



Date: _____

School Dental Program Information Notice

Dear Parent or Guardian:

Your child has been identified as possibly being eligible to receive dental care from the Division of Public Health Dental Clinics. Eligibility is dependent on the child being enrolled in the Delaware Medicaid Program or the CHIPs program.

Besides dental services being available by an appointment made by the parent or guardian, some services can be provided to your child during school hours. These visits are made in conjunction with the school. Transportation is provided to and from the Public Health Dental Clinic.

Oral health is a very important component of overall health. Routine dental care will help your children keep their teeth in good health for years to come.

Privacy regulations (HIPAA) require the disclosure of privacy procedures for all health care services. Enclosed is a two-page letter entitled "**Notice of Privacy Practices**" that explains the privacy procedures used by the Delaware Public Health Dental Clinics, as well as some forms.

If you would like to have your child seen as part of this School Dental Program, please review this "Notice of Privacy Practices" which you may keep, then complete the three forms—"**Acknowledgement of Receipt of Notice of Privacy Practices**," the "**Medical/Dental History**," and your school's **Transportation Form**, authorizing the school to allow your child to be sent to the dental clinic—and return them to your school nurse who will make arrangements for the child to be transported to the dental clinic. *These three forms must be returned to the school nurse before the child can be sent for a dental visit.*

If you have any questions, please call your school nurse. You may also call the _____ Dental Clinic at _____ between 8:00 AM and 4:30 PM.

Sincerely yours,

DPH Dental Clinics