

Patient Name: _____

DOB: _____

MR #: _____

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Vas Thib: _____

Access Community Health Centers
2901 West Beltline Highway, Ste 120, Madison, WI 53713
ZOO SIAB THAUM LUAG NTXHI DAIM NTAWV TSO
CAI KUAJ KHO KAUS HNIIV



Access Community Health Centers

Qhov Zoo Siab Thaum Luag Ntxhi kev pab cuam (Celebrate Smiles program), uas tsim muaj ua hauj lwm nyob rau ntawm Access Community Health Centers, tsis ntev no yuav muaj nyob rau ntawm koj tus me nyuam lub tsev kawm ntawv. Cov kev pab kuaj kaus hniav thiab kev pab kho yuav muaj rawm sij hawm li ib-mus-rau-plaub-vas thiv. Kev pab kho tej zaum kuj muaj cov sij hawm rov-qab tuaj mus ntsib ntxiv li 18 lub hlis yav tom ntej uas rov kuaj tej yam pab kho ua ntej lawm, rov tuaj tso tshuaj fluoride zaum thib ob pab los yog lwm yam kev pab kuaj kho kaus hniav ntxiv.

Khij qhov tias kam nram qab no thiab xee npe rau ntawm nplooj ntawv kawg yog koj xav kom koj tus me nyuam koom nrog qhov kev pab cuam thiab tau kev pab kuaj kho kaus hniav tom tsev kawm ntawv. Peb cov neeg ua hauj lwm kuaj kho kaus hniav mam li xa los mus rau tom tsev ib daim ntawv sau qhia txog cov kev pab muaj rau koj tus me nyuam.

Qhov kev kuaj ua ntej thiab cov kev kuaj kho yuav muaj los ntawm cov Celebrate Smiles (Zoo Siab Thaum Luag Ntxhi) neeg ua hauj lwm kuaj kho kaus hniav, uas muaj kev coj saib xyuas los ntawm ib tug kws muaj ntaub ntawv tau cai kuaj kho kaus hniav nyob rau ntawm lub Access Community Health Centers.

Cov kev kuaj kho tej nws zaum kuj muaj xws li:

- Txhuam kaus hniav kom huv: Txhuam tshem tej yam lo ua-kab noj hniav uas nplaum kaus hniav lawm.
- Tshuaj thaiv hniav: Fluoride tshuaj uas tso yas tiv thaiv cov hniav kom kab tsis txhob noj tau.
- Rho hniav: Rho ib tug kaus hniav.
- Flouride tshuaj pleev: Tshuaj pleev rau cov hniav pab kom kab tsis txhob noj.
- Ntsaws hniav: Tshem ib qhov ntawm tus kaus hniav kab noj ces mam li muab ib qhov zoo li pob txha ntsaws rau qhov ntawd.
- Tshuaj loog pab rau ib qhov twg: Tshuaj uas ua rau lub qhov ncauj loog thiab muab siv nrog rau tej thaum kev pab kho kaus hniav kom tsis txhob hnov mob mes los yog loj.
- Silver Diamine Fluoride (SDF): Ib qhov tshuaj siv pab kho thiab tiv thaiv kom kab txhob noj hniav.
- Ib Qhov Khoom Siv Tuav Hniav Kom Khoob: Ib qhov khoom tuav kom muaj qhov khoob ntawm kaus hniav tom qab cov kaus hniav me nyuam yaus dam rho tawm tas los lawm es thiaj li tau chaw rau cov kaus hniav laus tawm tuaj.

Thov ua cov ntaub ntawv kom tas nrho thiaj li yuav koom tau nrog rau qhov Zoo Siab Thaum Luag Ntxhi kev pab cuam (Celebrate Smiles program). Thov ua cov ntaub ntawv kom tiav nyob rau **sab no thiab cov tom qab** ntawm tsab ntawv no.

KAM (YES), Kux xav kom kuv tus me nyuam tau txais kev pab kuaj kho kaus hniav nrog rau qhov Zoo Siab Thaum Luag Ntxhi kev pab cuam (Celebrate Smiles program).

