

CODA Accreditation Self-Study

2022

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STANDARD 6 - PATIENT CARE SERVICES

- 6-1 The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. Patients**

accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.

Intent:

All dental hygiene patients should receive appropriate care that assures their right as a patient is protected. Patients should be advised of their treatment needs and the scope of care provided by the program. This Standard applies to all program sites where clinical education is provided.

Narrative Response and Documentation:

1. Describe procedures used to accept patients for treatment in the program's clinic. Hisham & Emily Patient Recruitment section pg 21; phone procedures for scheduling pg 34; Scope of practice

Individuals requiring dental hygiene services are able to be accepted as a patient in the dental hygiene care facility. Patients must clear the COVID Pre-Screening Forms before coming to campus for dental hygiene services. Patients are made aware of their responsibilities for payment and timeliness before arriving for their initial appointment. Patients who fail to comply with payment and cancellation procedures may be dismissed. Students are able to recruit patients who have been in the clinic previously as well as new patients. Students may recruit patients by developing innovative marketing tools that are approved of by the department chair. Patients who have medical disorders that require the consultation of a medical provider before the initial appointment will not be seen without the proper clearance and documentation. Patients will first go through a comprehensive evaluation to include intraoral and extraoral exam, dental charting, periodontal charting, and human needs assessment. If the patient is found to be within scope, the patient will be accepted to receive care. If the patient is found to be out of scope, the patient will be referred to the necessary specialist to receive their care. Patients who require restorative or surgical procedures but are within the scope of dental hygiene care may be accepted as patients and referred to a general dentist for further treatment needs. Individuals under age 18 are required to be accompanied by a parent or guardian in order to receive treatment.

Exhibit in Patient recruitment

Exhibit in COVID-19 procedure

Exhibit in Medical/ Dental Policies

Exhibit in Service Disclaimer

2. Describe the scope of dental hygiene care available at the program's facility. As an exhibit, include the current clinical services form(s). Peyton

Old Dominion University's School of Dental Hygiene Clinic is a teaching facility that permits dental hygiene students to provide preventative oral health services to patients, while being under the direct supervision of licensed dental hygiene faculty members. Some of the preventative services offered include but are not limited to: oral

exams, radiographs, prophylaxis, non-surgical periodontal therapy, oral cancer screenings, sealant placement, patient education, nutritional counseling, fabrication of whitening trays and athletic mouth guards, and fluoride varnish application. Restorative dental work is not provided at Old Dominion University's School of Dental Hygiene Clinic. If a patient presents with needs that are out of scope, such as: a tooth extraction, filling, root canal, crown placement, or fabrication of a partial or full denture, then the patient will receive a referral out. After hygiene treatment has been completed at ODU, a patient should take their referral to a dentist and/or suitable healthcare provider to address the out of scope entity/entities. Lastly, if an additional referral is deemed necessary after hygiene treatment has been completed, the patient will receive a referral via mail.

Exhibit: ODU School of Dental Hygiene Services Provided

3. Explain the mechanism by which patients are advised of their treatment needs and referred for procedures that cannot be provided by the program. Josie

Upon completion of the patient's medical history and charting, the student evaluates their findings to create a human needs assessment. The patient's assessment is based on their physical and emotional needs and will assist the student to determine a treatment plan. The treatment plan is reviewed with the clinical instructor, then the student reviews their planned treatment with the patient. If the patient needs to be referred for a procedure that cannot be completed in the dental hygiene clinic, a referral form will be completed. The referral form is completed by the student and is designed to communicate to the patient's dentist any concerns or problems that need to be evaluated. Referral forms can also be sent to a patient's primary care provider with any overall health concerns that need to be evaluated. The patient must sign the form stating that they understand they are being referred for an evaluation, but if disease is located on radiographs, the signature can be replaced with "found on rads". The student will print a copy for the patient to hand-deliver to their primary care physician or dentist for the designated evaluation and treatment.

