

SAMPLE AGREEMENT FORMAT

REGISTERED DENTAL HYGIENIST AND SPONSORING DENTIST

This sample format is designed to provide hygienists and sponsoring dentists with ingredients for writing an agreement to provide hygiene services in community settings. Dentists and hygienists are encouraged to include ingredients that reflect their needs.



The practice of dental hygiene may be performed at a public school or accredited nonpublic school, Head Start program, state correctional institution, local health department or indigent health care clinic, adult care home, hospital long-term care unit, state institution or at the home of a homebound person who qualifies for the federal home and community based service (HCBS)

The tasks and procedures are limited to removal of extraneous deposits, stains and debris from the teeth and rendering of smooth surfaces of the teeth to the depths of the gingival sulci; the application of fluoride, dental hygiene instruction, assessment of the patient’s apparent need for further evaluation by a dentist to diagnose the presence of dental caries and other abnormalities, and other duties as may be delegated by the sponsoring dentists consistent with this act. (KS 5-1456)

Description of Hygiene Service:
Who is served, what services are provided, where and when service are provided, and any other information that is necessary to document for the agreement

Sponsoring Dentist Information:
Name and contact information of dentist
Degrees, Kansas Dental License #, and other information necessary to document for the agreement



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AGREEMENT – DENTIST & DENTAL HYGIENIST



Sponsoring Dentist's Name _____

Office Address _____

City/State/ZIP _____

Office Phone _____ Fax _____

E-Mail Address _____ License # _____

RDH Name _____

Mailing Address _____

City/State/ZIP _____

Phone _____ Fax _____

E-Mail Address _____ License # _____

Year received ECP _____ Type of ECP/ I or II _____

of years practicing as RHD _____



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LOCATION(S) WHERE HYGIENE SERVICES WILL BE PROVIDED

Extended care permit services are limited to: Head Start, public school or accredited nonpublic school, state correctional institution, local health department or indigent health care clinic, adult care home, hospital long-term care unit, state institution or at the home of a homebound person who qualifies for the federal home and community based service (HCBS)



Name(s) of ECP Site(s)

Name(s) of ECP Site(s)

Name(s) of ECP Site(s)

Address(s)

Address(s)

Address(s)

City/State/ZIP

Office Phone(s) _____ Fax(es) _____

Site Director(s) -- Person responsible for managing extended care organization)

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Sponsorship Requirements of the Dental Hygienist

The dental hygienist will advise the patient and/or legal guardian that the services provided are preventive in nature and do not constitute comprehensive dental diagnosis and care.

The hygienist will maintain treatment records for each patient. The records will include a copy of the findings and the report of ECP treatment, date(s) of the treatment, hygienist's assessment of the patient's apparent need for further evaluation by a dentist.

3. The hygienist will compile these records into a report for the sponsoring dentist, and no later than 30 days from the date on which extended care treatment is completed, the hygienist shall send the required patient assessment report to the sponsoring dentist.

When providing ECP treatment for an organization where there is a dental or medical supervisor, the hygienist will send a copy of the required patient assessment report to those supervisors no later than 30 days from the date on which extended care treatment is completed.

Before providing ECP treatment in a new location, the hygienist will inform the sponsoring dentist in writing of the new address and types of procedures to be performed.

When the hygiene service is discontinued at any one of the ECP sites, the hygienist will report that change in writing to the sponsoring dentist.

If the sponsoring dentist terminates (discontinues) the sponsorship relationship, the dental hygienist shall cease providing ECP treatment until a new written agreement is in place with a sponsoring dentist.



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Sponsorship Requirements of the Dentist

The sponsoring dentist will review each patient assessment report within 30 days of receiving the report.

The sponsoring dentist will provide at least 30 days notice in writing if the dentist terminates the sponsorship relationship.

Specific Consultation Requirements

Specific Reporting Requirements

Specific Dental Records Maintenance Requirements

Fiscal Arrangements of Sponsoring Dentist and Dental Hygienist



SPONSORSHIP AGREEMENT

SPONSORING DENTIST

AGREEMENT – DENTIST & DENTAL HYGIENIST

Renewal of the Sponsorship Agreement

The sponsorship agreement between the sponsoring dentist and the dental hygienist using an Extended Care Permit I and/or Extended Care Permit II shall be reviewed and signed at least biannually.

Dentist: I agree to provide sponsorship of the dental hygienist named in this agreement according to the rules and regulations specified in Kansas Laws Pertaining to the Practice of Dentistry and Dental Hygiene and regulations governing Extended Care Permits and the requirements specified in this Sponsorship Agreement.

(Signature of Sponsoring Dentist)

(Date)

Dental Hygienist: I agree to provide dental hygiene services named in this agreement in extended care settings according to the rules and regulations specified in Kansas Laws Pertaining to the Practice of Dentistry and Dental Hygiene and regulations governing Extended Care Permits and the requirements specified in this Sponsorship Agreement.

(Signature of Dental Hygienist)

(Date)

Maintain a copy of this signed agreement at each Extended Care Permit Site where extended care services are provided

