

Your Special Smiles PLLC



Increasing the quality of life for adults who have special needs and geriatric patients who have limited mobility through advocacy, access to comprehensive dental care, and education.

Advocacy - Access - Education

Your Special Smiles PLLC Guardian Consent for Teledental Services

Patient Name: _____ Date : _____

Patient Location : _____

Teledentist: Dr Brooke MO Fukuoka DMD **ID License** 4533 **Location:** Mobile Clinic based in Jerome, ID

Treating Dentist: Dr. Brooke MO Fukuoka DMD **ID License** 4533 **Location:** Mobile Clinic serving Desano Place and Creekside Care in Jerome, ID.

Mobile Hygienists: Ms. Holly Jones RDH-EA (DH3161-EA) , Ms. Jingjing Qian RDH-EA (DH3778-EA) Ms.Tari Devaney (DH0793-EA)

Mobile Treatment Offered: Cleanings, Fillings, Preventative, simple adjustments and repair of dentures

Treatments Not offered: denture fabrication, partial fabrication, crowns/bridges, implants, extractions

*If patient needs treatment that is outside of offered services that patient may need to seek those services from another provider and that provider will likely need to do their own exam. If insurance benefits were utilized for our exam, the subsequent exam with the new provider may be at the patient's own expense.

Local Specialist if Referral Needed: Patient's individual circumstances will be evaluated and suggestions will be made. Patient has the right to choose any provider they desire for referral. Providers do not need to be on this list.

- Oral Surgery:
 - Dr. Tim Hopkins, Dr. Mark Plant, Dr. Paul Clark Twin Falls, ID
 - Dr. Baker and Jepson Pocatello, ID (Accepts Medicaid for Adults as of 01/2022)
- Root Canals- Dr. Cameron Oler or Dr. Craig Pulsipher Twin Falls, ID
- Periodontal treatment- Dr. Joel Newton Twin Falls, ID
- Prothodontics (advanced implants, partials, dentures): Dr. Paul Romrielle, Twin Falls, ID
- General Dentistry: Multiple providers based on location, list available upon request.
- Pediatrics/Orthodontist: Due to the nature of our practice this is less common, list available upon request

What is Teledentistry: Teledentistry is the use of technology to perform dental examinations and to supervise treatments performed by dental team members without the dentist being physically present. Teledentistry is a convenient way to receive some dental exams/treatment in the comfort of your own home. Teledentistry does have limitations and those limitations may vary patient to patient. The dentist will determine if an exam or treatment can be performed utilizing teledentistry.

Information Security Measures: As with all information transmitted there is risk of security breach. To decrease this risk as much as possible, all of our computers are encrypted using Windows 10 Pro encryption. Your data will be stored on a HIPPA compliant, encrypted cloud-based software program. We utilize Planet DDS, Mail HIPPO, and Mouthwatch. All employees of Your Special Smiles PLLC are trained annually in HIPPA compliance.

Potential Loss of Data: As with all technology there is a small chance information can be lost. If information is lost before the dentist can properly examine it, we will return and recollect the information at no charge.

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Our Teledental Protocols:

1. You, or your loved one, will be seen by our dentist in person or through a live video interaction for an initial screening. In this screening the dentist will assess medical risk, and determine any needed modifications. Demographic information as well as medical history will be obtained from the facility's administrators and/or patient/guardian. Dentist will review all of this prior to treatment.
2. Hygienist will then come to provide cleaning, x-rays, fluoride, oral hygiene plan, and take photos/videos for the dentist to review.
3. Dentist will review the photos, videos and x-rays at a remote site and then will contact the patient or guardian to present her/his findings and answer any questions. If needed, additional information may be gathered at this time. The dentist also may elect to go to the facility and finish the exam in person.
4. If treatment is needed, the dentist will go to the facility and provide treatment or will refer the patient to another provider who can provide treatment.
5. Once oral health is established, it is important to maintain it. Regular professional cleanings and fluoride application are very important in prevention. It is our goal to have our hygienists return every 6 months to provide recare services for all patients. Prior to these procedures being performed the dentist will review the patient's pertinent changes in medical history.
6. Periodic exams will be performed via teledentistry and the dentist will only return when needed.
7. For those residents who are participating in our Assisted Oral Hygiene/Guided Oral Hygiene program, videos will be taken and reviewed every three to four months. These will be reviewed by one of our trained extended access hygienists and also by the dentist if the hygienist sees something of concern. The purpose of these videos are to monitor for any problems that may arise, to help guide caregivers in proper daily oral hygiene, and to supervise fluoride application.

What if the patient already has a dentist? If a patient has a dentist, and they are still able to see that dentist regularly, we do not recommend changing. We value long lasting dental relationships and we want patients to stay with their dental home as long as they can. However, when the time comes that the patient can no longer regularly see their dentist, we are here. We are also happy to work with your dentist to establish a custom care plan where we both play a role. To make sure the patient receives continuous care, limitations do apply.

Please check the applicable Blank and Sign Below:

_____ I am the patient below or the legal guardian for the patient below and am authorized to make this decision on behalf of the below listed patient. I choose to have the below listed patient participate, in the Your Special Smiles teledental program.

Patient Name Printed: _____ Patient Birthday: _____

Signature: _____ Date: _____

Printed name if different than patient: _____

This publication is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1.9 million with 40% percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official view of, or an endorsement by HRSA, HHS, or the US Government