TSIS KAM (NO), Kuv tsis xav kom kuv tus me nyuam tau txais kev pab kuaj kho kaus hniav nrog rau qhov Zoo Siab Thaum Luag Ntxhi kev pab cuam.

(Yog tsis kam (NO), tsuas toob kas kom ua ntaub ntawv qhia lub npe thiab hoob kawm rau nram qab no xwb.)

Tsev kawm ntawv: _____ Xib fwb qhia ntawv: _____ Hoob kawm: _____

Me nyuam npe: _____ Hnub yug: _____

Txiv neej Poj niam Tsis yog txiv neej los poj niam (Nonbinary) X

Chaw nyob: _____ Xov tooj: _____

Zos: _____ Ziv khauj (Zip): _____ Email: _____

Hom neeg (xaiv ib qhov): Neeg Mev Tsis Yog-Neeg Mev Tsis paub

Haiv neeg (xaiv ib qhov): Neeg Taww Dawb Neeg Taww Dub/Neeg Asmeskas Tuaj Teb Neeg Taww Daj
Chaw Africa Tuaj

Neeg Asmeskas Khab /Neeg Ib Txwm Nyob Alaska Neeg Ib Txwm Nyob Hawaii/Neeg Nyob Tom Pacific Hiav Txwv

Tsis Paub /Tsis Paub Txog

Tiv tauj kuv txog kuv tus me nyuam qhov kev kuaj kho pab (treatment)

Thov ua sab nraum qab ntawm daim ntawv no thiab (back side).

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ZOO SIAB THAUM LUAG NTXHI DAIM NTAWV TSO
CAI KUAJ KHO KAUS HNAIV

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Paj Kas Phais Kuaj Kho Mob (Medical Assistance)/BadgerCare los yog Paj Kas Phais Kuaj Kho Kaus Hniaiv (Dental Insurance)

Koj tus me nyuam puas muaj Paj Kas Phais Kuaj Kho Mob (Medical Assistance)/BadgerCare?

Tsis Muaj Muaj Yog muaj, qhia tus me nyuam tus Medicaid leb ID:

Koj tus me nyuam puas muaj lwm qhov paj kas phais kuaj kho kaus hniaiv? (Yuav tau ua nqi rau qhov paj kas phais them qhov kev kuaj kho)

Tsis Muaj Muaj Yog muaj, qhia tus me nyuam qhov paj kas phais kuaj kho kaus hniaiv cov ntaub ntawv (dental insurance information):

Npe Ntawm Chaw Muag Paj Kas Phais Kuaj Kho Kaus Hniaiv (Dental Insurance Company): Tus Neeg Yuav Paj Kas Phais Npe (Subscriber Name):

Vas Thib Paj Kas Phais Pib (Effective Date of Insurance):

Chaw Nyob Ntawv Paj Kas Phais (Insurance Company Address):

Tus Neeg Yuav Paj Kas Phais Hnub Yug (Subscriber Date of Birth): Tus Neeg Yuav Paj Kas Phais Tus Leb Social Security (Subscriber Social Security #):

Tus Neeg Yuav Paj Kas Phais ID los yog Tus Leb Muaj Npe (Subscriber ID or Member #): Pawg Neeg Yuav Paj Kas Phais Tus Leb (Group #):

Yog koj tus me nyuam muaj npe nyob nrog rau ntawm Wisconsin Medicaid/BadgerCare thiab/los yog lwm qhov paj kas phais (insurance), Access Community Health Centers mam li ua nqi mus rau qhov paj kas phais muaj npe thiab/los yog Wisconsin Medicaid/BadgerCare txog ntawm cov kev pab kuaj kho ntawm koj tus me nyuam. Access yuav tsis ua nqi rau koj. Kuv tso cai rau Access Community Health Centers thiab txhua cov kws kuaj kho kaus hniaiv uas pab kuaj kho kuv tus me nyuam kam (tso ntaub ntawv tawm) mus rau qhov Medicaid Kev Pab Cua thiab lawv cov neeg sawv cev los yog lwm cov chaw muag paj kas phais kuaj kho kaus hniaiv cov ntaub ntawv toob kas kom ua tau cais es them tau cov nqi pab kuaj kho los yog ua tau ntaub ntawv them cov nqi muaj. Kuv tso cai them txhua cov Medicaid los yog lwm cov paj kas phais nqi kuaj kho kaus hniaiv ncaj qha mus rau tus kws Access kuaj kho kaus hniaiv uas kuaj kho kuv tus me nyuam.

