

*Keeping your child's smile healthy!*

# Dental3 School Based Dental Prevention

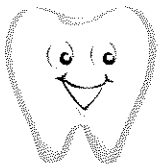
Program offers dental preventative service for your child for **FREE!**

- Screening and Education
- Sealants



**Complete the next page** to help your child have healthy teeth! **ALL** children are eligible who return this completed consent form. No child is turned away. Services are **FREE!**

## PREVENTION VS. TREATMENT

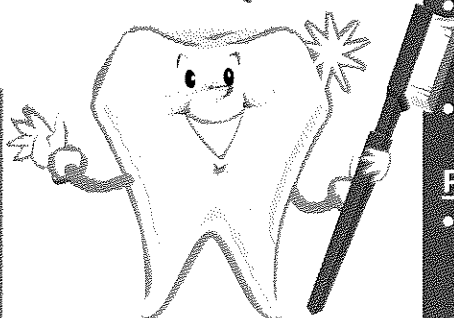


Sealant:  
free and at  
your school



Treatment:  
a costly trip to  
the dentist

Getting sealants are as easy as brushing your teeth and painless too!



*For more information about our program and dental health, visit our website [Dental3.net](http://Dental3.net)*

### The Problem: *Tooth Decay*

- Tooth decay is the single most common chronic childhood disease.
- About 1 of 5 (20%) children aged 5 to 11 years have at least one untreated decayed tooth.

### The Solutions: *Dental Sealants*

- Dental sealants are thin plastic coatings applied to the grooves on the chewing surfaces of the back teeth.
- Sealants prevent tooth decay and also stop cavities from growing.

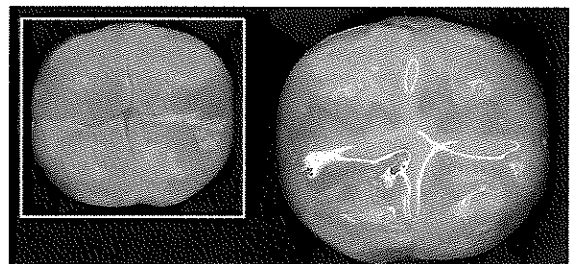
### Prevention vs. Treatment

- Preventive sealants are a short and easy process. The chewing surfaces of teeth are cleaned to help the sealant stick to the tooth. The sealant is painted into the grooves of the chewing surface, where it bonds to the tooth.
- Treatment requires an appointment with the dentist and may include removing structure (drilling) / replace tooth structure.

My child has already had sealants and sees a dentist regularly, should they participate?  
**YES!**  
Sealants can last for many years but if your child's sealants come off, we can replace them on all permanent back teeth as needed for **FREE!**

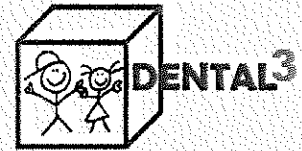
Before

After



Dental3 is a 501(c)3 nonprofit organization who is dedicated to improving oral health through the coordination and provision of community based oral health services for Medicaid eligible individuals and other populations in need. We are a collaboration of Medicaid Dental Plans, Coordinated Care Organizations, and community partners.

# School Sealant Program Permission Slip



Your child's school has been chosen to participate in the DENTAL3 School Sealant Program. Dental sealants are plastic coatings put on the back teeth to seal out germs and prevent cavities. The screening and sealants are **free** and are done by dental professionals.

Name of Child: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(Last)</span> <span>(First)</span> <span>(Middle Initial)</span> </div>
Teacher: _____ Grade: _____

**YES**, I want my child to have a dental screening and dental sealants.

*\*Even though your child may have received sealants last year, please mark yes so we can check them.*

**NO**, I don't want my child to have a dental screening or get dental sealants.

**If yes, please complete and sign below**

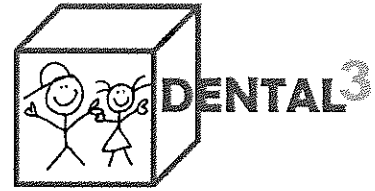
**Return by:** \_\_\_\_\_

Family Information	Parent/Guardian: _____	Child's date of birth: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Mo</span> / <span>Day</span> / <span>Year</span> </div>
	Mailing address: _____	Permission to text? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Daytime phone number: _____	Mobile phone number: _____
	Email address: _____	
	My child is taking (list medications): _____	None: <input type="checkbox"/>
	My child is allergic to: _____	None: <input type="checkbox"/>
	Any current medical problems? (If yes, please describe): <input type="checkbox"/> None <input type="checkbox"/> Behavioral considerations <input type="checkbox"/> Other	

Insurance	Health Insurance (check one)	These services are provided at <b>no cost</b> to you.
	<input type="checkbox"/> Oregon Health Plan (OHP) / Medicaid ID# _____	
	<input type="checkbox"/> Private Dental Insurance Company _____	
<input type="checkbox"/> No health insurance		

Please Read	If you said YES to screening and sealants, your signature below indicates:
	As the legal parent/guardian, I hereby consent to the release and exchange of information, including any personal health information, between the dental sealant staff, school staff, insurance carriers, the child's dentist, applicable Coordinated Care Organization, and/or the Dental Care Organization of record. I have received a copy of "Notices of Privacy Practices." I also understand a dental student closely supervised by a licensed dental professional may provide treatment.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## SUMMARY OF NOTICE OF PRIVACY PRACTICES

The confidentiality of your protected health information, also called your medical record, is a high priority at Dental 3. There are a number of reasons we may need to use this information or disclose it to others. This Notice of Privacy Practices is provided to inform you of the ways we can use and release information from your medical record. THIS PAGE IS NOT THE FULL NOTICE OF PRIVACY PRACTICES. The full notice is available upon request. In addition to our longstanding commitment to protecting your information, there are certain obligations we have under federal law. One of those obligations is to provide you with this Notice.

### THINGS EXPLAINED IN THE FULL NOTICE OF PRIVACY PRACTICES

- **How we may use and share your health information without your permission to:**
  - Provide treatment to you
  - Get paid for the services we provide to you
  - Make reports to federal, state, and local agencies and others when the law requires such reporting
  - Make reports or share information for public health, safety, and/or research purposes.
  
- **How we can share your information without your permission, but only if we give you a chance to object:**
  - To share information about you to family, friends, or others involved in your care for payment for the services you receive
  - To share information in case of a disaster to let your family and friends know where you are and your general condition
  
- **How we can use and share your medical information only with your permission for disclosures other than those described above.**
  
- **Your legal rights under federal privacy laws include your right to:**
  - Ask to see and copy your medical information
  - Ask that incorrect or incomplete information in your medical information be corrected
  - Ask for a list of the places we have sent your information unless it was sent with your permission, for payment, treatment, or health care operations
  - Ask that we limit the information we use or share for treatment, payment, or healthcare operations, or the information we share with family members or others involved in your care. We are not required to agree to your request
  - Ask that we communicate with you in a confidential manner
  - Ask for a paper copy of the Notice of Privacy Practices at any time
  - Be notified in the event of a breach of unsecured, protected health information
  - File a complaint if you think your privacy rights have been violated
  - Pay out of pocket in full for a healthcare item or service and restrict disclosure of that particular item or service to your health plan provider