

Care Agreement

This form contains facts you should know about your dental care at UW School of Dentistry (UW SOD). If there is any part of this form that is unclear you can ask questions about it. Your signature is required at the end of this form acknowledging that you have read this form (or had it read to you), have been offered a copy of the Patient Rights and Responsibilities brochure and agree to receive dental care from us and to the terms of this agreement.

UW School of Dentistry includes:

- Pre-Doctoral Student Clinic
- Dental Urgent Care
- UW Dentists Faculty Practice
- Advanced General Dentistry
- Oral Medicine
- Dental Education in Care of Persons with Disabilities
- The Center for Pediatric Dentistry
- Dental Fears & Research Clinic
- Oral Maxillofacial Surgery
- Endodontic Clinic
- Periodontic Clinic
- Prosthodontic Clinic
- Orthodontics Clinic

Your dental care team consists of dentists, dentists in advanced training programs, dental students, dental assistants, dental hygienists, and other health care professionals. They will work together to diagnose and treat you. Photographs and other images of you may be used to keep a record of your care and treatment. These images may become part of your dental record.

Signature

By providing my email address to the UW School of Dentistry (UW SOD), I am authorizing the UW SOD to communicate via the email address provided regarding my/my child's care, appointments, special promotions and oral health information. I understand that UW SOD providers and staff will use reasonable means to protect the security and confidentiality of email information sent and received. I understand that because email is not secure, there are associated risks that may affect the privacy of my personal health care information when using email to communicate. I understand that if I no longer wish to have my email address on file, I must give verbal notice to any of the front desk staff within the UW SOD and the information will be removed and my request notated on my account.

**You will be asked to sign this consent form in person at your first appointment.*