






ForsythKids Oral Health (Dental) Program

Para español, ver al otro lado.
** Consents are available in **other languages**: Please contact Forsyth or your school nurse for help. **





The ForsythKids Oral Health (Dental) Program helps keep children and teens healthy by bringing dental care right to where they live and learn. Our team of licensed dental professionals travels to schools and community sites to provide preventive dental care. Please review this packet about our school-based dental program and fill out the enrollment page if you would like to enroll your child.

We offer the following services up to 3 times each school year:

-  **Dental Exams:** Check-up of your child's teeth and gums
-  **Teeth Cleaning:** Cleaning of your child's teeth and gums
-  **Fluoride Application:** Fluoride is applied to make teeth stronger and to help prevent cavities
-  **Oral Health Education & Nutritional Counseling:** We teach your child about healthy eating and proper brushing/flossing so they can keep their mouth healthy
-  **Take-Home Report:** This report includes a list of the services our team provided and potential problems we saw



When necessary, we also provide the following services:

-  **Dental Sealants:** Protective coatings may be placed on your child's back teeth to help prevent cavities
-  **Dental X-Rays:** Images may be taken to help identify cavities and/or other dental issues
-  **Silver Diamine Fluoride (SDF) Treatment:** A treatment that helps stop a cavity from growing may be available (see last page for more information).
-  **Follow-Up Assistance:** Our Patient Advocate will reach out to you if follow-up care is required. They can help connect you to a local dentist if you do not already have one.

More information about ForsythKids:

- ❖ **ForsythKids is a Non-Profit program. Forsyth will bill your dental insurance if you have it, but we will not charge you or send a bill for the services provided if you enroll your child.**
- ❖ **ForsythKids services do not replace a visit to the dental office. This program is intended for children who do not regularly receive dental care. If your child sees a dentist regularly, we do not recommend enrolling them in this program.**
- ❖ **Once you enroll your child in the program, your child will continue to receive care for the entire time they are enrolled at this school. Please email us at forsythkids@forsyth.org if you wish to withdraw your child.**

Notice of Privacy Practices: Please see the enclosed information. Forsyth follows federal and state guidelines for protecting patient information. As part of the program, your child's dental information will be shared with the school nurse and/or other designated official(s). You will receive a written report of the dental services provided following each Forsyth visit. You may request a copy of your child's dental records at any time in writing via email at forsythkids@forsyth.org. We may contact you directly about your child's dental health.

**** KEEP FOR YOUR RECORDS ****

Last revision: Aug. 2022

The Forsyth Institute
245 First Street, Cambridge, MA
forsythkids@forsyth.org



Forsyth Kids&Teens

NOTICE OF PRIVACY PRACTICES

Effective: August 1, 2016

This Notice describes how medical information about ForsythKids' patients may be used, disclosed and accessed. ForsythKids is required by law to provide this notice. Please review it carefully. If you have questions or would like further information about this notice, please contact ForsythKids at (617) 892-8323 or forsythkids@forsyth.org.

Patient Privacy Pledge

This notice applies to all staff who work in the ForsythKids Program. ForsythKids will protect the confidentiality of its patients' health information in compliance with all applicable federal and state guidelines.

Your Health Information

This notice applies to the information and records that ForsythKids has about its patients and their health, health status and health care services they may receive from ForsythKids. Such health information may include information created and received by ForsythKids, may be in the form of electronic or written records or spoken words, and may include information about a patient's health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

Use and Disclosure of Health Information

ForsythKids may use and disclose its patients' health information for the following purposes:

- Provide medical treatment or services, as well as disclose to their other healthcare providers to coordinate health care;
- Communicate with family members of minor patients to address such patients' health care needs;
- Obtain prior approval or determine whether a patients' health plan provider will pay for a treatment;
- Bill and receive payment for treatment and services provided to its patients; and
- Conduct normal business of ForsythKids and ensure that all of its patients receive quality care.

ForsythKids will not disclose its patients' health information without their written authorization for any purpose other than those listed above or in the situations listed below:

- Public Health activities such as tracking diseases or medical data;
- Protecting victims of abuse or neglect;
- Federal or state health oversight activities such as fraud investigations; or
- When required to do so by federal, state or local law.

