



Informed Consent and Privacy Policy

Polished, LLC may provide the following services at your child's school:

- 1. A dental hygiene evaluation:** To check the teeth, mouth, and gums (2 times in the school year)
- 2. Tooth cleaning:** To remove plaque and other deposits (2 times in the school year)
- 3. Fluoride treatment:** Painted on the teeth to protect them from cavities (up to 3 times in the school year)
- 4. Sealants:** Placed on the chewing surface of the teeth to prevent cavities (when needed)
- 5. Health education:** To teach children how to care for their teeth (2 times in the school year)

The materials used are the same as those in dental offices. Licensed dentists and/or dental hygienists will provide all of the care listed above. Safety standards include: sterilized instruments, wearing gloves and face masks. All materials are latex free.

Emergencies: Polished, LLC staff will follow school the appropriate protocols for emergencies.

Agreement: I read and understood this Consent Form. I agree to allow my child to participate in this program and authorize the dental program to provide a written summary of the examination/services to an official designated by my child's school. I understand that treatment provided may affect future rights and benefits of private insurance, Medicaid, or the children's health insurance program. I understand I may continue to obtain dental care through any other provider. I understand participation is voluntary and I may withdraw my child at any time. The care provided by the Polished, LLC dental hygienists is not a substitute for a dental examination by a dentist. I have read Polished LLC privacy policy below and have a right to a copy at my request.

Notice of Privacy Practices Effective: August 20, 2010 Your rights: You have a right to: Inspect and copy your child's health information, receive information how your child's health information was disclosed, obtain a paper or electronic copy of this notice, register a complaint: see File a Complaint, request that we restrict how we use or disclose your child's health information and the use of a specific telephone number or address to communicate with you. **Our Responsibilities:** To ensure that identifying health information about your child is kept private, to provide notice of our legal duties and privacy practices with respect to health information, to communicate any changes made to current privacy practices. **File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services: Office of Civil Rights, United States Department of Health and Human Services Government Center JFK Federal Building 1875 Boston, MA 02203 (617) 565-1340 or TDD (617) 565-1348. No action may be taken against you for filing a complaint. **Use and Disclosure of Information:** We may be use health information as follows: documented treatment services may be shared with other healthcare providers involved in meeting a student's oral health needs, to communicate with family members involved in meeting the student's oral health care needs, to conduct normal business practices and management, to provide payment/billing information about services provided to third parties in order to receive payment, to communicate regarding visits to your child's school by telephone, mail, email or with your child, there are limited times when we are permitted or required to disclose health information without your signed permission. These situations could include but are not limited to: Public Health activities such as tracking diseases or medical data, to protect victims of abuse or neglect, Federal or state health oversight activities such as fraud investigations. When required to do so by Federal, State or local law. Other uses and disclosures not previously described may only be done with your signed authorization. You may revoke your authorization in writing at any time. If you have questions about this notice, please contact: Ellen Gould, 508-237-5378, polishedcheckin@gmail.com

Child's First Name: _____ Child's Last Name: _____

Childs Birth Date: Month ____ Day ____ Year ____

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

I have read and received a copy of the Polished, LLC privacy policy.

Signature: _____ Date _____