Boston Higashi School

800 North Main Street
Randolph, MA 02368-3663 USA
phone: 781-961-0800
facsimile: 781-961-0888
web: www.bostonhigashi.org

February 8, 2018

Dear Parent/Guardian:

Boston Higashi School is pleased to continue their partnership with Visiting Dental Associates of MA. Visiting Dental Associates (VDA) is a group of dedicated dental professionals consisting of Registered Dental Hygienists providing dental services to those who may not have access to care. For more information about VDA, you may visit their website at http://www.vdaofma.com.

The preventative dental care will be administered on-site by **Tracy Weldon**, Registered Dental Hygienist, and it may consist of cleanings, fluoride treatments, sealants, and x-rays, as needed. VDA accepts MassHealth, or private pay - at a cost **of $75.00/visit**.

Tracy will be on site at BHS on **May 10th and 17th to administer preventative dental care.** If necessary, additional visits will be scheduled to meet our students' preventative care demands.

Should a dental problem be identified during your child's visit, parents will be notified via letter, or phone if the problem requires more urgent attention. VDA is happy to assist parents in identifying local dentists for further care and treatment.

If you have any questions, feel free to call me at ext. 755.

Instructions to participate in the optional Preventative Services

In order to participate in the *preventative services*, please sign the enclosed consent form and return it to the school health office by April 30th, 2018. *Consent is required prior to all preventative care/ cleanings, even if your child participated previously.* Prior to services, VDA will access your child's school health record for relevant medical history. **Be advised that if your child is a Mass Health subscriber, cleanings are covered every 6 months.** Those who are not covered by Mass Health, but wish to participate and pay out of pocket, must indicate the method of payment on the consent form and include your check (to Visiting Dental Associates of MA) or credit card information.

Sincerely,

Tracy Shepherd, RN
Head Nurse

TS/ks
Encl.: 3

Visiting Dental Associates of MA LLC
1.888.236.3536 ext. 170

Patient Consent

By signing this consent form, you agree to provide all dental and medical information as accurately as possible and to provide timely updates at regular check-up intervals as requested. You permit the dental professionals associated with this program to perform necessary diagnostic procedures including a dental hygiene exam and radiographs (x-rays). You also agree to treatment such as dental prophylaxis (cleaning). You also understand that additional treatment may be necessary for dental and overall health such as sealants and **fluoride application**. Should further additional treatment be necessary, you will be given a referral to a local dentist if you do not already have a dentist.

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I understand that Tracy Weldon, RDH, of Visiting Dental Associates of MA (referred to as "Dental Provider" on this form), may access my child's school health record for treatment, payment and health care purposes. I have been given a copy of the Dental Provider's Notice of Privacy Practice.

I have read and understand the services that may be provided to me by the Dental Provider and I consent to participate. I understand that I may also continue to obtain dental care through any other dental provider. I understand that these services are not a substitute for an examination by a dentist. I understand that I should obtain a dental examination by a dentist within 90 days from the date of service provided by the Visiting Dental Associates of MA. If I have do not have a dentist the Dental Provider will provide me with a list of dentists/specialists in my area.

I authorize the Dental Provider to consult with my medical provider(s) as may be appropriate to my health and dental care. I authorize the Dental Provider to provide the service location with a written summary of the examination and services that were performed by the Dental Provider

If I have dental insurance, I authorize my insurance carrier to be billed for any services provided by the Dental Provider. I understand that this treatment may affect my future rights and benefits under my dental insurance, such as the next time I am eligible for insurance coverage of a dental cleaning. If I do not have dental insurance, I will be notified of the dental services recommended by Dental Provider and the charges associated with those services before treatment is provided. I agree to pay the Dental Provider for all dental services that are authorized by and charged to me.

I understand that the Dental Provider is unable to provide services without a signed consent form.

Patient:____________________________________ DOB: ____________ Location: *Boston Higashi School*

Guardian ____ Phone: ________________________

Signature:____ Date:__________________________

Email: ____

Private Pay Only (\$75.00):

☐ Check Enclosed ☐ Bill the following credit card:

☐ Mastercard ☐ Visa _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Exp. Date _ _ / _ _ (mo/yr)

3 digit security code: __ __ __

Name on Card: _______________________________Signature:___________________________________

