergency treatment is generally treatment which is temporary in nature. The Emergency Clinic will attempt to provide symptomatic relief for individuals with acute dental need. The Emergency Clinic is limited by the time available during the clinic sessions and the number of providers available. It is the patient's responsibility to arrange for follow-up care, which is usually required to resolve the dental problem permanently. Patients of record may call after-hours Emergency Services at (415) 476-5814. Please have your chart number available.

**CONSENT TO DENTAL PROCEDURES:** Before receiving treatment, you should ask the student dentist 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) offered. All dental procedures may involve risks or unsuccessful results and complications, and no guarantee is made as to any result or cure. You have the right to be informed of any such risks as well as the nature of the procedure, the expected benefit, and the availability of alternative methods of treatment. You have the right to consent to or to refuse any proposed procedure at any time prior to its performance. Conversely, the School of Dentistry reserves the right to refuse to render specific treatment if it does not meet the prevailing standard of dental care.

**X-RAYS (radiographs):** Dental radiographs will be taken as necessary and appropriate for examinations, diagnosis, consults and treatment. You may submit current (taken within fourteen months), diagnostic-quality radiographs taken by a non-UCSF dentist for inclusion in your UCSF dental records. However, we require multiple copies of radiographs and charge patients a duplication fee for this service. If the radiograph's quality is non-diagnostic or cannot be satisfactorily duplicated, we may need to take more radiographs and charge an appropriate fee. Please ask about the process of transmitting digital radiographs from an outside dentist.

**PHOTOGRAPHS:** Providers may take patient photographs to document clinical conditions, examination findings and/or for teaching purposes.

**FINANCIAL RESPONSIBILITY:** Patients who receive treatment in the Predoctoral Clinics will be charged for treatment according to the current fee schedule in effect. Your student-doctor will provide a fee estimate prior to beginning treatment. However, some proposed procedures and plans require modification once treatment begins. Fees are due at the beginning of *each* dental procedure. However, complex/multi-appointment services (e.g., crown, bridge, denture or root canal procedures) require payment of 50% of the fee before that treatment begins. The remaining balance is due at the beginning of the *restoration* completion or *appliance* (complete denture, partial denture, crown, etc.) delivery appointment. Patients with dental insurance will be required to assign the benefits of such insurance and agree to provide personal identification necessary to process dental insurance claims.

**DENTAL RECORDS:** The records, x-rays, photographs, models, and other materials relating to your treatment in the Predoctoral Clinics are the property of the School of Dentistry. You have the right to inspect such materials and to request copies. The School of Dentistry may charge a reasonable duplication fee for this service. You may also request to have your dental x-rays sent to another health care provider by signing a release of information form. The School of Dentistry is authorized to furnish information from your records to your insurance company to obtain reimbursement. In addition, your dental/medical records may be used for instructional purposes. I so, your identity will not be disclosed to individuals not involved in your care and treatment. All dental and medical information is treated in strict confidence.

**KEEPING YOUR APPOINTMENTS:** Patients are required to be on time for their appointments. We allow a twenty-minute grace period, after which, the patient receives a broken appointment and the chair reservation is removed. If you find that you are unable to keep an appointment, you agree to notify the student dentist or the appointment assistant at least 24 hours in advance to avoid a broken appointment. **There will be a charge of \$10 for each broken or late appointment or each instance of cancellation with less than 24 hours advance notice. TWO such attendance violations or repeated unsuccessful attempts to arrange for an appointment will cause a patient discontinuance from the Predoctoral Clinics.**

*Your electronic signature on this form certifies that you have read and understand the information provided on the form, that you may request a copy, and that you accept dental care and treatment under the described terms and conditions. In addition, you acknowledge that you received a copy of the UCSF School of Dentistry's Patient Bill of Rights and Responsibilities.*

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by other than the patient, indicate relationship: 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.

The Social Security Number is used by the University of California, San Francisco School of Dentistry to process dental insurance claims.