Exhibit:

4. Describe how the dental hygiene treatment plans are presented and approved by faculty. Jiarong

After reviewing medical history and charting, the student hygienist will create his/her dental hygiene diagnosis and make an education plan for the patient. All treatment plans can only be completed after assessments. Afterward, the student hygienist will create the treatment plan based on his/her findings. After the treatment plan is put in and phased, the faculty will conduct an "assessment check" on the student to ensure his/her findings are accurate and then review the treatment plan from the student hygienist. The faculty will discuss needed changes with the student and then approve the modified plan.

For cases requiring a single appointment, student hygienists need to complete a treatment plan and present it to the instructor for approval before starting any treatment. For cases requiring multiple appointments, student hygienists should first complete a treatment plan for the current/initial appointment and present it to the instructor for approval before starting any treatment. Afterward, all treatment plans should be recorded with phase and order in the patient's record under the treatment plans section. The total number of expected appointments should also be documented.

The treatment plan for the next appointment should be re-evaluated and necessary changes can be made at the final checkout for each appointment. The faculty will review the plan again and discuss needed changes with the student.

Exhibit: CARE (Treatment) PLANNING (ODU Manual p.118)

5. Explain the program's recall policies and procedures. Kelly

Each student is asked to enter recare data in A2 for every patient they complete in the clinic. A2 is the computer chart software that will be utilized in clinic. When assigning a recare patient the student will appoint from the recall window including their calculus and periodontal class. The students will also have the ability to schedule a patient from the recall list in axium which can also include a list from previous students. The student will be expected to follow a script when scheduling a patient for recall appointments. The student will need to check if the patient needs premedication, has completed the covid screening 1-4 days prior to appointment, and review charts for any medical changes.

6. As an exhibit, include a blank initial patient screening form. No Assignment

Exhibit: COVID-1 Pre-Screening Form pg 90

Exhibit: COVID-2 Pre-Screening Form pg 91

Exhibit: Extraoral & Intraoral Evaluation Form pg 102

Exhibit: Periodontal Assessment Form pg 109

7. As an exhibit, include a blank client consent form, physician's consultation form and dental referral form. No Assignment

Exhibit: Initial Consent pg. 92

Exhibit: Consent to Treatment pg. 104

Exhibit: Physician Diabetes Consultation Form pg. 100

Exhibit: Physician Consultation Form pg. 101

Examples of evidence to demonstrate compliance with 6-1 may include:

- **documentation of an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of care provided**
- **quality assurance policy and procedures**
- **patient bill of rights**

6-2 The program must have a formal written patient care quality assurance plan that includes:

- a) standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;**
- b) an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;**
- c) mechanisms to determine the cause of treatment deficiencies;**
- d) patient review policies, procedure, outcomes and corrective measures.**

Intent:

The program should have a system in place for continuous review of established standards of patient care. This Standard applies to all program sites where clinical education is provided.

Narrative Response and Documentation:

1. Describe the program's formal written patient care quality assurance plan. Emily

The Old Dominion School of Dental hygiene utilizes an information-based system to ensure that the Standards of Care are being met. The use of quality assurance report forms conducted throughout the semester allow for identifying, evaluating, and managing potential problems that can arise with patient care. Documents used to assess quality assurance are done on a recurrent or ongoing basis throughout the semester. These documents include patient chart audits, radiographic grading audits, incident report analysis, sterilization monitoring and record-keeping sheets, infection control monitoring, the Clinical Evaluation System, monthly student "planned" and "in-progress" reports, pre-screening of patients by faculty, and review of treatment plan and services rendered by the student at the end of each appointment to ensure that the approved treatment was conducted and correctly documented. The School has policies and procedures in place to handle deficiencies that appear in the results of quality assurance documents including communication between faculty, clinic director, and students, relaying corrected information to patients, one-on-one or group calibration activities, and in-service training. At the end of the semester, reports are generated and distributed to the faculty and students to aid in the detection of deficiency patterns to more thoroughly evaluate and address the problems. These reports include the radiographic quality assurance, incident report forms, chart audit review, sterilization log, patient satisfaction survey results, and weekly and monthly patient billing account audits.