Qhov tso cai no siv tau mus txog rau 18 lub hlis yav tom ntej no pib thaum hnub xee npe, los yog txog txij thaum ua lwm daim ntawv xee npe.

COV NPE XEE TSO CAI (AUTHORIZING SIGNATURES):

Tus Neeg Mob/Tus Neeg Sawv Cev Kos Npe: Hnub Tim: Lub Sij Hawm:

Yog tias kos npe los ntawm lwm tus neeg uas tsis yog tus neeg mob, sau npe thiab hais qhov kev sib txheeb ze thiab qhov kev tso cai kom ua li ntawd. (If signed by person other than the patient, print name and state relationship and authority to do so.)

Sau Lub Npe: Kev Txheeb Ze:

- Tus neeg mob yog: Menyuum yaus Tsis muaj rab peev xwm
(Patient is) (Minor) (Incompetent/Incapacitated)
Txoj Cai Raws Cai Lij Choj: Tus Saib Xyuas Raws Cai Lij Choj Niam Txiv Ntawm Tus Me Nyuam
(Legal Authority) (Legal Guardian) (Parent of Minor)
Tus Sawv Cev Saib Xyuas Kev Kho Mob Lwm yam:
(Health Care Agent) (Other)

Physician Signature*: Print Physician Name*:
Date: Time: Pager #:

Tus Txhais Lus lossis Tus Nyeem Kos Npe (yog tias muaj) Tus Neeg Ua Pov Thawj Kos Npe** (Witness Signature**)
Sau Tus Txhais Lus los yog Tus Nyeem Ntawv Lub Npe Sau Tus Neeg Ua Pov Thawj Lub Npe (Print Witness Name)
Hnub Tim (Date) Lub Sij Hawm (Time) Hnub Tim (Date) Lub Sij Hawm (Time)

* Provider can be Physician or Advanced Practice Provider performing the procedure.
** Only required if patient signature not obtained by physician or when telephone consent obtained.

NTAUB NTAWV QHIA TXOG KEV SAIB XYUAS HAUJ LWM KOM RUAJ NTSEG TSI PUB LWM TUS PAUB (NOTICE OF PRIVACY PRACTICES): Access Community Health Centers' Cov Ntaub Ntawv Qhia Txog Kev Saib Xyuas Hauj Lwm Kom Ruaj Ntseg Tsis Pub Lwm Tus Paub (Notice of Privacy Practices) muaj nyob rau ntawm accesscommunityhealthcenters.org, thiab nrog rau ntawm Qhov Zoo Siab Thaum Luag Ntxhi kev pab cuam (Celebrate Smiles program) yog xav saib thiab toob kas tau.

Lus nug? Hu rau Access Community Health Centers' Celebrate Smiles Team (Zoo Siab Thaum Luag Ntxhi Pawg Neeg) ntawm (608) 443-5482 (TTY: 711).

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Access Community Health Centers
2901 West Beltline Highway, Ste 120, Madison, WI 53713
CELEBRATE SMILES CONSENT FOR DENTAL TREATMENT



Access Community Health Centers

The Celebrate Smiles program, operated by Access Community Health Centers, will soon be at your child’s school. Dental screenings and treatment will take place over a one to four week period. Treatment may include follow-up visits over the next 18 months to check on previous work, for a second fluoride treatment or to provide more dental care.

Check yes below and sign on the last page if you want your child to participate in this program and receive dental services at school. Our dental staff will send home a written summary of services provided for your child.

The screening and procedures will be provided by the Celebrate Smiles dental staff, led by a licensed dentist from Access Community Health Centers.

