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| --- | --- |
| **Name of practice** |  |
| **Address and postcode** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Name of Registered Manager**  |  |
| **Name of Registered Provider**  |  |

|  |  |
| --- | --- |
| **Date Patient Information Leaflet written** |  |
| **Author** |  |

**Contents**

**Section 1 – Summary of Statement of Purpose**

A summary of the treatments, facilities, opening hours, urgent/out of hours care of the private dental practice and how to deal with abusive patients and complaints.

**Section 2 – Staff details**

The relevant experience and qualifications of all the dentists and dental care professionals employed in or for the purposes of the private dental practice.

**Section 3 – Patients’ views**

The arrangements made for seeking patients’ views about the quality of services provided by the private dental practice.

**Section 4 – Development and training**

The arrangements for the appropriate development and training of employees.

**Section 5 – Other addresses**

The address and telephone number for each of the premises used for the purpose of carrying on a dental care practice by the registered provider.

**Section 6 – Arrangements for access to the premises**

The arrangements for access to premises used for the purpose of carrying on a private dental practice.

**Section 7 – Patient rights and responsibilities**

he rights and responsibilities of a patient including keeping appointments.

**Section 8 – Access to patient information**

Details of persons who have access to patient information (including information from which the identity of the patient can be ascertained) and patients’ rights in relation to disclosure of such information.

**Section 9 – Date**

The date on which the Patient Information Leaflet was reviewed and the reasons for the review

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| **SECTION 1 – SUMMARY OF STATEMENT OF PURPOSE** |
| ***Prompt*** *- Include a summary of** *the kinds of treatment, facilities and all other services provided;*
* *Opening hours;*
* *Arrangements for urgent or out of hours care;*
* *Dealing with patients who are violent or abusive to staff;*
* *Dealing with complaints.*

***Delete prompt once completed*** |
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| **SECTION 2 – STAFF DETAILS** |
| ***Prompt*** *– Include t*he relevant experience and qualifications of all the dentists and dental care professionals employed in or for the purposes of the private dental practice ***-******Delete prompt once completed*** |
| **Name** | **Position** | **Relevant qualifications/experience** |
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| **SECTION 3 – PATIENTS’ VIEWS** |
| ***Prompt*** *– Detail what the arrangements are for seeking patients’ views about the quality of services provided by the private dental practice* ***-******Delete prompt once completed*** |
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| **SECTION 4 – DEVELOPMENT AND TRAINING** |
| ***Prompt*** *- Include details of the appropriate development and training of employees* ***-******Delete prompt once completed*** |
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| **SECTION 5 – OTHER ADDRESSES** |
| ***Prompt*** *– Provide the address and telephone number for all other dental practices where the registered provider is involved in carrying out dental treatments* ***-******Delete prompt once completed*** |
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| **SECTION 6 – ARRANGEMENTS FOR ACCESS TO THE PRACTICE** |
| ***Prompt*** *– Include the* arrangements for access to the private dental practice ***-******Delete prompt once completed*** |
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| **SECTION 7 – THE RIGHTS AND RESPONSIBILITIES OF PATIENTS**  |
| ***Prompt*** *– Include the* rights and responsibilities of a patient including keeping appointments ***-******Delete prompt once completed*** |
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| **SECTION 8 – ACCESS TO PATIENT INFORMATION**  |
| ***Prompt*** *– Provide details of persons who have access to patient information and the patients’ right in relation to disclosure of such information* ***-******Delete prompt once completed*** |
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| **SECTION 9 – DATE** |

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| Date Patient Information Leaflet reviewed |  |
| Category of changes made | [ ]  Change of staff details[ ]  Change of Registered person(s) [ ]  Change of treatments [ ]  Change of practice /organisation details |
| Reviewed by  |  |
| Date HIW notified of changes  |  |

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| Date Patient Information Leaflet reviewed |  |
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