



Henry M. Goldman School of Dental Medicine



Patient Guide

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Welcome

Welcome to the Patient Treatment Center at Boston University Henry M. Goldman School of Dental Medicine (GSDM). We take pride in offering quality dental care at a reasonable cost, minutes from downtown Boston.

We offer a complete program of dental services with an emphasis on preventative and restorative dentistry. You will benefit from the latest research in dental techniques and equipment while receiving care in a comfortable, cheerful environment. The Center also has the capacity for treating patients with disabilities.

For your safety, the Center meets or exceeds all infection control practices recommended by OSHA and the CDC. School facilities are licensed by the Massachusetts Department of Public Health and accredited by the American Dental Association's Commission on Dental Accreditation.

Patients with basic dental needs such as prophylaxis (cleanings), direct restorations (fillings), small-span bridges and single crowns, simple periodontal care (gums), and most full and partial dentures are seen in the Pre-doctoral Patient Treatment Center, where dental students provide quality care at a minimal fee under the supervision of faculty dentists.

If you require more involved treatment, such as advanced restorative work, extensive periodontal treatment, orthodontics, root canal therapy, oral surgery, or complex crown and bridge work, you may be treated in one of our specialty areas. These specialty departments are staffed by graduate dentists, many of whom have years of experience and are continuing their studies. Dental care in the specialty areas is performed under the supervision of faculty dentists.

Because of the complex nature of specialty treatment, treatment costs are somewhat higher than in the Predoctoral Patient Treatment Center, although they are still less than private sector costs.

Patient-Centered Comprehensive Care

GSDM is an educational institution committed to providing patient-centered, comprehensive care.

What does “*patient-centered*” mean? This means that the School provides appropriate oral health care that is respectful of and responsive to individual patient preferences, needs and values, and ensures that these help guide clinical decisions for and by the patient.¹

What does “*comprehensive*” mean? This means that the School’s philosophy is to provide total oral health care to patients. Comprehensive care is a system of patient care in which individual students or providers, examine and evaluate patients; develop and prescribe a treatment plan; perform the majority of care required, including care in several disciplines of dentistry; refer patients to recognized dental specialists as appropriate; and assume responsibility for ensuring acceptable outcomes of treatment.²

What is the School’s commitment to patient-centered, comprehensive care? The School appreciates and respects the valuable role that patients have in the education and training of our students and residents. To ensure that the oral health care needs of patients are commensurate with the educational needs of students/residents, individuals seeking care in the School will be initially screened to ascertain the complexity of their treatment needs and the appropriateness of their receiving care at the School. Individuals accepted as patients of the School will be subsequently assigned either to a predoctoral (i.e., “student”) clinic or to a postdoctoral (i.e., “resident”) clinic. Such assignment is based on patient needs and values as well as on the School’s ability to accommodate the patient’s stage of life, language, special needs or other unique considerations. It should be further noted that the School’s educational program requires students/residents to participate in various intramural and extramural rotations or externships (i.e., “fieldwork”) for several weeks at a time. This may interrupt and possibly delay patient care. In these instances, continuity and timeliness of patient care will be evaluated on a case-by-case basis. In these ways the School demonstrates its commitment to realizing the mutual goals of our patients and our students/residents.

¹ Crossing the Quality Chasm: A New Health System for the 21st Century. Committee on Quality of Health Care in America, Institute of Medicine, National Academies Press, 2001.

² Self-Study Guide for Dental Education Programs. Commission on Dental Accreditation, American Dental Association, 2014.

Your First Appointment

During your first appointment, you will register, complete a medical and dental history, and receive a preliminary screening. If you need X-rays, the student dentist will take state-of-the-art digital X-rays. If you have had X-rays taken within the last year, you may not need new ones. In this case, only an oral diagnosis examination and consultation may be required, and the initial fee is reduced. Please arrange to bring your X-rays with you to your first appointment so the radiology staff can evaluate their diagnostic value. In addition, please bring any other pertinent medical information to facilitate your dental treatment.

You will then be assigned your student dentist, who will give you a very thorough examination on your second appointment. Depending on your treatment needs, this visit may take a couple of hours or an additional appointment. Your student dentist will discuss your treatment plan with you and a faculty member. Together, you can determine which care program is most suitable for your needs.

To schedule this first diagnostic visit, please call 617-358-8300 between 8 a.m. and 4:30 p.m. on weekdays.

Following diagnosis, your student dentist will be responsible for your comprehensive dental care with faculty supervision.

Services

The following is a list of services provided at the Patient Treatment Center.

URGENT DENTAL CARE

The goal of emergency dental treatment is to alleviate pain immediately and deal with acute problems such as infection and trauma. For emergency dental treatment weekdays, please call 617-358-8300 to inquire about hours of service. Following emergency care, we recommend that you arrange an appointment by calling 617-358-8300 for a comprehensive evaluation.

AFTER-HOURS EMERGENCY COVERAGE

If you are already a registered patient of GSDM and have a dental emergency when the Urgent Care Center is closed please call 617-358-0190.

GENERAL DENTISTRY

Student dentists provide routine dental care in the general dentistry facilities. Patients needing extensive dental care are referred to the specialty departments on recommendation by the faculty. Appointments are available on weekdays and select evenings and weekends.