Billing Address:____

Street City State Zip

VDA☺f MA

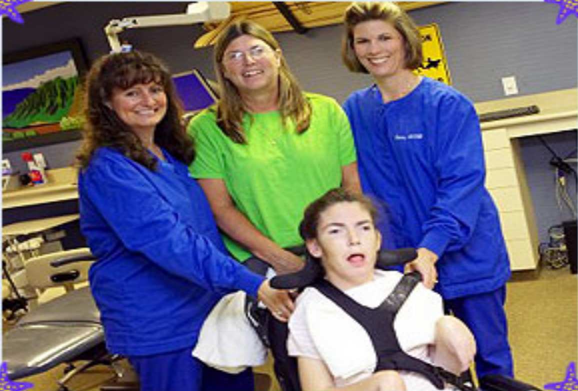
Visiting Dental Associates of Massachusetts

888-236-3536
info@VDAofMA.com

the RIGHT people… doing the RIGHT things… for the RIGHT reasons

Who We Are

A distinguished group of dental healthcare providers who deeply believe that oral healthcare should be accessible to everyone.



Public Health Dental Hygienists with the knowledge and passion to provide everyone with excellent state-of-the-art preventive oral health services.

Good oral care is very important. Tooth decay is the number one health disease and can be painful and dangerous... an undiagnosed abscess can cause infection of your bloodstream and possibly lead to death.

Gum disease can make diabetes and cardiovascular problems worse. It can cause an increase in lung infections. Untreated gum disease leads to tooth loss making eating difficult and painful; creates self-esteem issues; and impacts the quality of life.

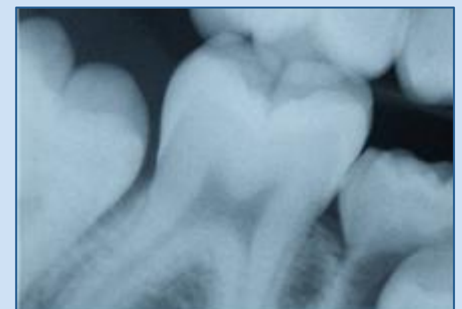
We come to you and provide these services in your locations so that you are more comfortable and have the amount of time you need and deserve. The same hygienist visits your location with portable dental equipment each time.

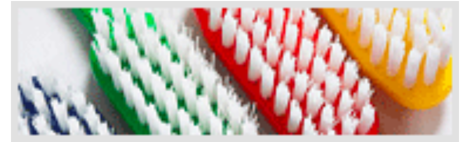
We get to know you and your family!

Nursing Homes, Assisted Living Facilities, Group Homes, Doctor's Offices… Our experienced staff is willing to work WITH you to choose options that give your clients the best service available!

Our Services Include…

- ✓Dental Cleanings
- ✓Dental Screenings
- ✓Oral Cancer Screenings
- ✓Dental X-Rays
- ✓Fluoride Treatments
- ✓Dental Sealants
- ✓Individualized Oral Hygiene Instruction and Referrals





Visiting Dental Associates of MA LLC

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This notice applies to all staff covered under this program

Patient Privacy Pledge
The privacy of the individual participating in this program is a priority. We understand that health information is personal and we are committed to protecting their health information. We will follow strict federal/state guidelines to maintain the confidentiality of all health information and will follow the terms of this notice.

Our Responsibilities
It is our responsibility to:

• Ensure that identifying health information about you is kept private.
• Provide Notice of our legal duties and privacy practices with respect to health information.
• Communicate any changes made to our current privacy practices.

Use and Disclosure of Health Information
Your health information may be used as follows:

• Documented treatment services may be shared with other healthcare providers involved in meeting oral health needs.
• To communicate with family members involved in meeting oral health care needs
• To conduct normal business practices and management of the dental program
• To provide payment/billing information about services provided to third parties in order to receive payment
• To communicate appointment reminders by telephone, mail or email

There are limited times when we are permitted or required to disclose health information without your signed permission. These situations could include but are not limited to:

• For Public Health activities such as tracking diseases or medical data
• To protect victims of abuse or neglect
• For federal/state health oversight activities such as fraud investigations. When required to do so by Federal, State or local law.

Other use and disclosures previously described may only be done with your signed authorization. You may revoke your authorization in writing at any time.

Your Rights
You have the right to:
• Request that we restrict how we use or disclose your health information
• Request use of specific telephone number address or email to communicate with you.
• Inspect and copy your health information (fees may apply)
• Receive an accounting of how your health information was disclosed
• Obtain a paper or electronic copy of this notice
• Register a complaint : See *File a Complaint*, below.

File a Complaint
If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services: Office of Civil rights, United States Department of Health and Human Services, Government Center JFK Federal Building 1875, Boston MA 02203 (617) 565-1348.
No action may be taken against you for filing a complaint.

How to Contact Us
If you have question or would like further information about this notice, please contact;
Visiting Dental Associates Of MA, LLC
info@VDAOFMA.com
Cathy Grinham, RDH: 508-813-6034