



CONSENT FOR DENTAL HYGIENE SERVICES

Advantage Dental wants to help keep your community cavity-free and healthy. Dental hygienists from Advantage Dental will be available on site during the year to provide dental services. These services do not replace regular dental care from a dentist.

Community Location: _____ **PLEASE COMPLETE THIS FORM IN INK.**

Please return by: _____

PATIENT INFORMATION																									
Patient's Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last Name First Name Middle Initial Date of Birth </div>																									
Best phone number to reach you during the day: _____ Friend or family member's phone number to reach you in case you change your phone number: _____																									
Address / City / State / ZIP: _____																									
Grade / Teacher: _____	List medications currently taking: _____ _____																								
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> Choose Not to Disclose	<input type="checkbox"/> Iodine Allergy <input type="checkbox"/> Other Allergies (please list): _____																								
The following services may be offered to the patient on an as-needed basis. Please mark YES or NO to indicate whether you consent to these services being provided on the patient listed above.																									
<table border="0"> <tr> <td>Screening (Teeth Check-up)</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>Fluoride Coating</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>Sealant</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>Silver Fluoride</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>Antiseptic for the Teeth (Iodine)</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>Protective Restoration</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>Teledentistry</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>Petroleum Jelly</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </table>	Screening (Teeth Check-up)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Fluoride Coating	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Sealant	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Silver Fluoride	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Antiseptic for the Teeth (Iodine)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Protective Restoration	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Teledentistry	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Petroleum Jelly	<input type="checkbox"/> YES	<input type="checkbox"/> NO	History of: <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Tobacco Use <input type="checkbox"/> Behavioral Considerations (please describe): _____ Other (please describe): _____
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If you have questions or would like more information about the services provided, please call 1-866-268-9631 or see attached fact sheet.

Your signature indicates that you have been informed of the risks and benefits of treatment, your questions have been answered, and that you consent to the treatment indicated above.

As the parent/legal guardian, I agree to all of these statements:

- I give consent for dental services initialed/indicated above from Advantage Dental Group, PC (Advantage Dental), and/or one of its representatives.
- The results of the oral hygiene services, including personal health information and scheduling information, may be shared between Advantage Dental, the dental provider (hygienist or patient's dentist), the community site, any listed insurance carriers, the dentist of record, any applicable Coordinated Care Organization, and/or the Dental Care Organization of record for purpose of treatment, payment or healthcare operations.
- I have been given a copy of the "Notice of Privacy Practices" and HIE (Health Information Exchange) Notification.
- This consent will remain active for 24 months unless revoked in writing or by calling an Advantage Dental representative.
- This consent is valid at all sites where Advantage Dental provides services.
- If you have insurance through a Coordinated Care Organization, the hygienist will notify the plan of the services received

Print Parent/Legal Guardian Name: _____ Relationship: _____

 Parent/Legal Guardian Signature: _____ Date: _____

FACT SHEET

Not all patients may qualify for all services; provider will determine which services are clinically appropriate based on the patient's individual needs.

Screening (Teeth Checkup)

A dental care professional will look in the mouth to check for changes in teeth that may indicate cavities or other oral health problems.

Risk(s): Decay or other problems could exist and get worse if not discovered.

Alternative(s): No checkup.

Fluoride Coating

A temporary thin coating (also called varnish) put on the teeth to help protect from cavities. The coating is safe even if it is swallowed. It does not hurt or stain the teeth.

Risk(s): Allergy is not common.

Alternative(s): Daily or weekly fluoride rinses, fluoride foam, or fluoride gels applied at your dentist's office.

Sealant

A dental sealant is a white coating put on the chewing surfaces of back teeth where cavities occur most often. Sealants make barriers on teeth that keep bacteria out and prevent cavities. They do not interfere with biting or chewing.

Risk(s): Sealants only protect the chewing surfaces. They can last for several years, but sometimes need to be replaced.

Alternative(s): Silver Fluoride. No sealants. Choosing not to use sealants could increase the chances you will develop decay in the chewing surfaces of the teeth.



Before Sealants



After Sealants

Silver Fluoride

Fluoride with silver looks like water. It is painted on the teeth with a tiny brush and can heal early tooth decay. It goes on quickly, and does not hurt. If there are cavities in the mouth, silver fluoride can stop them from growing, and sometimes even heal them. Cavities that are stopped or healed with Silver Fluoride will turn dark brown or black. Teeth without cavities will not change color. If the color shows a lot, a dental professional can cover it with white filling material. Fillings may not be needed for cavities that are stopped with Silver Fluoride.

Risk(s): If Silver Fluoride comes in contact with skin it will cause a small dark spot that will go away on its own in 1-2 weeks. If it comes into contact with existing white fillings it might stain.

Alternative(s): No Silver Fluoride applied. This could leave harmful bacteria on your teeth and increase the chance of tooth decay. Use fluoride toothpaste regularly and have fluoride varnish and sealants applied at your dental office.