2. Describe the process to review a representative sample of patients and patient records. Hisham & Shannon

The dental hygiene faculty assist in a monthly chart audit system. The chart audit will assist in determining whether or not the information in the patient chart was accurately recorded. The dental hygiene clinic must have a system that reveals consistent documenting and recording of these sample patient activities to properly process and examine a representative sample of patients and patient records. This process includes quality assurance, policies and procedures, patient rights, recalls, referrals, and scope of service. Patients' medical records and treatment are formally reported, updated, and approved by instructors. The dental hygiene clinic has a 'Dental Hygiene Chart Review Form' to be completed by the clinic instructor. The chart review form indicates that all documentation was reviewed and completed by the patient and student. The student must review the completed chart review form and make the corrections in the patient chart that were missed. Documentation of all requirements on the form in the patient's chart is important for liability reasons. All patient records must indicate whether the chart is still active or inactive, and this information must be displayed in the patient's chart in Axium.

3. As an exhibit, include the patient record audit form. No Assignment

Exhibit: ODU Dental Hygiene Cart Review pg. 142-144

4. Describe how patient treatment deficiencies are identified and corrected. Sarah

If the chart and radiologic audit process reveals deficiencies, the faculty member involved with the patient's treatment will fill out the audit form. The faculty member will meet with the student who provided the assessment and treatment to correct any errors. After faculty recheck, if problems with care were identified, the faculty will work with the student to correct the issues at the time of the occurrence. If the student needs additional time, the patient will be reappointed and the services rendered will be thoroughly documented in the patient's chart. In the event a treatment deficiency is found on a completed patient, the patient must be called, informed of the deficiency, and asked to return to the clinic. If the patient refuses to return, the data will be documented in the patient's chart. Faculty members will re-check previously completed quadrants for residual calculus to ensure all root debridement is as complete as possible. If deposits are found during the re-check that could potentially result in a treatment problem, the faculty and student will work together to remove the calculus deposits to ensure treatment deficiencies are addressed and the clinical director addresses these types of deficiencies with the faculty involved. Faculty may work one-on-one with students to instruct and assist the student to ensure proper instrumentation. Additionally, the faculty in question may be paired with a more experienced faculty member to correct deficiencies and improve consistency for both patient treatment and faculty evaluation. When the patient returns to address a deficiency the student will provide necessary treatment to correct the deficiency, such as scaling and root planing or debridement procedures. After treatment is complete, checked, and verified by the faculty member involved, the chart should be given to the clinic director who will verify all corrections to deficiencies have occurred.

Exhibit: Quality assurance policy and procedures ODU Clinical Manual, pp.70-71

5. Identify the policies and procedures used to track completed patients and ensure active patients are completed. Nouf & Shannon

The dental hygiene clinic at Old Dominion University has established policies for tracking complete and incomplete patients. The patients' charts are placed in the clinical evaluation system. The patient's electronic health records are used to view the status of each patient. The dental hygiene clinic at Old Dominion University recognizes that patients' abandonment is a serious offense for which patients can bring forward a lawsuit. Failure to reschedule the patient or bring a patient to completion of dental services, is abandonment. Therefore, documentation of all completed and incomplete patients is made in the clinical evaluation/grading system to track incomplete and complete patients.

It will be created each year and cover the complete Academic Year (Fall through the following Summer). The clinic instructor will be able to view a list of all incomplete and complete patients seen by each student through the clinical evaluation system.

In addition, The dental hygiene clinic at Old Dominion University has established policies to help students have fewer incomplete patients. Students should motivate each patient to return, schedule their reappointment, and give them an appointment card before they leave. The student must explain during the initial visit how many appointments it will take to complete the

treatment. Treatment plan documentation should be given to the patient as a reference to the dental procedures, fees for service, and appointment visits needed to be completed. The student should schedule the patient for a series of appointments, complete the patient in a time-sensitive efficient manner, and not schedule multiple new patients all together. The student will be able to view the patient's scheduled appointments on Axiom. The student should keep track of all patients and the appointments that are scheduled to eliminate fewer incomplete patients. The student should contact the patient 2-4 days prior to the appointment for confirmation that the patient will be present for dental hygiene services. The student should give a courtesy reminder call, text message and or email the day before the scheduled appointment. The student should document in the patient's chart if the patient responded to appointment reminders and/or phone messages left for the patient.

