**Access Practice Agreement\***

**Provider Information:**

| **Dentist** | **Dental Hygienist** |
| --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Indiana Dental License Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  National Provider Identifier (NPI):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Indiana Dental License Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  National Provider Identifier (NPI):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **DDS Office Information:** | **Access location Information:** |
| --- | --- |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Physical Address of Electronic charting device\*\***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*\*The DH may store the electronic health information outside of the DDS office. | Name, title, and credentials of the person authorized to represent access location:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*All access practice agreements must be maintained by both the dental hygienist and dentist and resigned every two (2) years. [IC 25-13-3-6(3)](https://iga.in.gov/laws/2023/ic/titles/25/#25-13-3-6)

**Written Consent:**

***(As detailed in*** [***IC 25-13-3-11***](https://iga.in.gov/laws/2023/ic/titles/25/#25-13-3-11)***)***

Sec. 11. (a) A dental hygienist must obtain a signed consent form before providing dental hygiene services under an access practice agreement. The consent form must be signed by:

(1) the patient; or

(2) parent, or legal guardian if the patient is a minor or is an incapacitated person.

(b) A copy of the signed consent form must be provided to the patient or the parent or legal guardian of the patient.

**Requirements after providing dental hygiene services:**

***(As detailed in*** [***IC 25-13-3-12***](https://iga.in.gov/laws/2023/ic/titles/25/#25-13-3-12)***)***

Sec. 12. (a) After providing dental hygiene services to a patient, the dental hygienist shall provide the patient or the parent or legal guardian of the patient with the following written information:

(1) Complete contact information, including the name, telephone number, and license number, of the dental hygienist who provided the services.

(2) Emergency contact information of the dental hygienist and the access practice dentist and any necessary protocols in the event of emergency.

(3) A list of the treatment provided, including, when applicable, billing codes, fees, and tooth numbers.

(4) A description of any further treatment that is needed or recommended.

(5) A statement that includes the following:

(A) The patient may choose to have dental services at a location where dental care is not normally provided.

(B) Dental hygiene services do not include a comprehensive dental examination.

(b) The access practice dental hygienist must recommend that the patient see a dentist and provide a list of at least three (3) dentists for comprehensive dental care. The list must include the access practice dentist.

*As added by P.L.30-2018, SEC.2.*

**Intended services to be provided:**

The dentist need not be present or examine the patient before the dental hygienist may provide preventive care. The dentist may delegate to a dental hygienist procedures outlined in [IC 25-13-1-11](https://iga.in.gov/laws/2023/ic/titles/25/#25-13-3-11) except for local anesthetics. The access practice dentist must perform a clinical evaluation of the patient before the dental hygienist can provide subsequent therapeutic procedures. Preventive services do not require an evaluation. The clinical evaluation may be completed using electronic communication/teledentistry.

**Intended services to be excluded:**

The following procedures require consultation with the access practice dentist prior to treatment or are prohibited under this agreement:

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| **Dental Hygienist professional liability insurance coverage:** |
| --- |
| Name of Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Record keeping and security:**

Electronic patient charting is required for the access practice agreement per [IC 25-3-13-9](https://iga.in.gov/laws/2023/ic/titles/25/#25-13-3-9). The electronic charting device can be held at either the office of the DDS in the agreement or at the location listed in Access Agreement Provider Information.

**Termination of Access Practice Agreement:**

The access practice dentist or access practice dental hygienist has the right to terminate this agreement at any time with thirty (30) day written notice and complete transfer of patient records to the succeeding practitioner. Arrangements must be made for the transfer of all patient records while under the care of an access practice agreement within the thirty (30) days.

Termination of employment will result in immediate cessation of this agreement and transfer of all patient records while under the care of an access practice agreement is required within one (1) business day. [IC 25-13-3-14](https://iga.in.gov/laws/2023/ic/titles/25/#25-13-3-14)

**Access Practice Agreement Provider Signatures:**

| **Dentist**  Printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |
| **Dental Hygienist**  Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Person authorized to represent location**  Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |