

PATIENT RIGHTS AND RESPONSIBILITIES

At Cordido Dental Pros, PLLC, (CDP) we believe that by understanding and participating in your oral health care at our clinic you can achieve more satisfactory, long-term results. This will be equally true if you are a parent or legal guardian of a minor for whom you must provide treatment consent. Therefore, we encourage a partnership between you and our dental team members. By exercising your patient rights and responsibilities, you fulfill your role as a member of our team and help assure that your oral health will meet your expectations, both now and in the future.

You have a right to considerate, respectful and confidential treatment. We respect your right to be treated respectfully and will honor your request to be addressed in a manner that is acceptable to you. You have the responsibility to be considerate and respectful to other patients and our clinic personnel. You have the responsibility to be respectful of the property of other patients and of the clinic. Patient are expected to treat other patients and CDP personnel with courtesy and respect. CDP enforces a no-tolerance policy to any type of harassment, inappropriate behavior or comments of a discriminatory or and will result in you being dismissed as a patient.

Confidentiality of your dental records is assured by both federal and Texas law. Your records will not be released to persons or agencies outside the clinic unless you provide written consent to do so. Exceptions may apply, however, with respect to complaint investigation, when required by third party payment contracts, or when allowed by law. You have the responsibility to provide, to the best of your ability, honest and complete information about your medical history and current health status and provide feedback about your needs and expectations.

You have a right to continuous and timely completion of your treatment. As a patient at CDP, you have the right to receive a comprehensive care in a timely manner. You have a responsibility to keep your scheduled appointment, to provide prompt payment for the service and to be available for treatment upon reasonable notice.

You have the right to access complete and current information about your oral condition. Your oral health care at CDP may involve a few simple procedures or it may encompass a number of more complex procedures. Whatever the scope of your treatment, information regarding your oral health is available. While we make every attempt to keep you informed, you should never be reluctant to ask questions if you are uncertain about your oral health status or treatment.

You have the right to an explanation of recommended treatment and costs. You have a right to receive a complete oral health evaluation, in terms you can understand, of your diagnosis, treatment recommendations, reasonable alternatives, risks and benefits and probable outcomes associated with each option, including no treatment, and the respective costs. Parents or legal guardians/conservators have a right to an explanation regarding the options for the behavioral management of children. If you do not understand these explanations, you have the responsibility to ask for additional information. Payment is expected at the time of treatment. You have the responsibility to adhere to regular home oral health care recommendations. You have the responsibility for your actions if you refuse treatment or do not follow the dentists' prescribed treatment plan.

You have the right to acknowledge your consent to treatment. After being informed of your treatment options and their costs, you have the right to accept, defer or decline any of the options, provided that professional standards of care are not compromised. Once you have reached an agreement on the treatment to be performed, you will be asked to provide written consent prior to beginning treatment. You will be asked to sign documents and you should have complete information about their content. Payment is expected at the time of treatment.

Patient Name: _____ DOB: ____/____/____
Last First Middle

Signature: _____ Date: _____

If other than the patient, indicate relationship: parent or legal guardian _____