At the CU Dental Clinics at the University of Colorado School of Dental Medicine, we care deeply about our patients and the care they receive. We invite you to review your rights as a patient as well as your responsibilities.

Together, we can ensure that you receive excellent dental care.

Access to Dental Records
Should you or your designated representative need copies of your dental records, we are happy to assist you. Please submit your request in writing to CU School of Dental Medicine, Mail Stop F831, 13065 East 17th Avenue, Aurora, CO 80045. Copies are made and available within five to ten business days; patients will be responsible for the cost of copying.

Addressing Patient Concerns
Should you have questions or concerns about your care while receiving treatment at any of the CU Dental Clinics, our Patient Advocate Office will work with you to address your concerns. Patients may submit requests for information or concerns, either verbally or in writing to the Patient Advocate Office at (303) 724-7040 or via email at sdm-ptadvocate@ucdenver.edu.

Mission
The University of Colorado School of Dental Medicine (CUSDM), a collaborative partner on the Anschutz Medical Campus, is a diverse teaching, clinical care and research community that innovates, creates and engages for the health of local and global communities.
We are proud to provide positive change in the lives of our patients. While a patient, you can count on:

1. Receiving treatment regardless of race, color, religion, gender, age, national origin, or individual disability.
2. Having access to interpreter services, upon request, when you do not speak or understand the language.
3. Receiving considerate, respectful care at all times and under all circumstances.
4. Receiving advance knowledge of the anticipated/estimated cost of treatment, and the opportunity to request and receive an itemized, detailed explanation of the total bill for your care.
5. Participating in informed decisions concerning your health care; knowing about and accepting or refusing participation in research projects affecting your health and treatment.
6. Obtaining complete and current information concerning your diagnosis, treatment, and any known prognosis. (If it is not medically advisable to give a patient this information, it should be given to a legally authorized individual).
7. An understanding of your treatment plan and giving informed consent. You, or your legally authorized representative, has the right to:
   a. An explanation of the recommended treatment or procedure.
   b. An explanation of the risks and benefits.
   c. An explanation of the alternatives with the risks and benefits.
   d. An explanation of the consequences if no treatment is pursued.
   e. Refusing any drug, test, procedure or treatment. You also have the right to request treatment. However, you may not demand treatment considered medically unnecessary or inappropriate.
8. Receiving treatment that meets the standard of care in the profession, that is evidence based and integrates the best research evidence, with patient needs and values, and the knowledge and experience of the dental profession and our faculty.
9. Having access to emergency care.
10. Having patient care consistent with your total needs and in an appropriate sequence.
11. Having reasonable safety insofar as the clinic practices and environment are concerned.
12. Knowing the identity and professional status of all individuals providing services to you.
13. Being informed of the School's rules and regulations applicable to your conduct as a patient.
14. Having continuity of care and completion of your treatment, and being informed of any continuing health care requirements following treatment.
15. Confidentiality of all communication and clinical records related to your care, including:
   a. To have any discussion or consultation involving your care conducted discreetly.
   b. To limit access to your dental record to individuals directly involved in your treatment, and including those who monitor its quality.
   c. To have all communications and other records pertaining to your care, including the source of payment for treatment, treated as confidential.

We ask that you partner with us in your dental care by following the University of Colorado School of Dental Medicine rules and regulations affecting patient care and conduct as outlined below:

1. Follow the treatment plan recommended by the School and approved by the patient in a timely manner.
2. Attend, on time, all scheduled appointments and give at least 48-hours' notice if you need to cancel an appointment.
3. Provide accurate, current and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health and dental health.
4. Make it known that you clearly understand a proposed course of treatment, and what is expected of you by giving your informed consent. Feel free to ask questions if you do not understand any directions or information given to you.
5. Assure that the financial obligations for your dental care are fulfilled as promptly as possible. This includes making payment at the time of treatment, as well as providing accurate insurance information and asking questions you may have concerning your bill.
6. Be considerate and respectful of the rights of other patients and of School personnel.
7. Remember you are responsible for the outcome if you refuse treatment or do not follow instructions.