

Patient Bill of Rights

You have a right

to receive treatment from a dentist of your choice.

You have a right

to the most appropriate care this clinic can provide for your dental conditions, and be treated professionally and respectfully by all personnel.

You have a right

to ask questions concerning your dental condition, treatment options and plans for your care, and receive answers in language you can understand.

You have a right

to be sufficiently informed about the purpose, probable results and risks of any planned procedure or treatment and its alternatives before consenting to the recommended treatment plan.

You have a right

to withdraw consent and to discontinue treatment to the extent permitted by law.

You have a right

to know the expected cost of treatment and to receive an explanation of your bill regardless of the source of payment.

You have a right

to expect all records and communications pertaining to your care be handled in a confidential and responsible manner.

病人權利和自由法案

您有權

選擇一名牙醫來為您提供治療。

您有權

從診所得最適合您牙齒狀況的護理
并得到全體員工的專業及有禮服務。

您有權

就您的牙齒狀況、治療選項和治療計劃進行提問
和在您能理解的語言為您的提問作答。

您有權

在同意一項推薦的治療計劃之前充分獲悉
其目的、可能的結果、危險以及其他選擇。

您有權

在法律許可的限度內收回同意書并中止治療。

您有權

知道治療的預期費用;
不管付款的來源，您都有權得到有關您賬單的解釋。

您有權

期望與您治療有關的所有記錄和信息都會以保密和負責的方式處理。