Procedures could include:

- Dental cleaning: Removing cavity-causing film stuck on teeth.
- Dental sealants: Fluoride releasing plastic coating put on teeth to protect them from cavities.
- Extraction: Removing a tooth.
- Fluoride varnish: Coating brushed on teeth to help protect them from cavities.
- Fillings: Removing the portion of a tooth with a cavity and then putting a filling in that area.
- Local anesthetic: Medicine that makes the mouth numb and is used during some dental treatments to prevent discomfort or pain.
- Silver Diamine Fluoride (SDF): A topical medication used to treat and prevent cavities.
- Space Maintainer: A space holder used in between teeth after baby teeth are lost early to make space for permanent teeth.

Please complete all the information to participate in the Celebrate Smiles program. Please fill out the **front and back** of this form.

YES, I would like my child to receive dental services through the Celebrate Smiles program.
 NO, I don't want my child to receive dental services through the Celebrate Smiles program.
 (If no, please fill out only name and grade below)

School: See Hmong Version Teacher: See Hmong Version Grade: _____
 Child's Name: See Hmong Version Birthdate: See Hmong Version

Male Female Nonbinary X

Address: See Hmong Version Telephone: See Hmong Version
 City: See Hmong Version Zip: See Hmong Version Email: See Hmong Version

Ethnicity (select one): Hispanic Non-Hispanic Unknown
Race (select one): White Black/African American Asian
 American Indian/Alaska Native Native Hawaiian/Pacific Islander
 Unknown/Not Available

Contact me about my child's treatment

➔
Please fill out the back side.

Patient Name:

DOB:

MR #:

Access Community Health Centers
2901 West Beltline Highway, Ste 120, Madison, WI 53713
CELEBRATE SMILES CONSENT FOR DENTAL TREATMENT

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Medical Assistance/BadgerCare or Dental Insurance

Does your child have Medical Assistance/BadgerCare?

NO YES If yes, list the child’s Medicaid number ID: See Hmong Version

Does your child have other dental insurance? (Insurance will be billed for treatment)

NO YES If yes, list the child’s dental insurance information:

Dental Insurance Company: See Hmong Version Subscriber Name: See Hmong Version

Effective Date of Insurance: See Hmong Version

Insurance Company Address: See Hmong Version

Subscriber Date of Birth: See Hmong Version Subscriber Social Security #: See Hmong Version

Subscriber ID or Member #: See Hmong Version Group #: See Hmong Version

If your child is covered by Wisconsin Medicaid/BadgerCare and/or other insurance, Access Community Health Centers will bill that insurance plan and/or Wisconsin Medicaid/BadgerCare for services provided to your children. Access will not bill you. I consent to Access Community Health Centers and any dentist involved in my child’s care to release (share) to the Medicaid Program and their agents or other dental insurance company the information necessary to obtain approval for payment for care or to process claims. I authorize payment of any Medicaid or other dental insurance benefits directly to the Access dentist involved in my child’s care.

This consent will be valid for 18 months from the date of signature, or until another form is signed.

AUTHORIZING SIGNATURES:

Signature of Patient/Representative: See Hmong Version Date: See Hmong Version Time: See Hmong Version

If signed by person other than the patient, print name and state relationship and authority to do to.

Print Name: See Hmong Version Relationship: See Hmong Version

- Patient is: Minor Incompetent/Incapacitated
- Legal Authority: Legal Guardian Parent of Minor
 Health Care Agent Other: _____

Physician Signature*: See Hmong Version Print Physician Name*: See Hmong Version

Date: See Hmong Version Time: See Hmong Version Pager#: See Hmong Version

See Hmong Version

Interpreter or Reader Signature (if applicable)

See Hmong Version

Print Interpreter or Reader Name

See Hmong Version

Date Time

See Hmong Version

Witness Signature**

See Hmong Version

Print Witness Name

See Hmong Version

Date Time

* Provider can be Physician or Advanced Practice Provider performing the procedure.

** Only required if patient signature not obtained by physician or when telephone consent obtained.

NOTICE OF PRIVACY PRACTICES: Access Community Health Centers’ Notice of Privacy Practices is available at accesscommunityhealthcenters.org, and with the Celebrate Smiles program for review at your request.

Questions? Call Access Community Health Centers’ Celebrate Smiles Team at (608) 443-5482 (TTY: 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hurau 1-608-443-5482 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-443-5482 (TTY: 711).