



More Smiles Wisconsin Dental Clinic Policies

1. I acknowledge that I have received a copy of MSW's Notice of Privacy Practices.
2. I understand that if I do not call to cancel an appointment 24-hours before the appointment or do not leave a message, this will be considered a failed appointment.
3. I understand that if I fail to show up for an appointment without 24-notice to MSW staff two times, I will be discharged from the program and cannot reapply for one year (except in the case of an emergency).
4. I understand that I am responsible for reporting phone number or address changes to MSW staff.
5. I understand that if I arrive more than 10 minutes late for an appointment without notifying MSW staff, my appointment will be marked as missed and I will not be seen that day.
6. I understand that if I fail to keep an appointment due to an emergency, I can bring in appropriate documentation which will keep me admitted into the program.
7. I understand that all co-pays are due at the time of service unless other payment arrangements have been made in advance with MSW staff.
8. I give permission to MSW to share dental information with other sources if my treatment requires more extensive work than MSW can provide.
9. I understand that I am expected to refrain from the use of profanity in the clinic and agree to treat MSW staff, volunteers, and other patients in a respectful manor. "Abuse" of any kind is not tolerated and will result in immediate termination from the clinic.
10. MSW does not allow video recording in clinic for the protection of other MSW patients in shared treatment spaces. Should recording be a necessity, I understand that I may request permission in advance of my appointment and MSW will work to accommodate my request.

MY SIGNATURE BELOW SHOWS THAT I HAVE READ AND UNDERSTAND ALL OF MSW'S POLICIES AND TREATMENT INFORMATION.

Signature: _____ Date: _____