

## **ADA Statement on Dental Patient Rights and Responsibilities**

### **Patient Responsibilities**

1. You have the responsibility to provide, to the best of your ability, accurate, honest and complete information about your medical history and current health status.
2. You have the responsibility to REPORT CHANGES in your medical (dental) status and provide feedback about your needs and expectations.
3. You have the responsibility to participate in your health care decisions and ask questions if you are uncertain about your dental treatment or plan.
4. You have the responsibility to inquire about your treatment options and acknowledge the benefits and limitations of any treatment that you choose.
5. You have the responsibility for CONSEQUENCES resulting from DECLINING treatment or from NOT following the agreed upon treatment plan.
6. You have the responsibility to keep your scheduled appointments.
7. You have the responsibility to be available for treatment upon reasonable notice.
8. You have the responsibility to adhere to regular home oral health care recommendations.
9. You have the responsibility to assure that your financial obligations for health care received are fulfilled.

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_