



School Name \_\_\_\_\_

Teacher \_\_\_\_\_

Grade \_\_\_\_\_

Dear Parent/Guardian:

The *Ready to Smile* dental team will visit your child's school during the 2016-2017 school year to provide oral health services for children in grades K through 8. There is **no cost** to your family for these services.

**Please print in pen.**

Name of child: \_\_\_\_\_  
(Last name) (First name) (Middle initial)

Date of birth: \_\_\_\_\_ Gender:  Male  Female  
(Month / Day / Year)

Dental screening and education is provided for all students. Please check this box  if you do not want your child screened.

If needed, I want my child to receive:

**Fluoride Treatment**  YES  NO  
**Sealants**  YES  NO

Parent/Guardian name \_\_\_\_\_ Best number to reach you during school \_\_\_\_\_

My child is taking (list medications) \_\_\_\_\_

My child is allergic to \_\_\_\_\_ Medical Doctor \_\_\_\_\_

My child has experienced the following:  Heart surgery  Asthma  Epilepsy  Diabetes  
 High blood pressure  (Other please describe) \_\_\_\_\_

Does your child have a dentist? Yes / No If yes, dentist name \_\_\_\_\_

What type of dental insurance does your child have?

Private  Healthy Kids / Oregon Health Plan  None

**As the legal parent/guardian, I agree to all these statements:**

I give consent for my child to receive from *Ready to Smile*/or Advantage Dental Clinics and Advantage Dental Group, PC (jointly "Advantage Dental") and /or one of its representatives, dental services; which may include screening, fluoride varnish or sealants for tooth decay prevention and treatment. For the purpose of treatment, payment or healthcare operations the results of the oral hygiene services, including personal health information and scheduling information, may be shared between Ready to Smile /Advantage Dental, the dental provider (hygienist or child's dentist), the community site, partnering agencies, any listed insurance carriers, any applicable Coordinated Care Organization, and /or the Dental Care Organization of record. I have been given a copy of the Summary of Notice of Privacy Practices, and the Fact Sheet about Dental Sealants. If you have a Medicaid provider, they will be notified of services received. This consent will remain active for 24 months unless revoked by me.

**\*\*\*Parent/Guardian SIGNATURE**

\_\_\_\_\_ Date \_\_\_\_\_



Ready to Smile services are jointly provided by Coos Health & Wellness and Advantage Dental.

[Readytosmile@co.coos.or.us](mailto:Readytosmile@co.coos.or.us)

541-808-7622



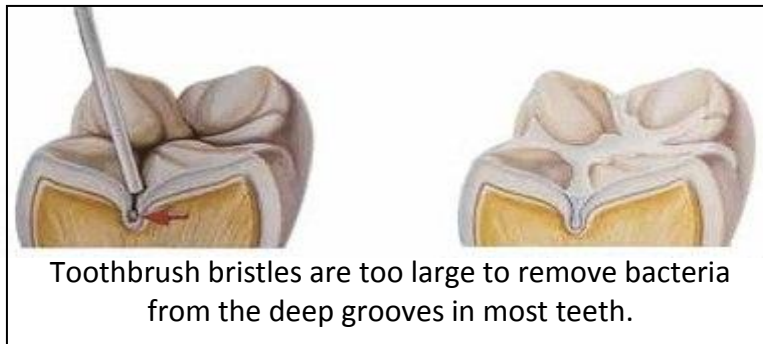
# Fact Sheet about Dental Sealants

## Why is it important to prevent dental disease?

- Tooth decay is preventable. Yet it is still the most common childhood disease in Oregon.
- Untreated tooth decay can result in pain and developmental problems. It can damage a child's overall health, nutrition, and school achievement.
- Approximately 16,000 school hours are lost each year in Oregon due to dental pain.
- Preventive measures done at the right time can improve oral health.

## What are dental sealants?

- Dental sealants are thin plastic coatings that are put on the back teeth to prevent decay. The coating flows into the pits and grooves to seal out decay-causing bacteria. The procedure is painless and does not require anesthetic. They are a highly effective way to prevent decay on the chewing surfaces of back teeth.



## Who should receive dental sealants?

- Children should receive sealants when molars come in, around the age 6 - 7 and 12 - 13 years.
- It is very important to seal these teeth as soon as they come into the mouth. Waiting for even 6 months may be too late; the teeth may already have decay!

## Do sealants replace fluoride?

- No. Fluoride also helps to prevent decay. Most tooth decay can be prevented when children drink fluoridated water and use other fluoride products such as toothpaste, along with dental sealants.

## What causes cavities?

- Dental caries is a bacterial infection. It is transmitted from caregiver to child.
- The bacteria interact with sugar to break down the hard surface of the teeth. Cavities are almost entirely preventable through brushing with fluoride toothpaste, flossing and regular dental care and healthy food choices.
- Please call us if you need help getting your child in to see a dentist.

## Why offer dental treatments in the school setting?

- Many children are unable to visit a dentist office regularly.
- Children are comfortable in the school environment and not as fearful of the dental services. Providing preventive services where the children are is convenient and efficient.



## SUMMARY OF NOTICE OF PRIVACY PRACTICES

**Our Responsibilities:** We are required by law to protect the privacy of your health information, provide this notice about our privacy practices, follow the privacy practices that are described in this notice, and ensure your acknowledgment of receipt of this notice. We may change our privacy policies any time and notify you of significant changes. You can also request copy of our complete notice at any time. For more information about our privacy policies, contact us at 1-866-268-9631.

**How we may use and disclose your health information:** We use health information about you for treatment, to get paid for treatment, for administrative purposes, and to evaluate the quality of care that you receive. For example, your health information may be shared with other providers to whom you are referred. Information may be shared by paper, mail, electronic mail, fax, or other methods allowed by law. We may use or disclose your health information without your authorization for several reasons including legally required disclosures and notices to Public Health agencies. If we disclose your information for any other reason, we will ask for your written authorization before using or disclosing your health information. If you sign an authorization to disclose information, you can later revoke it to stop any future uses and disclosures.

**Your Rights:** In most cases, you have the right to look at or get a copy of your health information that we use to make decisions about you. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information. You also have the right to request restrictions or limitations on how we use or disclose your medical information and the right to request confidential or alternative communications.

**Privacy Complaints:** If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about access to your health information, you may contact us at 1-866-268-9631.

You also may send a written complaint to the US Department of Health and Human Services. We can provide you with the appropriate address upon request.

Summary of Privacy Practices: This document represents a summary of Privacy Practices. The complete Notice of Privacy Practices will be provided upon request.



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