

ANNE ARUNDEL COMMUNITY COLLEGE

School of Health Sciences - Dental Hygiene Clinic
Health and Life Sciences Building (HLSB), Room 137
101 College Parkway, Arnold, MD 21012 Phone: 410-777-7213

CONSENT FOR TREATMENT IN AN EDUCATIONAL SETTING

Patient Information

Patient Name: _____ Date of Birth: _____

Address: _____

Section 1 – Purpose

The AACC Dental Hygiene Clinic is a teaching facility.

Your care is provided by dental hygiene students under the direct supervision of licensed dental hygienists and dental professionals who ensure safe and appropriate treatment. This form documents your informed consent to receive dental care in a supervised, educational environment.

Section 2 – Description of Services

Treatment may include—but is not limited to—the following:

- Comprehensive oral evaluations and radiographs
- Preventive services (cleanings, fluoride, sealants)
- Periodontal assessments and therapy
- Restorative or assisting procedures as indicated
- Oral hygiene and self-care instruction
- Local anesthesia or desensitizing agents (as appropriate)

All procedures are reviewed and approved by supervising faculty or dentists before and after completion.

Section 3 – Patient Understanding (Please initial each to acknowledge.)

- I understand that care is provided by dental hygiene students for the purpose of clinical education and skill development. Initials _____
- All students are supervised by licensed faculty and/or dentists, and treatment plans are reviewed for quality and safety. Initials _____
- I understand that additional appointments may be required because this is a teaching environment, and visits may take longer than in private practice. Initials _____
- I understand that participation is voluntary, and I may refuse or discontinue treatment at any time. Initials _____

- I understand I have the right to ask questions about my treatment, the risks and benefits, and any alternatives. Initials _____
- I understand that the AACC Dental Hygiene Clinic complies with all applicable infection control and state privacy laws. Initials _____

Section 4 – Risks and Benefits

Dental procedures, like all health services, carry certain risks such as discomfort, bleeding, tissue irritation, or post-treatment sensitivity. The benefits include improved oral health, disease prevention, and educational support to future dental professionals. All reasonable steps are taken to minimize risks and ensure safe care.

Section 5 – Consent and Signature

By signing below, I acknowledge that:

- I have read and understand the information above.
- I consent to receive dental treatment provided by AACC dental hygiene students under licensed supervision.
- I authorize the use of my information for educational and clinical documentation within AACC’s Dental Hygiene Clinic.

Patient / Legal Guardian Signature: _____ Date: _____

Printed Name (if guardian): _____

Relationship to Patient: _____

Section 6 – Witness / Program Use Only

Witness (Faculty/Staff): _____ Date: _____

Notes: _____