

**CONSENT FOR TREATMENT AND AUTHORIZATION**  
**ST. LUKE'S DENTAL HEALTH CENTER**

**Consent for Treatment:** I consent to the services offered to me/my child through St. Luke's Dental Health Center. I have been informed and understand the risks, benefits and alternatives to these services. I understand that the practice of dentistry is not an exact science and acknowledge that no guarantees have been made regarding the results of the examinations or treatments.

**Consent for Nitrous Oxide:** (In some cases. Information about this will be explained if and when needed.) I consent to the use of nitrous oxide sedation if needed for management of the patient. Prior to its use, I will be specifically informed of the risks, benefits, and alternatives.

**Release of Information:** I further authorize the release of necessary diagnostic, procedural and financial information as needed for the purpose of claiming insurance benefits. I understand that the Iowa Department of Public Health shall have access to all information from records maintained by this agency. If applicable, I understand that a yearly declaration of income is necessary to assure that county and private funds are directed to those persons least able to secure services elsewhere. Any further information including copies will require my additional authorization.

**Financial Responsibility:** Payment for families using the sliding fee scale is due at time of service. Non-covered charges incurred are also due at time of service. Individuals may inquire about payment plans and will be based on a mutually agreed upon arrangement.

**Permission to bill insurance:** If the patient has insurance coverage, I authorize the DHC to submit appropriate charges to the insurance company. I have provided all necessary insurance information to the DHC.

**Parent/Guardian Presence:** A parent/guardian must bring his/her child to all dental appointments, and stay for the whole visit. An exception to this rule will be made by having a responsible person, at least 21 years old, bring a child to his/her appointment. In this case, a current Consent for Treatment for Minor in Parental Absence form must be on file and include this person(s) name. During the appointment, the parent/guardian must be reachable by phone. (No exceptions will be made for new patient appointments.)

**Parent/Guardian in Clinical Area:** In order to provide a safe environment during treatment, we must limit the number of people in our clinical area. Parents/guardians will stay in the waiting area. Copies of this policy are available upon request.

Signing this form certifies that I have read, understand, and agree to the above.

Parent/Guardian/Staff Signature

Date

**NOTICE OF PRIVACY PRACTICE**

In order to ensure our patients' dental records are kept private and confidential, St. Luke's Dental Health Center complies with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and all its regulations. By signing for this information, I acknowledge that I have been offered Notice of Privacy Practices information for St. Luke's Hospital.

Parent/Guardian/Staff Signature

Date