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Dental Steps

**Dental Steps for ME:**

**CONSENT TO PARTICIPATE**

PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PATIENT D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PURPOSE:** The purpose of this form is to obtain your permission for the patient to participate in a system of dental care called “Dental Steps for ME” which includes a model called “tele-dentistry.” You will be offered preventive and limited dental treatment provided by a dental hygienist and the primary care team in the primary care site, in collaboration with tele-dentistry consultation provided by a remote dentist.

The dental care providers involved in your care will include:

Name of Registered Dental Hygienist:

Name of Dentist:

The purpose of this care delivery system is to provide the patient with access to comprehensive dental health services including review of the patient records by a dentist through the Internet, as needed. If the dentist reviews the patient’s records, they may make recommendations about treatment; however, the dentist may or may need not see the patient in-person.

1. **WHAT SERVICES WILL BE PROVIDED AT THE DOCTOR’S OFFICE?** A team in the primary care office consisting of the patient’s primary care doctor and a dental hygienist will provide a wide array of preventive dental services including education, oral health evaluation, risk assessment (may include x-rays and pictures of the teeth), cleanings, and fluoride application, as well as application of materials proven to stop the advancement of tooth decay, as needed. The dental hygienist will consult, via technology, as needed, with the remote dentist.
2. **WHAT IS A TELE-DENTISTRY CONSULTATION?** Tele-dentistry is a tool used to help people who do not or cannot go to a dental office to receive a dental examination or consultation. Tele-dentistry uses electronic dental records like electronic versions of x-rays, photographs, recordings of the condition of your teeth, health and other history information. These records are reviewed by a dentist at a later time. The goal of the tele-dentistry system is to have the dentist create a treatment plan and recommendations for your dental care.
3. **WHAT ARE THE RISKS, BENEFITS AND ALTERNATIVES?**  The benefits of Dental Steps for me include having access to dental care without travelling to a dental office or clinic. Risks involved with Dental Steps for ME are similar to that of care received in a dental office setting. A potential risk of tele-dentistry is that a face-to-face consultation with a dentist may still be necessary after the tele-dentistry consultation.
4. **CONFIDENTIALITY.** Current federal and Maine laws about confidentiality apply to the information used or disclosed during your Dental Steps for ME. In rare cases, some of your records may unintentionally become available to people not connected with the consultation during tele-dentistry. You will be provided with a separate document, which describes how your private information will be handled. This is known as the “Notice of Privacy Practices.”
5. **RIGHTS.** You may choose not to participate in Dental Steps for ME at any time. If you decide not to participate it will not affect your right to future care or treatment. You have the option to seek dental consultation or treatment in a dental office at any time. If an injury occurs as a result of procedures provided during Dental Steps for ME, notify that person.

**My provider has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I have read and agreed to participate in this model of oral health care involving tele-dentistry consultations. I agree to have records, including, electronic versions of x-rays, photographs, charting of conditions, and health and other history information, collected from me and shared and used in this system as described in this consent form and in the “Notice of Privacy Practices” which I have received. I acknowledge that no guarantee or assurance has been made by anyone regarding the treatment I have requested and authorized.**

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**Name of Patient (PRINT)**

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**Name of Patient’s Parent/Legal Guardian (PRINT) Signature of Patient’s Parent/Legal Guardian**

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**Date of Signing**

**REFUSAL: I refuse to participate in Dental Steps for ME as described above.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note: Sample consent form adapted from “VIRTUAL DENTAL HOME CONSENT TO PARTICIPATE IN A TELE-DENTISTRY CONSULTATION SYSTEM” provided by Virtual Dental Home Consulting – www.OralHealthInnovation.com