Policy on a Patient’s Bill of Rights and Responsibilities

Latest Revision
2019

Purpose
The American Academy of Pediatric Dentistry (AAPD) recognizes that pediatric oral health care should be rendered under conditions acceptable to both patient and dentist. The expectation is that oral health care providers, their staff, patients, and parents of patients will support this policy, thereby enhancing patient care.

Methods
This policy was developed by the Council on Clinical Affairs and adopted in 2009. This document is based on electronic database and hand searches of articles in medical and dental literature using the following parameters: terms: patient freedoms, Patient's Bill of Rights, Bill of Rights, Consumer Bill of Rights; fields: all; limits: within the last 10 years, English, and birth through age 18. Nineteen articles met these criteria.

Background
The AAPD is the leader in representing the oral health interests of infants, children, adolescents, and persons with special health care needs. Effective oral health care requires collaboration between pediatric dentists, their patients/parents, and other health care professionals. Optimal patient care requires open and honest communication between provider and patient, mutual respect for personal and professional values, and sensitivity to differences.

Often, the delivery of contemporary pediatric oral health care can be confusing to parents. It is normal for parents to have expectations about their child’s proposed care. Yet, it is important that these parents have realistic expectations as well as a clear understanding of their responsibilities in the delivery of care to their children.

A Patient’s Bill of Rights is a statement of the rights to which patients are entitled as recipients of medical/dental care. These rights can be exercised on the patient’s behalf by a parent or legal guardian if the patient is a minor, lacks decision-making capacity, or is legally incompetent. It articulates the positive rights that health care providers and facilities should provide patients, thereby providing information, offering fair treatment, and granting them autonomy over medical decisions.

The collaborative nature of health care requires that patients, or their families/surrogates, participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depend, in part, on the patient’s fulfilling certain responsibilities. As such, the AAPD proposes this

Policy on a Patient’s Bill of Rights and Responsibilities in the planning and delivery of pediatric oral health care.

Policy statement
The AAPD encourages oral health care providers to tailor this Bill of Rights and Responsibilities to their patient community by translating and/or simplifying it as necessary to ensure that patients and their families understand their rights and responsibilities.

Patient rights
The patient has the right to:

• Receive treatment at a dental home that provides comprehensive, considerate, and respectful care;
• Have oral health diagnoses made by a dentist;
• Know the identity, education, and training of providers involved in his/her care, as well as when those involved are students, residents, or other trainees;
• Choose an oral health care provider. The parent has a right to designate a pediatric dentist as a primary oral health care provider for the child;
• Participate fully in all the decisions related to his/her care.
• Receive accurate, relevant, current, and easily understood information concerning diagnosis, treatment, and prognosis;
• Discuss and request information related to specific procedures and/or treatments, including accompanying risks and benefits, and the medically reasonable alternatives. Life threatening emergency care could be an exception;
• Make decisions about the plan of care prior to and during the course of treatment, to refuse a recommended treatment or plan of care to the extent permitted by law, and to be informed of the health consequences of this refusal. In case of refusal, the patient is entitled to other appropriate care and services that the pediatric dentist offers or to transfer to another dentist;
• Consent to or decline to participate in proposed research studies affecting care and treatment or requiring direct patient involvement and to have those studies explained fully prior to consent. A patient who declines to participate in research is entitled to the most effective care that the pediatric dentist can otherwise provide;

ABBREVIATION
AAPD: American Academy Pediatric Dentistry.
• Expect reasonable continuity of care;
• Emergency care as needed for acute dental trauma and odontogenic infections;
• Know the immediate and long-term financial implications of treatment choices, insofar as they are known by the provider. The patient has the right to be informed of the charges for services and available payment methods;
• Be informed of the provider’s policies and practices that relate to patient care, treatment, and responsibilities. This includes available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in an organization;
• Have privacy considered in every interaction. Case discussion, consultation, examination, and treatment should be conducted in a way that best protects each patient’s privacy;
• Advise staff regarding specific privacy concerns or questions;5
• Expect that all communications and records pertaining to his/her care will be treated as confidential, except in cases where reporting is permitted or required by law (e.g., suspected abuse, public health hazards). The patient has the right to expect that the provider will emphasize the confidentiality of information released to other parties entitled to review this information;
• Review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law. The patient has the right to request amendments to his/her record; and
• Ask and be informed of the existence of business relationships among institutions, other health care providers, or payors that may influence the patient’s treatment and care.

Patient responsibilities
These responsibilities can be exercised on the patient’s behalf by a parent or legal guardian if the patient is a minor, lacks decision-making capacity, or is legally incompetent. The patient is responsible for:
• providing, to the best of his/her knowledge, accurate and complete information about past illnesses, hospitalizations, medications, and other matters related to his/her health status;
• requesting additional information or clarification about his/her health status or treatment when he/she does not fully understand information and instructions;
• his/her actions if he/she refuses treatment or does not follow the instructions of the provider.3 It is the patient’s responsibility to inform dentists and other caregivers of anticipated problems in following prescribed treatment, including follow-up treatment instructions;
• keeping appointments and, when unable to do so, notifying the dental office as soon as possible;
• being considerate of the rights of other patients and health care workers.6 This includes not interfering with the functioning of the facility, avoiding profane or derogatory behavior, and minimizing noise;
• his/her conduct with staff. The patient must resolve conflicts using available institutional mechanisms. Verbal and physical abuse of staff is prohibited;7
• following Health Insurance Portability and Accountability Act (HIPAA) guidelines including not taking videos/photographs of people and/or protected health information; and
• providing accurate insurance information and for accepting the financial obligations associated with the services rendered.

References
3. Kaiser Permanente. Your rights and responsibilities Southern, California. Available at: “https://www.kp.org/healthcare/consumer/center!ut/p/a1/h/ZBPiT4QwEMU_yx44QgcI_7wBLhtAxcofa3xQQC0olpa0dYnxFmDjwUTjJPMJG9-mfMQRjXCVL9QrFU8iARoZ_Fzs-JUUYkdq-VVHuT33iEq_AcH0gCdUYFwzw057IvBGrachAwyYp6kTXBOu6WJNADhrMorraMYLq4EiqSBGlFDNPsi1Tt-vWNGkKvmSKZ-5kV2shHT2nXITjApS0H7OqJvVGT4iq2lFFNioZmMWdsEdJkciibQ-5Gj10Barsez6tXoji-eAsAT48L95WQOQsO6p3f5HG_Zgjtsr2wOjz5AhpZ-P5XNuugDOt-CPiFNy_jpsossOZwx3s3-WLPKsu/d5/L2dBISExZ0FBlS9nQSeth/”. Updated March 2014. Accessed July 11, 2019.