For incomplete patients, the students are expected to contact the patient in the incomplete list and schedule an appointment in Axiom within two weeks if possible. The student is responsible for updating Axiom to no patient please (NPP) to accommodate appointments for incomplete patients. The student should frequently retrieve recall lists of patients from Axiom. The student will schedule necessary appointments for incomplete patients.

6. Identify any changes made to clinic policies and/or procedures based on quality assurance program outcomes. As an exhibit, include the quality assurance reports.

Leena

The School of Dental Hygiene at Old Dominion University ensures that the clinic policies and/or procedures based on quality assurance program outcomes are current. The radiographic quality assurance report was developed in order to ensure referrals and chartings correlate with radiological interpretations. Findings are located in the Health Electronic Record in the patient's file and faculty members are required to swipe for approval once reviewed. Quality assurance ensures that the student is competent by completing a minimum number of practice series and passing a test series. When patterns of problems with quality assurance occur, these will be discussed with remedial in-service training as appropriate during clinical faculty meetings. An exhibit of the quality assurance report is not included in the manual, however, the reports list are included as follows: Radiographic Quality Assurance Report, Incident Report Forms, Chart Audit Review Report, Sterilization Log Report, Patient Satisfaction Survey Results Report, Weekly and Monthly Patient Billing Account Audit, and Student List of "Planned" and "In Progress" Treatments.

Exhibit: Reports of Quality Assurance (ODU Clinical Manual, p. 71)

7. Discuss how the program assesses patients' perceptions of quality of care. Describe the mechanisms to handle patient complaints. As an exhibit, include the patient satisfaction survey instruments and data results. Grace

The School of Dental Hygiene at Old Dominion University assesses patients' perceptions of quality of care through use of Patient Satisfaction Surveys as part of the school's quality assurance program. Patient Satisfaction Surveys are anonymous. In the survey, patients provide feedback, comments, and/or complaints about their treatment and experience in the Dental

Hygiene Care Facility. The Survey questions address topics including faculty involvement, staff involvement, concern for welfare, student preparedness, and overall experience. At the end of each semester, the report for the Patient Satisfaction Survey Results is generated and sent to faculty and students to assist with identifying patterns of deficiencies. The report is evaluated by the faculty and students, and patterns of problems are discussed with remedial in-service training during clinic faculty meetings.

Exhibit: Patient Satisfaction Survey. The Patient Survey cannot be found in Volume 1 of the Clinic Manual. However, it is available online on the Dental Hygiene Care Facility Policies Page. Follow the link below to directly access the Old Dominion University School of Dental Hygiene Patient Satisfaction Survey.

[Dental Hygiene Care Facility - Old Dominion University](#)

Exhibit: Patient Satisfaction Survey Results Report

Note: I could not find an example of the Patient Satisfaction Survey in the clinic manual so I referenced the page in the manual where the Patient Satisfaction Survey is discussed. I also referenced the page in the manual that discusses the Patient Satisfaction Survey Results report. On this page, the report is discussed, but obviously the report is not found there. Please let me know if it's appropriate to reference these pages in the manual or if my exhibits should be done a different way. Thanks!! ~ :)

Hey Grace! You're right it's not in there anywhere - so strange since so many of the other documents are! I found the patient satisfaction survey on the Dental Hygiene Care Facility Policies Page online (https://www.odu.edu/cq/web_author_test/dental). I'm attaching a screen shot of the satisfaction survey. We can't include the screenshot as our exhibit, but maybe we can reference it somehow? What do you think? I think you did a great job highlighting the important aspects of it. Do you think we should include a statement about what criteria the survey addresses? Also, should we say that a copy of the survey is not listed in Volume I, but can be found online and where? **This might be something ODU considers adding to their Vol I when re-doing it for next year!-Emily

Evaluation of the Clinic Experience

After each clinic visit please take the time to complete this evaluation of your visit.

