

Tracy Weldon RDH PHDH
PUBLIC HEALTH DENTAL HYGIENIST
508-612-7006 tweldonrdh@gmail.com

SCHOOL YEAR _____

Patient Consent – HIGASHI DENTAL HYGIENE PROGRAM By signing this consent, you permit the dental professional associated with this program to perform necessary diagnostic procedures including an oral screening and/or dental hygiene exam. You may also agree to treatment that may be necessary for dental and overall health such as but not limited to; dental cleaning, toothbrushing, polish, fluoride applications including Silver Diamide Fluoride which may cause black stain on decayed surfaces in order to arrest the process of decay. You also understand that additional treatment may be necessary in which case you will be referred to seek a dentist for follow-up care.

I understand that **Tracy Weldon** RDH (Public Health Dental Hygiene Provider) will consult with Higashi pertaining to my child's health and medical needs as it may impact their health and dental care. This information can be used for the purpose of providing treatment, obtaining payment or determining dental insurance benefits.

I have read and understand the services that may be provided to my child by the Dental Provider, and I consent for my child to participate. I understand that my child should obtain a dental examination by a licensed dentist at least once a year.

A written summary of the examination and services is given to Higashi each visit and is available upon request.

PLEASE CHECK SERVICES THAT YOU WOULD LIKE YOUR CHILD TO PARTICIPATE IN:

_____ **DENTAL CLEANING, DENTAL HYGIENE EXAM, FLUORIDE TREATMENT**

_____ **TWICE PER SCHOOL YEAR**

_____ **ONCE PER SCHOOL YEAR CHOOSE ONE:**

FALL AND SPRING

FALL OR SPRING

_____ **OTHER (Please note) _____**

CHILDS NAME _____ DATE OF BIRTH _____

I UNDERSTAND THAT THE DENTAL PROVIDER IS UNABLE TO PROVIDE SERVICES WITHOUT SIGNED CONSENT FORM.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

EMAIL ADDRESS: _____

MassHealth and other dental insurances are accepted. (Most insurance cover 2 cleanings per CALENDAR year)

INSURANCE TYPE _____ POLICY NUMBER _____

_____ **NO INSURANCE (PRIVATE PAY FEE FOR CLEANING, DENTAL HYGIENE EXAM AND FLUORIDE TREATMENT \$75)**

CHECK FOR \$75 to TRACY WELDON, VENMO @Tracy-Weldon-7 or credit card accepted



Tracy Weldon RDH
Public Health Dental Hygienist

**Visiting Dental Associates
of Massachusetts**

Cell- 508-612-7006
tweldon@vdaofma.com

the RIGHT people... doing the RIGHT things... for the RIGHT reasons

Who We Are

A distinguished group of dental healthcare providers who deeply believe that oral healthcare should be accessible to everyone.



Public Health Dental Hygienists with the knowledge and passion to provide everyone with excellent state-of-the-art preventive oral health services.

Good oral care is very important. Tooth decay is a #1 health disease & is 100% preventable. It can be very painful and sometimes dangerous.



An undiagnosed abscess can cause an infection in your bloodstream and possibly lead to death.

Periodontal disease is an infection in the gums and bone around your teeth. It is a painless disease so most people don't know that they even have it. It can make diabetes and cardiovascular problems worse.

Untreated gum disease leads to tooth loss.

Prevention is the key to good oral health!

We come to you and provide these services in your locations so that you are more comfortable and have the amount of time you need and deserve. **We get to know you and your family, personalized one on one care!**

Nursing & Group Homes, Assisted Living Facilities, Schools, Housing Authorities, Adult & Children Daycare Centers, House Calls...

SERVICES INCLUDE:

- ✓Dental Cleanings
- ✓Dental Screenings
- ✓Oral Cancer Screenings
- ✓Individualized Oral Hygiene Instruction and Referrals
- ✓Denture Cleanings and Adjustments
- ✓Fluoride Treatments
- ✓Dental Sealants
- ✓Temporary Fillings



Tracy Weldon RDH @ Visiting Dental Associates of MA

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. This notice applies to all staff under this program.

Patient Privacy Pledge

The privacy of the individual participating in this program is a priority. We understand that health information is personal, and we are committed to protecting their health information. We will follow strict federal/state guidelines to maintain the confidentiality of all health information and will follow the terms of this notice.

Our Responsibilities

- Ensure that identifying health information about you is kept private
- Provide Notice of our legal duties and privacy practices with respect to health information
- Communicate any changes made to our current privacy practices

Use and Disclosure of Health Information

- Documented treatment services may be shared with other healthcare providers in oral health needs
- To communicate with family members involved in meeting oral health care needs
- To conduct normal business practices and management of the dental program
- To provide payment/billing information about services provided to third parties to receive payment
- To communicate appointment reminders by telephone, mail or email
- For Public Health activities such as tracking diseases or medical data
- To protect victims of abuse or neglect
- For federal/state health oversight activities such as fraud investigations. When required to do so by Federal, State or local law. Other use and disclosures previously described may only be done with your signed authorization. You may revoke your authorization in writing at any time

Your Rights

- Request that we restrict how we use or disclose your health information
- Request use of specific telephone number address or email to communicate with you
- Inspect and copy your health information (fees may apply)
- Receive an accounting of how your health information was disclosed
- Obtain a paper or electronic copy of this notice
- Register a complaint, If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services: Office of Civil Rights, United States Department of Health and Human Services, Government Center JFK Federal Building 1875, Boston MA 02203

If you have questions, or would like further information, **please contact:**

Tracy Weldon, Public Health Registered Dental Hygienist
1-508-612-7006

tweldonrdh@gmail.com