Patients' Rights Regarding Their Health Information

ForsythKids patients have the right to request in writing the following health information maintained by ForsythKids:

- That ForsythKids restrict or limit how ForsythKids uses or discloses their health information for treatment, payment or health care operations;
- Inspect and copy their health information;
- That their health information be amended if it is incorrect or incomplete;
- List of all disclosures made by ForsythKids of their health information;
- That ForsythKids communicate with them in a certain way or at a certain location; and
- Paper or electronic copy of this notice.

All written requests to ForsythKids may be sent at any time via email forsythkids@forsyth.org or by mail to The Forsyth Institute 245 First St Cambridge, MA 02142.

File A Complaint

Any ForsythKids patient or his/her legal guardian who believes that his or her privacy rights have been violated may file a complaint with the ForsythKids Patient Advocate, Kathy Eklund, Telephone: 617-851-2920; email: keklund@forsyth.org or with the New England Regional Manager Office for Civil Rights U.S. Department of Health and Human Services Government Center J.F. Kennedy Federal Building - Room 1875, Boston, MA 02203.

Customer Response Center: (800) 368-1019, FAX: (202) 619-3818, TDD: (800) 537-7697.

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

No Patient of Forsythkids or his/her legal guardian will be penalized for filing a complaint.

ForsythKids School Oral Health (Dental) Program Consent Form

Please fill out this form if you would like your child to be seen by the ForsythKids Oral Health Program at school.

CHILD'S INFORMATION

Child's First Name: _____

Child's Last Name: _____

Gender: Male Female Other: _____

Date of Birth: Month _____ Day _____ Year _____

What language does your child speak best? _____

Race/Ethnicity: American Indian / Alaskan Native
 (circle all that apply) Asian
 Black / African American
 Hawaiian/Pacific Islander
 Hispanic
 White
 Other: _____

Can we take photos/videos of your child during a ForsythKids dental visit at school? Yes No

CHILD'S SCHOOL INFORMATION

School Name: _____

Grade: _____ Room #: _____ Teacher: _____

CHILD'S HEALTH / MEDICAL INFORMATION

Does your child have any **medical condition(s)**? (circle answers)

- | | | |
|----------------|-------------------|-------------------|
| NONE | Diabetes | Immunocompromised |
| ADD/ADHD | Disabilities | Kidney Disease |
| Asthma | Epilepsy | Liver Disease |
| Autism | Heart Disease | Seizures |
| Blood Disorder | Hepatitis (A/B/C) | Special Needs |
| Cancer | HIV/AIDS | Tuberculosis |
| Other: _____ | | |

Does your child have any **allergies**? (circle answers)

- | | | |
|-----------------|-------------|----------------|
| NONE | Antibiotics | Dairy |
| Latex | Penicillin | Foods |
| Metals / Silver | Dyes | Nuts/Tree Nuts |
| Other: _____ | | |

Does your child take any **medication(s)**? (circle answers)

NONE YES - please list them below
 Name of medications: _____

CHILD'S DENTAL INFORMATION

Does your child have a local dentist? Yes No

Does your child see the dentist every year? Yes No

Date of last dental check up: Month _____ Year _____

Does your child need to take antibiotics before dental treatment? Yes No If yes, why: _____

Do you help your child brush their teeth? Yes No


Can you get dental supplies when you need them? Yes No

Does your child drink water from the sink/faucet? Yes No

Does your child drink soda? Everyday Sometimes No

Does your child drink juice? Everyday Sometimes No

Please tell us about your child's dental experiences:

Does your child have **MassHealth**? Yes No 
 If yes, MassHealth #: _____

Does your child have **other dental insurance**? Yes No
 If yes, Insurance Name: _____
 Subscriber Name: _____
 Subscriber ID #: _____
 Subscriber Date of Birth: ____ / ____ / ____

PARENT / GUARDIAN INFORMATION

Parent/Guardian First Name: _____

Parent/Guardian Last Name: _____

Street Address: _____

Apt #: _____ City: _____ Zip Code: _____

Phone Number: (_____) _____ - _____

Can we call you? Yes No Can we text you? Yes No

Email: _____

What language is best for you? _____

Would you like to hear about Forsyth research opportunities? (Your answer will not impact your child's care.)
 Yes No

I agree that the above information is correct and have read the program description on the information page. I authorize Forsyth to release my information, including diagnosis and the records of any treatment or examination rendered to me during the period of such dental care, as needed to third party payors and/or health practitioners. I understand that Forsyth bills my dental insurance for the dental services provided. I received the *ForsythKids Notices of Privacy Practices*. I understand that I may withdraw my child from the program at any time via email to forsythkids@forsyth.org. I understand that my child can receive care using this signed consent form for the duration of my child's enrollment at the school/site.