Patient Satisfaction Survey

1. Faculty were involved and helpful... ☐Excellent
☐Very Good
☐Average
☐Below Average
☐Poor

2. Staff were courteous and helpful... ☐Excellent
☐Very Good
☐Average
☐Below Average
☐Poor

3. Concern for my welfare was ... ☐Excellent
☐Very Good
☐Average
☐Below Average
☐Poor

4. Student was prepared and knowledgeable... ☐Excellent
☐Very Good
☐Average
☐Below Average
☐Poor

5. Cleanliness of the treatment area and reception room were... ☐Excellent
☐Very Good
☐Average
☐Below Average
☐Poor

6. Overall, today's appointment was... ☐Excellent
☐Very Good
☐Average
☐Below Average
☐Poor

Date of Visit

Comments

Hey guys! Pages 70-71 will be really helpful for some of these questions! It's the quality assurance written portion of Vol 1. I also did the control+f to see everywhere quality assurance was listed in the document, which was really helpful!-emily

Examples of evidence to demonstrate compliance with 6-2 may include:

- documentation of an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of care provided
- quality assurance policy and procedures
- patient bill of rights
- documentation of policies on scope of care provided, recalls and referrals
- description of the quality assurance process for the patient care program
- samples of outcomes assessment measures that assess patients' perceptions of quality of care, i.e., patient satisfaction surveys and results
- results of patient records review

6-3 The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive dental hygiene patient care.
Intent:

The need for students to satisfactorily complete specific clinical requirements prior to advancement and graduation should not adversely affect the health and care of patients.

Narrative Response and Documentation:

1. Describe policies and procedures relative to patient assignment strategies. Macie

Patients with a calculus class 4 or higher OR if they have not received dental services in more than 3 years will be scheduled with a senior student who is still in need of a high calculus patient. If an appointment is not available at that time, patient information will be recorded and someone will call the patient when an appointment becomes available. New patients will complete a "New Patient Info for Wait List" form.

Students will receive an email regarding the scheduling of the recare patients assigned to them. In the schedule, a student may indicate "PF" (please fill) which means a patient may be scheduled for that time slot. Students will be assigned as the "patient's provider" in the system.

2. Discuss all efforts made to ensure students can complete clinical patient requirements. Elvina

Old Dominion University will provide patients with quality dental hygiene care based on research evidence. We service patients with quality care without regard to race, sex, sexual preference, national origin, religion, age, or disability. At the beginning of each semester, students will have clinical requirements that will outline the minimum number of patients, the type of patient, and the limits of each patient that students must complete during the semester. Students will be given a sample of time management protocols for procedures to help guide them to complete clinical requirements. While ensuring quality care, students are expected to complete a required number of patients, comprehensive services, and radiographic services after each year of the curriculum. Students are required to meet with their assigned clinic advisor for mid-semester advising and end-of-semester clinical counseling to review their academic and clinical standing, which is mandatory for all students. When students do not meet their requirements, they will be enrolled in summer school or the fall semester to complete requirements. The student must complete all incomplete requirements for the previous semester before patients can be counted for the current semester. If the student does not complete their incomplete requirements by midterm of the following semester, five points from their final clinic grade will be deducted. Seniors may not be eligible to take Clinical Regional Boards until Clinical requirements are met.

Examples of evidence to demonstrate compliance with 6-3 may include:

- patient bill of rights
- documentation that patients are informed of their rights
- continuing care (recall) referral policies and procedures

6-4 The program must develop and distribute a written statement of patients' rights to all patients, appropriate students, faculty, and staff.

