

## YOUR RESPONSIBILITIES AS A PATIENT

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You, your family, and visitors are responsible for following the rules involving patient care and conduct. These include University of Michigan no smoking policies.

You are responsible for being considerate of the rights of other patients and Dental School personnel and property.

You are responsible for making appointments and for arriving on time. We ask that you call us at least 48 hours in advance when you cannot keep a scheduled appointment.

You are responsible for providing a complete and accurate medical and dental history. This history should include all prescribed and over-the-counter medications that you are taking.

You are responsible for telling us about all treatments and interventions that you are involved in.

You are responsible for providing information about unexpected difficulties you may have involving your health care.

You are responsible for telling us if you clearly understand your plan of care and the things you are asked to do.

You are responsible for meeting any financial obligations agreed to with the School of Dentistry and providing us with correct information about your sources of payment and ability to pay your bill.

You are responsible for following the suggestions and advice prescribed in a course of treatment by your health care providers. If your refusal of treatment prevents us from providing appropriate care according to ethical and professional standards, we may need to end our relationship with you after giving you reasonable notice.

## YOUR RIGHTS AS A PATIENT

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### CONCERNS ABOUT CARE, BILLING

You have the right to have health care information provided in a manner and form that you can understand.

You have the right to details about all items on your bill. You will receive notice of non-coverage. Upon request, information concerning financial help will be given to you.

You have the right to express any concerns or compliments to the individual/department involved, or to the Office of Patient Services. Phone: (734) 764-1558.

You have the right to receive answers for any billing questions you might have. Please contact the Clinic Billing Office at (734) 647-4246.

You also have the right to lodge a grievance with the Michigan Department of Community Health Bureau of Health Systems, Complaint Intake, PO Box 30664, Lansing, MI 48909, 800-882-6006.



University of Michigan  
School of Dentistry

# *Patient Rights and Responsibilities*



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# YOUR RIGHTS AS A PATIENT

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## ACCESS TO RESPECTFUL CARE

You have the right to receive necessary care regardless of your race, sex, national origin, marital status, sexual orientation, beliefs, values, language, functional status, age, disability or source of payment.

You have the right to receive considerate and respectful care in a smoke-free environment.

You have a right to privacy.

You have the right to receive information about rules involving our care or conduct.

You have the right to proper assessment and management of pain.



## INVOLVEMENT IN CARE DECISIONS

You have the right to information about your condition, treatment and prognosis, including unanticipated outcomes of care.

You have the right to education about safe use of medications, medical equipment, potential food-drug interactions and counseling on nutrition and modified diets.

You have the right to be involved in the planning, completion and review of your plan of care, including your plan of care for after you leave the dental school.

You may refuse treatment to the extent permitted by law. It is our responsibility to discuss with you the possible results of your refusal.

You have the right to participate in your dental health care decisions.

No experimental procedure can be a part of your care without your approval.

Your right to make decisions about health care does not mean that you can demand treatment or services that are medically inappropriate or unnecessary.

## ACCESS TO YOUR DENTAL RECORD

You have the right to see your dental record at a time suitable for both you and the staff. You may request and obtain a copy of your record for a reasonable fee at any time.

You have the right to request changes to your protected health information. You have the right to ask that your information not be given out by contacting the Office of Patient Services.

You have the right to request a list, if any, of the disclosures we made of medical information about you.

## CONFIDENTIALITY OF CARE

Your dental records will be treated as confidential by the dental school staff. No one outside of the dental school staff will be given a copy of your record without your written permission. Exceptions are as required by law, transfer of care or third party payor/insurance contract.

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