

IMPORTANT PATIENT INFORMATION

1. **The University of Michigan School of Dentistry (UMSD) is a teaching facility.** This means that I may receive service from staff and trainees chosen and overseen by the teaching staff. Trainees and teachers may read my health care records for teaching, study and education. These include X-rays, video/audio recordings, and photographs that may include my full face.
2. Human Immunodeficiency Virus (HIV) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). **Under Michigan law, an HIV test may be done on a patient if any health care worker or emergency responder comes in contact with a patient's blood or other body fluids under the skin, in an open wound, or through the mucous membranes.** If this type of contact occurs, I know that my blood can be tested without my consent. If a test is done, I know that I will be given the test results and will receive counseling, as needed.
3. **I understand that I will be responsible for my co-payments, deductibles or other charges for medical services not covered or paid by insurance or other third party payers,** except as prohibited by any agreement between my insurance company and UMSD or by state or federal law. I assign all rights and benefits to UMSD in order to facilitate reimbursement for health care services. I will help UMSD follow up on payment for these claims.
4. **I understand that a pamphlet on patient's rights and responsibilities, as stated under Michigan law, has been given to me, and that additional copies are available if I ask the UMSD staff for one.** I understand that if I have a concern regarding my dental care, in addition to those involved in my care, the school has a patient advocate who can answer my questions. I understand that the patient advocate's telephone number can be found in the pamphlet.

In the interest of patient safety, the UMSD reserves the right to inspect or prohibit the use of personally owned devices and equipment.