



## **PATIENT RIGHTS**

### **Regarding dental care, each patient has the right to:**

- \* Be treated respectfully and courteously by staff.
- \* Receive dental care in a safe and secure environment, free from abuse or harassment.
- \* Receive dental treatment that meets the standard of care in the profession.
- \* Receive the information necessary to give informed consent prior to the start of any procedure and/or treatment so you understand the purpose, probable results, alternatives, and risks involved.
- \* Participate actively in decisions regarding your dental care or designate a representative when appropriate.
- \* Receive reasonable continuity of care--keeping in mind:
  - that care will follow a comprehensive and appropriately sequenced treatment plan
  - that goals of treatment vary according to individual needs.
- \* Receive an estimate of the cost of your dental treatment as well as continuing explanations of your bill, as requested.
- \* Discontinue treatment at any time and be informed of the medical and dental consequences of your actions.
- \* Expect emergency treatment to be available during office hours. Treatment on an emergency basis will usually be limited to providing relief of pain and swelling. After-hours emergency care is available.
- \* Discuss questions with any member of Corridor Kids Pediatric Dentistry.

### **Regarding health information, each patient has the right to:**

- \* Expect that all communications and records pertaining to your care will be treated confidentially with the dental care team.
- \* Request in writing to review your health information.
- \* Request in writing to receive copies of your treatment record.
- \* Request in writing that we place additional restrictions on our use or disclosure of your health information.
- \* Request in writing that we amend your health information.
- \* Receive a copy of Corridor Kids Pediatric Dentistry Notice of Privacy Practices in written form.
- \* Request in writing that we communication with you about your health information by alternative means or to alternative locations.

## PATIENT RESPONSIBILITIES

### Regarding dental care, each patient has the responsibility to:

- \* Abide by office rules and policies, as informed by office staff.
- \* Be respectful of office staff, other patients, and office property.
- \* Arrive on time for scheduled appointment or 24-hour notice for a change in appointment. Failure to keep scheduled office appointments may result in severed relationship between the patient and the office.
- \* Provide accurate and complete information about your health, including medications and past or present medical problems.
- \* Report any changes in health status.
- \* Provide current information regarding your health insurance.
- \* Follow treatment recommendations given by Dr. Vargas after reasonable treatment options are presented.
- \* Notify Dr. Vargas or staff if you do not understand information about your care or treatment.
- \* Inform Dr. Vargas or staff if you are not satisfied with any aspect of your care.
- \* Pay promptly all fees for treatment you have received.
- \* Please be aware that email is not a secure method of communication.

## CONCERNS AND COMPLAINTS

It is the responsibility of Corridor Kids Pediatric Dentistry staff to listen to patient concerns as well as those raised by family members or visitors. To share a complaint you may contact Kathryn Kahn-Office Manager. The issue will be thoroughly investigated, and the outcome will be communicated to you.

All complaints and concerns are treated confidentially. Patients who express a concern or complaint will not have their future treatment compromised in any way. You may talk with the office manager at 319-665-2573 or email at [kathryn@corridorkidsdentistry.com](mailto:kathryn@corridorkidsdentistry.com).

## CONTACT INFORMATION

For more information about our patient rights and responsibilities practices, or additional copies of this notice, please contact us at:

Corridor Kids Pediatric Dentistry  
1738 Lininger Lane  
North Liberty, IA 52317  
Telephone: 319-665-2573  
[www.corridorkidsdentistry.com](http://www.corridorkidsdentistry.com)

**Signature** (Parent or Legal Guardian) \_\_\_\_\_ **Date:** \_\_\_\_\_