



PERMISSION FOR DENTAL HYGIENE SERVICES



Teacher: _____

During the year, we offer Bethel students dental hygiene screening, teeth cleaning, fluoride varnish treatments, and sealants at no cost to you. (We will attempt to get reimbursement from your dental insurance carrier whenever possible.) These services, if indicated, will be provided by White Bird Dental Clinic. If you want your child to receive these services, please answer the questions, sign, date and return to your school health aide.

School Name: _____		Date of Birth: _____		Gender: M/F	
Child's Name: First: _____		Last: _____			
Child's Dental Insurance: _____		Ins. Recipient/Patient ID #: _____			
Parent/Guardian: (please print) _____					
Address: _____		City: _____		State: OR Zip: _____	
Telephone #: Home: _____		Work: _____		Message: _____	
Date of Last Dental Exam: _____			Dentist Name: _____		
My child is allergic to: _____					
Behavioral Considerations: _____					
My child has: (circle all that apply)		Heart murmur	Epilepsy	Asthma	
		Diabetes	Surgery	Other: _____	
Medical Doctor Name: _____					

As the parent/guardian, I hereby give consent for my child to receive dental hygiene screening, fluoride varnish treatments, teeth cleaning, and sealants as indicated during the year. I also give consent for exchange of information between White Bird Dental Clinic, all schools within the Bethel School District, the insurance carrier, the Dentist of Record and the Bethel Health Center. This consent will remain in effect for 24 months. White Bird school-based dental services are meant to **supplement**, but not replace your child's regular dental visits. By signing this form, I am also acknowledging that I have received a copy of the White Bird Dental Clinic Notice of Privacy Practices that is attached.

Signature: _____ **Date:** _____

Parent/Guardian

Please provide the following information for our statistics. This will not affect your child's eligibility to receive services.

Ethnicity: (circle all that apply)
 Asian Hispanic Black White Native American Native Hawaiian/Pacific Islander Other: _____

Housing status:
 Owns home Rent Lives with others (family or friends) Living in shelter Section 8 Homeless: living on streets

Household Income:
 Total household monthly income : \$ _____
 Number of people in household: _____



Program Details:

Our goal is to help prevent tooth decay in your school. In order to do this, our clinic will be offering free Fluoride and Sealant clinics in your students school during the school year. Please fill out the attached form to sign your child up!

1.) Is there any cost?

-No, the dental screenings and the Sealants and Fluoride varnish are provided free of charge through grants. In order to extend our grant dollars, we will try to bill OHP or Private insurance, but we will not bill parents or guardians.

2.) When are the Dental screening dates?

-As of now, the dates for the clinics have not been confirmed but we are working with schools to coordinate specific dates in fall and spring.

3.) Is there anyone else I can contact if I have more questions?

-Yes! If you have questions or concerns, please feel free to contact Ella Raanan the Mobile Dental Clinic Coordinator at eraanan@whitebirdclinic.org or (541) 344-8302.

Fluoride and Sealant Information

Fluoride varnish:

Fluoride varnish is a treatment that can help prevent tooth decay, slow it down, or stop it from getting worse. It is made with fluoride, a mineral that can strengthen tooth enamel (outer coating on teeth). Fluoride varnish is used by dentists and doctors all over the world to help prevent tooth decay. These treatments can best help prevent decay when a child is also brushing, flossing, eating a healthy diet and getting regular dental care. Fluoride varnish is painted on the top and sides of each tooth with a small brush. It is sticky but hardens once it comes in contact with saliva. Your child can eat and drink right after the fluoride varnish is applied.



Dental Sealants:

Our molars (back chewing teeth) have naturally occurring grooves that can be deep and hard to clean using a toothbrush. Dental sealants are thin, white, light hardened coatings that are placed on top the chewing surfaces of teeth to help protect them from decay. Once sealed these grooves are protected from food particles and bacteria accumulation, reducing the risk of cavities.



Sealant application takes two to three minutes per sealant and is much easier than getting a filling! First the tooth surface is cleaned then dried off. The sealant material is placed on top of the cleaned grooves and hardened using a light source. The sealant will then be checked and brushed with a toothbrush.





White Bird Clinic

Notice of Privacy Practices

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

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 an electronic or paper copy of your medical record

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

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is 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 say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health 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.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we have 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). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. 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

- You can file a complaint if you feel we have violated your rights by contacting **White Bird Clinic-Attn: HIPAA Privacy Officer, 341 E. 12th Ave. Eugene, Or 97401. Email at info@whitebirdclinic.org, or contact us by phone at 541-342-8255.**
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health 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 your care
- Share information in a disaster relief situation Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, 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
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures How do we typically use or share your health information?

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

Treat you

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

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

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 have to meet many conditions in the law before we can share your information for these purposes.

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 adverse reactions to medications / Reporting suspected abuse, neglect, or domestic violence and preventing or reducing a serious threat to anyone's health or safety

Do research- We can use or share your information for health research.

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.

Respond to organ and tissue donation requests -We can share health information about you with organ procurement organizations.

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.

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

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. Our Responsibilities:

- 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. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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. The new notice will be available upon request, or on our web site, and we will mail a copy to you.