

Patient Information and Permission Form

MOBILE PROGRAM

General information

Patient information

Legal name (please print) _____

Age _____ Birth date (mm/dd/yyyy) _____

Sex Male Female

School attending _____ Grade _____

Race
 White Asian Other
 Black or African American
 American Indian or Alaska Native
 Hawaiian or Other Pacific Islander
 Hispanic or Latino Not Hispanic or Latino

Parent/guardian information

Name (please print) _____

Relation to patient _____

Home (mailing) address _____

City _____ Zip _____

Home phone (_____) _____ - _____

Work phone (_____) _____ - _____

Cell phone (_____) _____ - _____
 Check here if you do not want to receive text messages.

Emergency contact information

Name (please print) _____

Relation to patient _____

Phone (_____) _____ - _____

Dental history

Dental visits should start at first tooth.

Yes No Is this the patient's first dental visit?
If no, how long has it been?
 Less than 2 years More than 2 years

_____ Past or current dentist's name

Yes No Is the patient experiencing toothache/
mouth pain/face swelling?

Yes No Has the patient visited the ER/hospital for
dental pain in the last year?

Yes No Has dental pain caused you or your child to
miss school and/or work in the last year?
 School Work Both

Medical history

_____ Patient's current physician

Date of last medical exam (mm/yy) _____/_____

Yes No Is the patient taking any medications?
If yes, please list _____

Yes No Does the patient have any allergies?
If yes, please list _____

Yes No Does the patient have any special needs
that would require special arrangements
for dental care? e.g. autism
If yes, please explain _____

Yes No Is the patient pregnant?

Does the patient have, or have they had,
a history of the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> AIDS / HIV | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Mono |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Excessive bleeding | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Birth defects | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hepatitis | |

Please explain your answers: _____

Continue on back. 

Patient Information and Permission Form

Patient behavior

- Yes No Does the patient brush daily?
- Yes No Does the patient drink soda pop or other sugar-sweetened drinks (Kool-Aid, fruit drink, sports drink) daily?
- Yes No Is the patient using tobacco or vaping products?
- Yes No Does anyone in the household use tobacco or vaping products?

Household information

- Annual household income
- Less than \$10,000 \$10,000-20,000
 - \$20,000-30,000 More than \$30,000
- How many children age 21 or younger live in your household?
- _____

Insurance

- Please check any that apply.
- No dental insurance
 - Medicaid
Medicaid number _____
 - Private DENTAL insurance (please provide copy of card)
- _____
- Dental insurance name
- _____
- Policy number
- _____
- Group number
- _____
- Dental insurance address
- _____
- Insurance phone (_____) _____ - _____
- _____
- Employer name

! IMPORTANT - Permission to provide treatment We cannot treat your child if form is not signed.

I, _____, as a legally responsible guardian of _____

Print parent/legal guardian name Print child's name

give my permission for the dental services I have authorized below. Please note that preventive dental hygiene services alone, provided outside of a regular dental office, should not replace regular exams by a dentist. I have been offered and/or have read Delta Dental's HIPAA Notice of Privacy Practices available at southdakota.deltadental.com/privacy-and-policies/notice-of-privacy-practices/.

Each item needs to be answered in order to receive dental care.

- Yes No Preventive services: screening by a hygienist, teeth cleaning, oral hygiene instruction, sealants, fluoride treatment.
- Yes No Dentist exam (including dental x-rays)
- Yes No Restorative services: fillings, stainless steel crowns, pulpotomy. Local anesthetic may be used for these procedures.
- Yes No Silver diamine fluoride (decayed area of the tooth will be stained black permanently - please see attached for more information about this treatment)
- Yes No Extractions: removal of primary (baby) or permanent teeth that cannot be restored through other treatments. Local anesthetic may be used for these procedures.
- Yes No The use of nitrous oxide (laughing gas) may be used as deemed necessary.

_____ Date ____/____/____

Parent/legal guardian signature

SILVER DIAMINE FLUORIDE INFORMED CONSENT

Silver Diamine Fluoride (SDF) is a liquid medication that is applied to active tooth decay to kill bacteria and stop the cavity from growing. While the use of SDF has been FDA approved to treat tooth sensitivity, we are using SDF to help stop tooth decay.

Benefits of receiving SDF:

- SDF can help stop tooth decay.
- SDF can postpone the need for traditional dental treatment (fillings, crowns, etc.) and delay/possibly eliminate the need for sedation/general anesthesia to complete dental treatment.

Risks related to SDF include, but are not limited to:

- Patients should not be treated with SDF if:
 - **He/she has an allergy to silver.**
 - There are painful sores or raw areas on the gums or anywhere in the mouth.
- **The decayed area of the tooth will be stained black permanently.** Healthy tooth structure will not stain.
- Tooth colored fillings and crowns may discolor if SDF is applied to them.
- If SDF contacts the gums or skin, a brown or white stain may appear. This color change is harmless, but cannot be washed off. The discoloration will go away in 1-3 weeks.
- If tooth decay is not arrested, the decay will progress. In that case the tooth will require further treatment, such repeat SDF, a filling or crown, root canal treatment, or extraction.



before, after 24 hours, and after 7 days of SDF treatment (UCSF)

Alternatives to SDF include, but are not limited to:

- No treatment. No treatment will allow untreated decay to continue further damaging tooth structure, possibly leading to pain, infection, or tooth loss.
- Fillings, crowns, extractions or referral for advanced care which may include general anesthesia.

