**Sample of Simple Contract**

This is a simple contract constructed without legal counsel. Its purpose is to facilitate understanding between (INSERT YOUR PRACTICE) and (INSERT LONG TERM CARE FACILITY). If either party feels it necessary to include legal counsel for this agreement both parties agree to notify the other party so that equal representation can be present.

This is a written agreement between (INSERT LONG TERM CARE FACILITY). ,(from here on referred to as the Facility) and (INSERT YOUR PRACTICE) . Whereas both parties wish to enter into this relationship with the mutual goal of improving the oral health of the residents of the Facility.

**To make this relationship successful the Facility agrees to :**

* Name (INSERT YOUR PRACTICE) as their advisory dental practice
* Promote programs offered by (INSERT YOUR PRACTICE) to their residents and families
* Distribute Participation/Consent forms to residents and their families
* Put together packets for (INSERT YOUR PRACTICE) annually that consist of
  + Current Face Sheet
  + Guardianship Paperwork
  + DNR/POST Orders
  + Most Recent Medical Visit Notes
  + Most Recent Physical Exam Notes
  + Updated Consent Forms
* Require staff of (INSERT LONG TERM CARE FACILITY) to attend an annual oral hygiene in-service.
* Support and encourage the use of (INSERT YOUR PRACTICE) ‘s documentation system for regular oral hygiene.
* Provide a safe and comfortable space where services can be delivered onsite.
* Provide a locked room no charge where (INSERT YOUR PRACTICE) can store equipment for multiple days while treating residents (not to exceed one week’s storage)
* Provide a small space (agreed upon in advance) for long term storage of larger items.
* Allow (INSERT YOUR PRACTICE) to combine their sharps and biohazardous waste with that of the facility for proper disposal at no charge.
* Provide or reserve a reasonable place to unload equipment and to park trailer during equipment transfer.
* Require Facility staff to transfer residents or assist in transfer from their wheelchairs into our dental chair when necessary or requested.
* Fill out provider evaluation forms as requested by (INSERT YOUR PRACTICE) to help ensure quality care is delivered.
* Allow access to copy and fax machines as needed for treatment and documentation purposes
* Treat all (INSERT YOUR PRACTICE) employees with respect
* Report any problems to owner dentist, as soon as they arise.

**To make this relationship successful** (INSERT YOUR PRACTICE) **agrees to:**

* Offer in-facility care for all residents who are interested
* Not require all residents to utilize (INSERT YOUR PRACTICE) as their dentist
* Follow OSHA, HIPPA and Standard Infection Control Protocol
* Not allow employees to come to work sick
* Not tolerate (INSERT YOUR PRACTICE) employees acting disrespectfully toward residents, Facility staff or Facility leadership.
* Require background checks for all employees that may be practicing outside the direct supervision of the owner dentist.
* Maintain an active dental license and all other requirements to practice in Idaho
* Maintain proper insurances such as Malpractice, General Liability, Disability, Workman’s Comp.
* Provide proper documentation of all dental services rendered for resident files.
* Be on call for dental emergencies and make all reasonable effort to return calls within 24 hours
* Obtain Consent prior to performing dental procedures
* Work with facility team and administrators to provide services at times that is mutually agreed upon.
* Address needs for change in a timely fashion
* Help find providers for residents that need treatment outside the times (INSERT YOUR PRACTICE) is able to be at the facility.

Signature YSS Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Facility Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_