

# WELCOME

# THANK YOU

**M** | SCHOOL OF DENTISTRY  
UNIVERSITY OF MICHIGAN

*The students, faculty, and staff at the University of Michigan School of Dentistry are happy that you have chosen us as your dental home. It is our privilege to serve you.*

*We strive to provide caring, comprehensive dental care for the overall well-being of our patients. As a teaching and research health care facility, we provide care based on professional standards and patients' needs.*

*We rely on a relationship based on mutual trust, cooperation, and communication between providers and patients.*

*Please review this brochure to understand the expectations and responsibilities that contribute to a successful patient-provider relationship.*

*Thank you for taking the time to review the expectations and responsibilities that contribute to a successful patient-provider relationship at the University of Michigan School of Dentistry and Clinics. We look forward to a productive and satisfying experience for all of us.*



1011 N University Ave,  
Ann Arbor, MI 48109-1078

**(734) 763-6933**

or

**(888) 707-2500**

**dent.umich.edu**

# PATIENT RIGHTS & RESPONSIBILITIES



# YOUR RIGHTS AND RESPONSIBILITIES AS A PATIENT

## Respect for Patients

You have the right to receive considerate, ethical and respectful care regardless of your race, gender, national origin, marital status, sexual orientation, beliefs, values, language, functional status, age, disability or source of payment. Our students, faculty and staff will adhere to the School of Dentistry's safety and infection prevention protocols, for your protection as well as for the protection of all others. In order to respect the rights of all patients, we ask that each patient is considerate of the rights of other patients and School of Dentistry personnel and property. Please remember that the University of Michigan is a smoke-free campus.

## Treatment for Patients

You have the right to expect a comprehensive review of your dental health, presentation of treatment options, our predictions for success and possible outcomes of alternative treatments. This information will be provided in terms that you can understand with the opportunity to ask questions before making your decision. Please inform us if you do not clearly understand your plan of care and the things you are asked to do. You have the option to refuse treatment and will be informed of the possible consequences of your decision. We expect you to be involved in the planning, providing, completion, and periodic review of your plan of care. We ask that you attend appointments as scheduled, and provide at least 24 hour notice if you need to reschedule.

## Partners in Care

Your dental health care providers rely on you to provide a complete and accurate medical and dental history for your

safety. You will need to tell us about all prescribed and over-the-counter medications that you are taking. There is much evidence that oral health affects general health and vice versa. Therefore, please provide all information about all treatments and medications, medical and dental, which you are receiving. We will provide continuous care for you within the limitations of our academic schedule.

It is also important that you update us on any changes to your contact information such as your phone, email and home addresses, as well as any guardianship documentation if applicable.

We ask that you follow our recommendations for your oral health care. If you choose not to follow our recommendations this may prevent us from providing you the best dental care according to ethical and professional standards. Your right to make decisions about your health care does not mean that you can demand treatment or services that are inappropriate or unnecessary. If we need to end our relationship with you, we will provide a reasonable notice and referral options.

## Privacy and Financial Information

You will be given fee estimates for your chosen plan of care prior to beginning the care. You have the right to explanations about all items on your bill and you will receive notice of non-coverage. Information on financial arrangements specific to your needs may be obtained by consulting a representative in our Patient Business Office at **(734) 647-8383**. We can help you only if you provide us with correct information about your sources of payment and ability to pay your bill. It is the patient's responsibility to provide current and correct payment and insurance information, as well as be knowledgeable about insurance rules and coverage.

Your Patient Dental Record is a confidential document and will not be shared with anyone outside the School of Dentistry without your written permission, except as required by a third party payer contract or by law. You may request to review your patient dental record with a School of Dentistry representative to explain the information as necessary. A copy of your patient dental record can be obtained from our Central Records Department at **(734) 764-6152**. Your privacy rights are fully described in our Notice of Privacy Practices, which is available on our website or upon request within the school.

## Addressing Concerns

We ask that you let us know of any unexpected difficulties you may have involving your oral health care. Our Patient Care Coordinators are available to assist you with questions or concerns. You may contact them by phone Monday through Friday between the hours of 8:00 am and 5:00 pm at **(734) 763-3370**.

You may express any concerns or compliments to the individual/department involved, or to the Office of Patient Services at **(734) 764-1558**. If your concerns are not resolved promptly, you may file a formal written or verbal grievance with the Office of Patient Services.

You also have the right to lodge a grievance with the State of Michigan Department of Consumer & Industry Services. Phone: **(517) 373-9196**.

**Address: Bureau of Health Services,  
PO Box 30670, Lansing, MI 48909-8170.**