



**Permission form must be signed
and returned to school nurse if
you want your child to receive
these services.**

***Preventive Dental
Services Program
for
Stoughton Public
Schools***

For families that do not have a dentist

Dear Parent or Guardian:

Public health dental hygienists will be at the Stoughton Public Schools to conduct a dental screening and oral health program. **With your signed consent (attached form)**, each enrolled child will be seen by a caring hygienist to receive necessary preventive dental services.

Screenings will be offered to all children free of charge. This screening will not replace a routine dental exam, and no x-rays are taken. It is an inspection of the mouth to see if there are any apparent problems.

Your child may already be receiving these services and other services at your own dental office. If so, we encourage you to continue with that care. However, if your child does not have a dentist or does not visit the dentist on a regular basis, this is a wonderful opportunity to help prevent tooth decay.

Procedures that will be provided for your child:

- **Dental screening:** A check-up of your child's teeth to see if there are any problems.
- **Home care instruction:** This is to show your child how to take care of his/her teeth.
- **Sealants:** This helps seal out food and bacteria that cause cavities on the chewing surface of teeth.
- **Fluoride Varnish:** This is a coating brushed on your child's teeth to make the teeth stronger.

The public health dental hygienist will place sealants on your child's teeth. During the school year, your child may be given a fluoride treatment 2-4 times to protect against decay. Your child's sealants will be checked next year to see if sealants are still on the teeth, and may be reapplied if needed at no cost. Information regarding dental sealants and fluoride varnish is enclosed.

An oral health report with your child's screening results will be sent home. A copy will also be provided to the school nurse. All necessary referrals will also be provided in the oral health report.

The program highlights:

- The materials and techniques used are the same as those in dental offices.
- Licensed dental hygienists collaborating with local dentists will provide all of the care listed above.
- Safety standards including use of sterilized/disposable instruments, latex free gloves, and face masks.
- All information collected will be kept private (following HIPAA regulations).
- We will follow school protocols for emergencies.
- Your participation is voluntary, and you may withdraw your child at any time.

Your child can continue to see any dentist and receive treatment at any dental office. However, **MassHealth** and any other dental insurance will be billed for services provided by our team when applicable. Please note that if you have dental insurance, this treatment may affect future rights and insurance benefits. Please bring your child's oral health report to your next dental visit with your child's dentist so that they know what procedures were provided to your child.

If you would like your child to participate, **please complete and sign the permission form and return it to your child's teacher tomorrow.**

If you would like your child just to have a **screening at no cost, please check box for screening only, then complete and sign the permission form and return it to your child's teacher tomorrow.** An oral health report with your child's screening results will be sent home.

If you do **not** want your child to participate, please check the "**NO**" box and also return to your child's teacher.

Thank you for working with the public health dental hygienist to help improve the oral health of your child. The screening and services provided do not take the place of a regular dental exam. **We recommend a follow-up exam with a dentist within 90 days.**

It is very important that your child see a dentist on a regular basis to stay healthy and avoid tooth-aches, cavities, and other problems to be better prepared to learn. Our team will provide a list of dentists and a community health center in your area for future dental needs if needed.

PLEASE DO NOT CONTACT SCHOOL REGARDING INSURANCE/BILLING ISSUES. CONTACT THE DENTAL HYGIENIST CIRCLED ON YOUR CHILD'S ORAL HEALTH REPORT FOR ANY QUESTIONS.



Dental Sealants

What are dental sealants?

Sealants are thin, plastic coatings painted on the chewing surfaces of the back teeth.



Why get Sealants?

The most important reason is to avoid tooth decay.

Why do back teeth decay so easily?

The chewing surfaces of back teeth are rough and uneven because they have small pits and grooves. Food and germs can get stuck in the pits and grooves and stay there a long time because bristles cannot brush them away.

Who should get sealants and why?

Children should get sealants on their permanent and baby teeth before decay attacks the teeth especially if teeth have deep pits and grooves.



Fluoride Varnish

What is fluoride varnish?

Fluoride varnish helps to prevent cavities by putting minerals into the tooth enamel, making the enamel stronger.

Is fluoride safe?

Yes! Fluoride is a safe and effective way to help prevent cavities. Fluoride varnish is painted on teeth with a small brush.

What does my child do after they get fluoride varnish?

Your child should eat soft foods for the rest of the day. The fluoride varnish should be brushed off the next morning.

PATIENTS' RIGHT TO PRIVACY - Our Promise to You

This Notice describes how medical information about your child may be used and disclosed and how you can get access to this information. Please review this notice carefully. It applies to all staff supporting this program.

PATIENT PRIVACY PLEDGE

Student patient privacy is a priority. We understand that health information about students is personal and we are committed to protecting it. We will follow strict federal (HIPAA) and state guidelines to maintain the confidentiality of all health information and will follow the terms of this notice.

Our Responsibilities:

- Ensure that identifying health information about you is kept private.
- Provide notice of our legal duties and privacy practices with respect to health information.
- Communicate any changes made to current privacy practices.

Your Rights:

- Request that we restrict how we use or disclose your health information.
- Request use of specific telephone number to address and to communicate with you.
- Inspect and copy your health information. (Fees may apply)
- Receive an accounting of how your health information was disclosed.
- Obtain a paper or electronic copy of this notice.

USE AND DISCLOSURE OF HEALTH INFORMATION

When your child visits our program, your health information may be used as follows:

- Documented treatment services may be shared with other healthcare providers involved in meeting a students' oral health needs.
- To communicate with family members involved in meeting the students oral health care needs
- To conduct normal business practices and management of our prevention program.
- To provide billing information about services provided to 3rd parties to receive payment.
- To communicate appointment reminders by telephone or email.

There are limited times when the program is permitted or required to disclose health information without your signed permission. These situations could include but are not limited to:

- For Public Health activities such as tracking disease or medical data.
- To protect victims of abuse or neglect.
- For Federal or state health oversight activities such as fraud investigations, when required to do so by federal, State or local law.
- Other uses and disclosures not previously described may only be done with your signed authorization you may revoke your authorization in writing at any time.

FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint to us or to the [Secretary of Health and Human Services](#). We encourage you to express any concerns you may have regarding the privacy of your information. Please let us know of your concerns or complaints in writing. No action may be taken against you for filing a complaint.

Office of Civil Rights
United States Dept. of Health
And Human Services

U.S. Dept. of Health & Human Services
JFK Federal Building 1875
Boston, MA 02203
Phone: (617)565-1340 or TDD (617)565-1348

HOW TO CONTACT US

If you have questions or would like further information about this notice please contact:

Elizabeth Chouinard, RDH, at 774-930-2052, or
Jacklyn L Ventura, RDH at 508-979-0373 or
Carol Gilmore, RDH, at 508-326-1864.