

Community Dental Clinics of Van Buren/Cass District Health Dept

BEVHAIOR / NO SHOW / CANCELLATION / PAYMENT / EMERGENCY CARE POLICIES

Welcome to the Van Buren/Cass District Health Department Community Dental Clinic! We are glad you have decided to make an appointment to support the oral health of you or your child. Valuable time has been set aside for you, so it is especially important that you **keep your appointment**. A missed appointment results in lost time which could be used for others waiting to receive treatment. Please review this document carefully!

BEHAVIOR POLICY

Our clinic is committed to providing a safe and welcoming environment for all. **Threatening or aggressive behavior** such as abusive language, yelling, verbal threats, sexual language or actions, or unwanted physical contact, is not tolerated and **will result in immediate dismissal from the clinic**.

NO SHOW POLICY

ONE missed appointment without calling **24 hours before your scheduled appointment** will result in **cancellation of all existing appointments** and a **6-month wait before rescheduling your next dental appointment**. A second no-call no-show will result in **dismissal** from the clinic.

CANCELLATION POLICY

Please give the Dental Clinic **24 hours notice** if you are not going to make your scheduled appointment. You may call the clinics (toll free) at 800-210-1921 or the Lawrence office at 269-621-6159 or Dowagiac office at 269-782-0064. **Two** late cancellations (less than 24 hours notice) within a year will result in **cancellation of all existing appointments** and a **6-month wait** to reschedule. A pattern of repeated late cancellations can result in **dismissal** from the clinic.

PAYMENT POLICY

Payments are due on or before the day of service. You can pay by cash, check or credit card. **There is a fee for all credit and debit card transactions. There is a \$25 returned check fee.**

EMERGENCY CARE

Dental clients who have been dismissed from the clinic can only be seen for emergency treatment. If you call with an emergency, you may be given an appointment if available. If not, you may be asked to wait until a provider is available to see you as an unscheduled patient. **IF we can work you into the day's schedule**, you will be seen. **Be prepared for a long wait.** For all regular dental work, you should find another dentist.

CONSENT TO TREATMENT

I hereby give consent to the Community Dental Clinics of Van Buren/Cass District Health Department to provide treatment to: _____, (check one) myself, my child, my ward, those procedures and treatments including local anesthesia which are deemed necessary. I consent to any x-ray, examination, anesthetic, sedative, or dental treatment rendered under the general, direct or indirect supervision of the dentist and his/her associates, staff members, as he/she may deem necessary.

NOTICE OF PRIVACY

Community Dental Clinics of Van Buren/Cass District Health Department respects my right to privacy and confidentiality of my personal health information. I acknowledge that I have been informed of, and offered a copy of the revised Notice of Privacy Practices (NPP) dated 9/2013. This authorization will remain in effective until canceled in writing by me.

I have read the above policies and agree to abide by them.

Date

Revised Sept 2024

Signature of Client (Parent or Guardian)

