CHATTANOOGA STATE
COMMUNITY COLLEGE

# Dental Assisting 16 Hour Clinical Observation Form

## *Confidentiality Statement (to be completed by applicant)*

Applicant's Name _____ Email: _____

Address: _____City/State/Zip _____

As part of the admissions process, Dental Assisting Program applicants are required to spend at least 16 hours of observation time in a general dental office. Please telephone a dental office and make arrangements with the office representative for a convenient time. The majority of the hours should be spent observing the chairside dental assistant, but you should also observe the roles of the other dental team members. Please ask the office representative what you should wear and if you should supply a laboratory coat in order to comply with infection control procedures.

As observers in a dental practice, you will have access to protected health information (PHI). PHI is individually-identifiable information that includes, but is not limited to, patient's name, identification number(s), birth date, treatment dates, and photo-graphs. PHI includes patient information based on examination, test results, diagnoses, response to treatment, observation, or conversation with the patient. It is the policy of the school/institution to keep protected health information (PHI) confidential and secure.

No protected health information, regardless of medium (paper, verbal, electronic, image or any other), is to be disclosed or discussed with anyone outside those supervising or directly related to the observation activity. Applicants are not to discuss protected health information, in general or in detail, outside of the dental facility where the observation was allowed.

By my Signature Below, I agree to keep protected health information confidential. I understand that failure to comply with this policy will affect my applicant status. I understand that the confidentiality and security of protected health information is protected through state and federal laws, and that unwarranted disclosure of patient information is in violation of legal authority, and may result in civil and criminal penalties.

_____ _____
Signature of Applicant Date

## *Verification (to be completed by the dentist or dental office representative)*

As part of the admissions process, Dental Assisting Program applicants are required to spend at least 16 hours of observation time in a general dental office. Thank you for your willingness to assist these students and the Dental Auxiliary Programs at Chattanooga State Community College.

This serves to verify that _____ (applicant/observer name)
has visited the dental office of Dr. _____
and observed the following types of Treatments/Techniques: _____
Date/Time of Observation and Total Hours: _____
Applicant Comments: _____
Dental Team Comments: _____
Note: Additional Comments can be written on the back of this sheet

Signature of Applicant _____Date _____

Signature of Dentist _____Date _____

After form is completed, check your Dental Assisting Application Checklist to complete the Dental Assisting application process.

Pub. No. 11-70-204101-3-7/17/HAL-100-Chattanooga State is an AA/EEO employer.