While SDF can stop tooth decay, it will not restore the tooth structure that has already been effected. You may still require restoration of the teeth (fillings, crowns, etc.).

Required Nondiscrimination and Accessibility Statement*



Discrimination is Against the Law

Delta Dental of South Dakota complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Delta Dental of South Dakota does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental of South Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters;
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters;
 - Information written in other languages.

If you need these services, call 1-877-841-1478.

If you believe Delta Dental of South Dakota has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Delta Dental of South Dakota, Compliance Manager, 720 N. Euclid Ave., Pierre, SD 57501, phone: 1-800-627-3961, compliance@deltadentalsd.com, fax: 1-605-224-0909, TTY: 1-888-781-4262. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Compliance Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-841-1478 (TTY: 1-888-781-4262).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 1-877-841-1478 (TTY: 1-888-781-4262).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-841-1478 (TTY: 1-888-781-4262)。

တံသျှတ်သး- နမာ်ကတိံ ကညံ ကျိအယ်၊
နမာနံ ကျိအတံမတါလါ တလါဘျုးလါစု၊
နိတံဘျုးသျှတ်လါ. ကိ 1-877-841-1478 (TTY: 1-800-874-9426)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-841-1478 (TTY: 1-888-781-4262).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा
सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस्
1-877-841-1478 (टिटिविडः 1-888-781-4262) ।

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-841-1478 (TTY- Telefon za osobu sa oštećenim govorom ili sluhom: 1-888-781-4262).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ። 1-877-841-1478 (መስማት ለተሳናቸው: 1-888-781-4262)።

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-877-841-1478 (TTY: 1-888-781-4262).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-841-1478 (TTY: 1-888-781-4262).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-841-1478 (TTY: 1-888-781-4262) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-841-1478 (телетайп: 1-888-781-4262).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-841-1478 (TTY: 1-888-781-4262).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-877-841-1478 (телетайп: 1-888-781-4262).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-841-1478 (ATS : 1-888-781-4262).

* Under Section 1557 of the Affordable Care Act (ACA), Delta Dental of South Dakota is required to post notices of nondiscrimination and taglines that alert individuals with limited English proficiency (LEP) to the availability of language assistance services.

HIPAA notice of privacy practices

Your information. Your rights. Our responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your rights



You have the right to:

- Get a copy of your dental and claims records
- Correct your dental and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

See page 2 for more information.

Our uses & disclosures



We may use and share your information as we:

- Help manage the dental treatment you receive and treat you
- Run our company
- Pay for your dental services
- Administer your dental plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

See page 3 for more information.

Your choices



You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Share information with family, friends, or others involved in your care and payment of care
- Provide disaster relief
- Market our services

See page 4 for more information.

Your rights



When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of dental and claims records

- We will provide a copy or a summary of your dental and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can ask to see or get a copy of your dental and claims records and other information we have about you. Ask us how to do this.

Ask us to correct dental and claims records

- You can ask us to correct your dental and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- We will not retaliate against you for filing a complaint.
- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

Visit: www.hhs.gov/ocr/privacy/hipaa/complaints/

Call: 1-877-696-6775

Write to:
200 Independence Avenue, S.W.
Washington, D.C. 20201

Our uses & disclosures



We typically use or share your health information in the following ways:

We can help manage the dental care treatment you receive.

We can use your health information and share it with professionals who are treating you.

Example: On our mobile dental clinic trucks, we use your information to provide high quality dental care. We may also share your information with another dentist who we are referring you to see.

We can run our organization.

We can use and disclose your information to run our organization and contact you when necessary.

Examples:

- We use health information about you to develop better services for you. In some instances, we do this by requesting that you complete a survey.
- We use health information about you to manage your treatment and services.

We can pay (or bill) for your dental services.

We can use and disclose your health information as we pay for your dental services.

Example: We may use your information to bill you or your plan sponsor and to coordinate payment for your dental work if you have more than one insurance.

We can administer your plan.

We may disclose your information to your dental plan sponsor for plan administration.

Example: Your company contracts with us to provide a dental plan, and we provide your company with certain statistics to explain the premiums we charge.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research.

We must meet many conditions in the law before we can share your information for these purposes. For more information go to: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

We help with public health and safety issues.

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

We do research.

We can use or share your information for health research.

We comply with the law.

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

We respond to requests and work with a medical examiner or funeral director.

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

We address workers' compensation, law enforcement, and other government requests.

We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

We respond to lawsuits and legal actions.

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Your choices



Our responsibilities

For certain information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

Share information with your family, close friends, or others involved in the care and payment for your care.

Share information in a disaster relief situation.

If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing using an authorization form available on our website or by contacting us to request the form. If you tell us we can release information, you may change your mind at any time. Let us know in writing if you change your mind.
- To get a paper copy of this notice, contact Delta Dental's Privacy Officer. Contact information is available below.
- For more information about your protected health information visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. We will post a copy of the current notice on our website.

This notice applies to:

Delta Dental of South Dakota and dental care provided by Delta Dental of South Dakota's Foundation.

Contact for questions or complaints

If you have questions, concerns, or would like further information, please contact us.



compliance@deltadentalsd.com



877-841-1478



Delta Dental of South Dakota Privacy Officer
720 N. Euclid Ave.
Pierre, SD 57501