Signature of Parent / Guardian : _____ **Date:** ____ / ____ / ____

ForsythKids

The ForsythKids Dental Program is offering a new service to children enrolled in our program. We are offering **silver diamine fluoride (SDF) / silver-modified atraumatic restorative treatment (SMART)** to treat some cavities and stop them from growing. This treatment can help stop tooth pain and can give you more time to get your child to the dentist for other treatment. SDF treatment is simple, easy, fast, and painless - NO needles/ shots or drilling is needed!

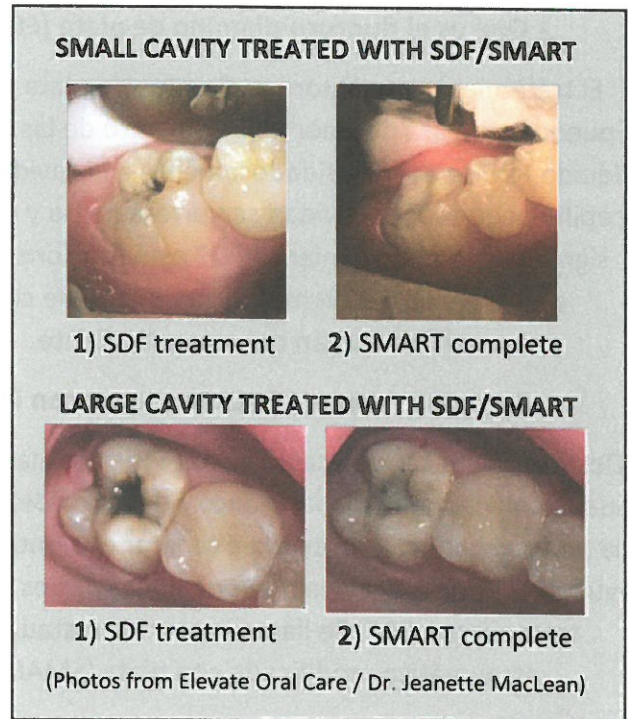
What is silver diamine fluoride (SDF)?

Silver diamine fluoride (SDF) treatment can be used to stop cavities from growing. The SDF liquid is carefully applied to the cavity with a small brush. The cavity will turn black and hard – this means the SDF treatment is working! The healthy parts of the tooth will not change color and will stay tooth-colored.

What happens after SDF treatment?

After a cavity is treated with SDF, sometimes a white/tooth-colored material may be placed on top. This helps repair the tooth and can help cover all or most of the black parts from the SDF treatment. This is called silver-modified atraumatic restorative treatment (SMART)

*** ForsythKids will only be treating BACK TEETH with SDF/SMART ***



The ForsythKids dental team can provide SDF/SMART treatment at a school dental visit. *SDF/SMART cannot be used on all cavities and/or if your child is allergic to silver.* Our team is careful when applying SDF, but if your child moves suddenly during the treatment, some liquid may get on the gums or skin and could temporarily stain them. If this happens, the stain on skin or gums should go away in 1-3 weeks. If your child cannot/should not receive SDF/SMART treatment or needs additional treatment, we will refer you to a dental clinic that may treat the tooth in another way.

CHILD'S NAME: _____ **CHILD'S DATE OF BIRTH:** ____ / ____ / ____

Would you like your child to receive SDF/SMART treatment if they have a **BACK TOOTH** that needs it?

- YES, I understand SDF/SMART and would like my child to receive the treatment if they need it**
- Does your child have an **ALLERGY to SILVER?** NO YES OTHER: _____
- Does your child have an **ALLERGY to METAL?** NO YES OTHER: _____
- Does your child have an **ALLERGY to DAIRY/MILK?** NO YES OTHER: _____

NO, I do not want my child to receive SDF/SMART treatment

Parent/Guardian Name

Parent/Guardian Signature

____ / ____ / 20____
Date

Contact ForsythKids for more information at: forsythkids@forsyth.org