How Silver Fluoride looks on a tooth with a cavity



How Silver Fluoride looks on a tooth with no cavity



Before

After

Antiseptic For The Teeth (Iodine)

The antiseptic kills bacteria that cause cavities. When applied before the fluoride coating, it prevents many more cavities than the fluoride coating alone. Iodine is a normal part of our diet from food and is safe. It does not hurt or stain the teeth.

Risk(s): Allergic reactions are not common, but you should not have this treatment if you are allergic to shellfish.

Alternative(s): No iodine applied. This could leave harmful bacteria on your teeth and increase the chance of tooth decay.

Protective Restoration

This is a simple tooth colored filling placed in a cavity to protect the tooth until a permanent filling can be done. It relieves pain and helps healing inside of the tooth. No shots are needed. It does not hurt.

Risk(s): Protective fillings may partially fall out, but what is left still protects the tooth.

Alternative(s): A regular filling or cap. Without care, the cavity may get bigger or become painful.

Petroleum Jelly

Petroleum Jelly may be utilized for dry-chapped lips during treatment, as well as during the placement of sealants.

SUMMARY NOTICE OF PRIVACY POLICY

Our Responsibilities: We are required by law to make sure that your protected health information is kept private and follow the privacy practices that are described in our full Notice of Privacy Practices. We may change our privacy policies any time and notify you. You can also request copy of our full Notice of Privacy Practices at any time. For more information about our privacy policies, contact us at 1-866-268-9631.

Our Uses and Disclosures: We use your health information to treat you, manage the health care treatment you receive, run our organization and to pay or bill for your health services. For example, we can use your health information and share it with other providers who are treating you.

There are other ways we are allowed to share your information. These other reasons are so that we can help the public, like public health and research. We have to follow the law before we can share your information for these reasons. We will not use or share your information other than what the law allows us to do; unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.

Your Rights: When it comes to your health information, you have rights.

- You can ask to see or get a copy of your health information;
- You can ask us to correct your information;
- You can ask for confidential communications;
- You may ask us to limit what we use or share;
- You can get a list of those with whom we've shared information; and
- You can ask us for a copy of the full Notice of Privacy Practices at any time.

Your Choices: For certain health information, you can tell us your choices about what we share. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in payment for your care.
- Share information in a disaster relief situation.
- If you can't tell us what you want us to do, for example if you are not conscious, we may share your information if we think it is what is best for you. We may also share your information when needed to lessen a serious threat to health or safety.

Privacy Complaints: If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about your health information, you may contact us at 1-866-268-9631 or TTY 711. You also contact the US Department of Health and Human Services at 1-877-696-6775 or TTY 1-866-788-4089.

Summary of Privacy Practices: This is a summary of our Notice of Privacy Practices. You can ask us for the full Notice of Privacy Practices at any time

To Improve the Oral Health of All

www.AdvantageDental.com

63140 Britta Street, Suite D104, Bend, Oregon 97703-9802 | TEL: 888-480-4478 Option 4 | FAX: 541-516-4355

NON-DISCRIMINATION DISCLOSURE NOTICE

Advantage Dental from DentaQuest and our providers comply with all applicable state and federal civil rights laws. We cannot treat people unfairly in any of our services or programs because of a person's:

- Age
- Color
- Disability
- Gender Identity
- Marital Status
- National Origin
- Race
- Religion
- Sex
- Sexual orientation

To report your concern or get more information please contact our Compliance Department one of these ways:

- Web: www.AdvantageDental.com
- Email: compliance@greatdentalplans.com
- Phone: 1-866-737-3559
- By Mail: Compliance Officer - CONFIDENTIAL
P.O. Box 2906
Milwaukee, WI 53201-2906

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. You can file a complaint electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

If you would like to request this information in another language or an alternate format such as large print, audio disk, braille, etc. please contact Customer Service at 866-268-9631 or TTY 711.

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LANGUAGE	TRANSLATED STATEMENT
English	ATTENTION: If you speak [language], you have services available to you free of charge for language assistance. Call 1-888-468-0022 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-468-0022 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-468-0022 (TTY: 711)。
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-468-0022 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-468-0022 (TTY: 711) 번으로 전화해 주십시오.
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-468-0022 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-468-0022 (телетайп: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 711 (رقم هاتف الصم والبكم: 1-888-468-0022).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-468-0022 (ATS : 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-468-0022 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-468-0022 (TTY:711) まで、お電話にてご連絡ください。
Farsi	وجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-468-0022 (TTY: 711) تماس بگیرید.
Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-468-0022 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-468-0022 (መስማት ለተሳናቸው፡ 711)።
Thai	टीपण: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-1-888-468-0022 (TTY: 711).
Ukrainian	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-468-0022 (телетайп: 711).
Lao/Loatian	ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າຈ່າຍ, ຄວນນຳໃຊ້ທ່ານ. ໂທ 1-888-468-0022 (TTY: 711).
Oromo	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-468-0022 (TTY: 711).
Ibo	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-888-468-0022 (TTY: 711).
Yoruba	AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-888-468-0022 (TTY: 711).

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