Intent:

The primacy of care for the patient should be well-established in the management of the program and clinical facility assuring that the rights of the patient are protected. A written statement of patient rights should include:

- considerate, respectful and confidential treatment;*
- continuity and completion of treatment;*
- access to complete and current information about his/her condition;*
- advance knowledge of the cost of treatment;*
- informed consent;*
- explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments;*
- treatment that meets the standard of care in the profession.*

Narrative Response and Documentation:

1. As an exhibit, provide a copy of the written statement of patients' rights. Describe how the statement is distributed to students, faculty, staff and patients. Sarah & Nouf

At arrival and post-COVID-19 screening, patients will be provided the location of posted documents in the reception area. Old Dominion University requests the patients read the School of Dental Hygiene Clinic Policy, Patient Bill of Rights, Payment Policy, and HIPAA forms while they wait to be called. Students, faculty, and staff receive a copy of the Policies and Procedures Manual (Volume I) once they are enrolled in the department. In the Volume I manual, Students, faculty, and staff can all find the Patient Bill of Rights (ODU Manual p.85), listing ten rights. It includes but is not limited to the right of confidential treatment, a treatment that meets the standard of care in the profession. In addition, patients have the right to advanced knowledge of fees and services—explanation of recommended treatment, alternate treatment options, and explanation of risks with no treatment. They can also participate in treatment planning (informed consent) or refuse recommended treatment (informed refusal).

6-5 All students, faculty and support staff involved with the direct provision of patient care must be continuously recognized/certified in basic life support procedures,

including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).

Intent:

The need for students to be able to provide basic life support procedures is essential in the delivery of health care.

Narrative Response and Documentation:

1. Describe the program's policy regarding basic life support recognition (certification) for students, faculty and support staff who are involved in the direct provision of patient care. Provide a copy of the policy as an exhibit. Leena & Peyton

At Old Dominion University's School of Dental Hygiene, students and all faculty members actively involved in patient care and treatment services must be certified in basic life support for healthcare providers. Basic life support certification is on a biennial schedule. These credentials must be maintained, current, and renewed by June 30th of that year.

Exhibit: ODU Volume I: Standards of Dental Hygiene Care; B-Credentials

2. How does the program ensure that continuous recognition/certification in CPR with AED for all students, faculty and support staff is maintained. Grace & Macie

According to the Standards of Dental Hygiene Care, all providers participating in patient care must be certified in basic life support. Faculty are required to be both credentialed and licensed. CPR and AED certification are necessary for students to participate in clinical activities. Students are required to maintain a biennial CPR and AED certification that remains current through June 30th of their senior year.

3. Are exceptions to this policy made for persons who are medically or physically unable to perform such services? If so, how are these records maintained by the program? Josie & Jiarong

All students and faculty involved in patient care at Old Dominion University must be certified in basic life support without exceptions. CPR and AED certification are required credentials for all students admitted to the dental hygiene program to meet students' clinic responsibilities as well as a requirement to obtain licensure upon graduation. Performing cardiopulmonary resuscitation techniques and other emergency response skills are one of the Technical Standards Bachelor of Science in Dental Hygiene. Since all students and faculty are required to have their certification, multiple individuals are able to assist the person who is medically or physically unable to perform BLS services when a medical emergency happens.

Exhibit: Standards of Dental Hygiene Care (ODU Clinical Manual, p. 12)

Exhibit: Student Clinic Responsibilities (ODU Clinical Manual, p. 13)

Exhibit: Technical Standards Bachelor of Science in Dental Hygiene (ODU Clinical Manual, p. 427-428)

Note: Please include copies of all student, faculty and staff CPR cards in binder referenced in the Self-Study Guide under Standard 3-7.

Examples of evidence to demonstrate compliance with 6-5 may include:

- continuous recognition records of students, faculty and support staff involved in the direct provision of patient care
- exemption documentation for anyone who is medically or physically unable to perform such services

6-6 The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

Intent:

The program should have a system in place to ensure patient confidentiality. The use of student employees as secretarial staff does not preclude the essential need for patient confidentiality.

Narrative Response:

1. Describe how patient confidentiality is maintained. Elvina & Kelly

ODU will maintain confidentiality for all patients in all environments, including online platforms. Medical records will not be shared with anyone within or outside the workplace without written consent from the patient except in the circumstances subject to the law. ODU will provide a HIPPA privacy form to all patients, outlining how we use and protect their information.

Exhibit: HIPPA Privacy Form

Examples of Selected Exhibits:

Standard 6 - Patient Care Services