**Patient Rights**

**As my patient you have the right to:**

* Know what your Denturist is recommending, including:
	+ the nature and purpose of the treatment;
	+ the intended outcome and possible side effects;
	+ the risks and anticipated benefits; and
	+ reasonable alternatives.
* At any time, ask a question.
* Refuse or stop treatment at any time.
* Consent, or withdraw your consent, to all assessments including physical examinations.
* Ensure that your personal health information remains confidential and that your privacy is respected.
* Obtain a second opinion from another dental health professional.
* Be listened to.
* Express concerns about care/service and be informed of the process for doing so.
* Know the names and roles of the members of your dental health care team.
* To file a complaint with the College of Denturists of Ontario, the regulatory body for Registered Denturists in our province.
* Be free of mental, physical, sexual and financial abuse.
* Professional care, free from bias.
* A clear explanation of the services you will receive and who will provide them.
* Access a copy of your personal health and/or dental record.

*YOUR LOGO HERE*

