Statement of Patient’s Responsibilities

As a patient in the Halifax Community College Dental Clinic, you have responsibilities as well as rights. You have the responsibility to:

1. Share honestly and completely your medical and dental history, previous illnesses, hospitalizations, exposure to communicable diseases, information about medications and allergies and your current medical care.

2. Follow treatment recommendations and ask questions about anything you do not understand.

3. Keep scheduled appointments and give at least 48 hour advance notice if unable to keep your scheduled appointment.

4. Be prompt for your appointments. It is important that students have adequate time to deliver complete care.

5. Be an active participant in the dental care of yourself and your family. Ask questions to clarify the nature of your dental health and treatment provided.

6. Contact your personal dentist for regular dental care and dental hygiene care if you are not selected as a patient or have not been contacted by the time your regular checkup is due. The Dental Clinic cannot guarantee regular, periodic cleaning appointments for anyone.

Fees

- Child Cleaning ......................................................... $10.00
- Adult Cleaning ....................................................... 20.00
- Scaling/Root Planing
  - First Quadrant .................................................... 15.00
  - Each Additional Quadrant .................................. 10.00
- Perio Maintenance ................................................. 15.00
- Sealants ................................................................. 5.00
- Full Series X-Rays .................................................. 10.00
- Bitewing 2-Film .................................................... 5.00
- Bitewing 4-Film .................................................... 10.00
- Panoramic Film ..................................................... 10.00

Statement of Patient’s Rights

As a patient in the Halifax Community College Dental Clinic you have the right, consistent with law to:

1. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability or sexual orientation.

2. Request accommodation for a disability by completing the “Request for Accommodation” form in advance, so as to provide the college sufficient and adequate time to meet your needs. You may obtain this form from the Admissions Office.

3. Know the names, positions, and functions of any dental instructors, staff, and students in the Dental Clinic who are involved in your care.

4. Refuse treatment, examination, or observation by any instructor or student before or after being informed what effect this may have on your health.

5. Receive complete information about your further treatment needs and any referral that is advised.

6. Receive all the information that you need to give informed consent for any proposed procedure of treatment. This information shall include the possible risks and benefits of the procedure or treatment as well as the cost.

7. Have confidentiality of all information and records regarding your care.

8. Review your record and obtain a copy of your record upon written request.

9. Receive dental hygiene treatment that meets the standard of care.

10. Share concerns about the care and service you receive without fear of reprisals, and have the clinic supervisor respond to you. All concerns should be directed to the Dental Clinic Supervisor.
Dear Patients:

Welcome to our clinic. We hope you will take a few minutes to read this information pamphlet. This information should answer many of the questions you have about our clinic.

Please remember, this is a teaching institution. Our major goal is to offer the best education to our students while providing the highest quality care for patients. Due to added paperwork, and the process of checking our student’s performance, your appointment will take longer than in an private dental office. It may also be necessary for you to return for additional appointments in order to complete your treatment. We appreciate your patience and cooperation. Our students and faculty are here to provide dental hygiene care only. We do not diagnose or treat dental disease. Any additional care you may require, should be secured through a private practice office. We strongly urge you to maintain a regular schedule for checkups with your dentist.

We sincerely hope that your experience in our clinic will be beneficial. If we can assist you in any way, please let us know.

Sincerely,
Dental Hygiene Faculty & Staff

Cleaning Appointment

Your cleaning appointment may take 2 to 3 hours. Usually, more than one appointment is required to complete treatment. If you do not have time to allow the student to complete your cleaning, please do not begin treatment. Students receive credit only for those patients whose treatment they complete. If time is a problem, we suggest that you seek treatment in a private dental office. The fee for treatment at HCC Clinic will depend on the patients’ needs.

Cancellations

It is very important that you arrive promptly for each appointment. Our students must complete a certain number of patients each semester. Your failure to keep an appointment could result in a student not graduating. All cancellations and no-show appointments will be recorded in your chart. Any patient who fails to keep two appointments, without adequate notice, will not be scheduled for further care in our clinic. You are expected to give a minimum of 24 hours notice if you must reschedule an appointment.

Directions to campus:

From North or South of Roanoke Rapids take I-95 to the Roanoke Rapids-Weldon US158 Exit #173.

Go East on 158. From East or West take US 158 to Weldon.

The campus is about a mile east of Interstate 95 on US 158. The dental clinic is in the Allied Health Building.

X-Rays

If it is determined that you need x-rays, the student will ask for your permission and advise you of the fee. All x-rays that are diagnostically acceptable can be sent to the dentist of your choice within 2-3 weeks of the appointment. Please provide the student with the name and address of your dentist.