ORAL DIAGNOSIS & RADIOLOGY

Your initial visit will most likely be on the fifth floor. This is where most diagnostic radiographs (X-rays) and preliminary examinations are performed. Patients are then assigned to other departments for treatment and follow-up.

IMPORTANT NUMBERS

To make an appointment
617-358-8300

Urgent dental care
617-358-8300

After-hours emergency
617-358-0190

Specialty Services

We offer dental services in the following specialty areas:

ADVANCED GENERAL PRACTICE

General dentistry for more complex dental needs

ENDODONTICS

Root canal therapy

ORAL & MAXILLOFACIAL SURGERY

Diagnosis and surgical treatment of diseases and injuries of the mouth, jaw, and related structures, including implantology, temporomandibular disorders (TMJ), and cranial disorders

COSMETIC DENTISTRY

Porcelain veneers, bleaching, and tooth-colored fillings

IMPLANT DENTISTRY

Replacement of missing teeth using fabricated roots that support replacement teeth

ORTHODONTICS & DENTOFACIAL ORTHOPEDICS

Adjustment of the position and alignment of the teeth using corrective appliances or braces (available for both children and adults)

PEDIATRIC DENTISTRY

Limited services for children up to age 14

PERIODONTICS

Diagnosis and treatment of diseases affecting the structures around the teeth (gums) and including implant placement

PROSTHODONTICS

Restoration of damaged or missing teeth with crowns, bridges, or removable dentures to improve the bite as well as appearance. The treatment, often for complex dental conditions, may include restorations supported by implants

Payment & Additional Info

Fees for many services offered by GSDM are considerably less than those charged in private practice. Fees differ in the general dentistry facilities and the specialty departments. Cash, checks, Visa, MasterCard, American Express, and Discover are accepted, and payment is expected at the time of service. The Patient Treatment Center accepts MassHealth and requires that you present a current identification card from the Commonwealth of Massachusetts.

Select treatments centers do participate and direct bill Blue Cross Blue Shield and Delta Dental of Massachusetts. When all services have been completed and paid for, the Center will help you complete insurance claim forms that will enable you to obtain reimbursement for payments made. Check with your insurance company to see if they will accept Boston University Henry M. Goldman School of Dental Medicine Patient Treatment Center as a primary care provider. For more information regarding fees and financial policies, inquire at Patient Financial Services at 617-358-3900.

KEEPING YOUR APPOINTMENTS

Your decision to come to the GSDM Patient Treatment Center for treatment implies a commitment to continue with your care until it is completed, to arrive for appointments on time, and to give at least 24-hour notice when cancelling appointments to avoid a late cancellation fee. Late arrival (after 15 minutes) may result in your appointment being rescheduled, and not showing up without canceling may result in a no-show fee.

CONVENIENT HOURS FOR YOU

The Patient Treatment Center is open to the public from 8:30 a.m. to 5 p.m., weekdays, except School holidays. Extended hours are available on some evenings.

PATIENT CONCERNS

While every effort is made to ensure that you are satisfied with your dental care, occasionally patients have concerns about their treatment. If you have a concern about your treatment, it is often helpful to speak with the dental faculty member supervising your treatment or the front desk supervisor and clinical manager on the floor where you are being treated. If you require additional assistance, please contact Patient Relations at 617-358-3320.

Directions & Parking

We're easy to find. GSDM is located on the corner of East Newton Street and Albany Street at 635 Albany Street. We are part of the Boston University Medical Campus (BUMC).

PARKING

Parking is available in the parking garage at 710 Albany Street, diagonally across from GSDM, and at the Doctors Office Building, located at 720 Harrison Avenue. There is a fee for parking.

DRIVING DIRECTIONS

From the North

Follow Route 1 (Via Mystic/ Tobin Bridge) to I-93 South. Take Exit 18 (Massachusetts Ave). At traffic light, take a right onto access road; stay in right lane. At end of access road, turn right onto Massachusetts Ave. then take first right onto Albany St. GSDM is on the left side at the corner of East Newton and Albany, located at 635 Albany Street.

From the South

Take I-93 Route 3 (Southeast Expressway) North to Boston. Take Exit 18. Watch for signs. At second traffic light, take a left onto access road stay in right lane. At end of access road, turn right onto Massachusetts Ave. then take first right onto Albany St. GSDM is on the left side at the corner of East Newton and Albany, located at 635 Albany Street.

From the West

Take the Massachusetts Turnpike (I-90) East to end. Take I-93 South to Exit 18 (Massachusetts Ave). At traffic light, take a right onto access road; stay in the right lane. At end of access road, turn right onto Massachusetts Ave. then take first right onto Albany St. GSDM is on the left side at the corner of East Newton and Albany, located at 635 Albany Street.

Public Transportation Directions

BY BUS

Four regular bus routes (Bus # 1, 8, 10, and 47), one Crosstown (CT) express bus routes (Bus CT3), and two rapid transit service buses of the Silver Line (SL4 and SL5), serve BUMC, where GSDM is located. Please check individual schedules for times.

All buses operate seven days per week with less frequent service on Saturday and Sunday, except the CT3 bus, which does not operate on weekends.

BY SUBWAY

None of the subway lines stop directly at GSDM, however the closest subway stations to GSDM are Massachusetts Ave (Orange Line), Broadway (Red Line), and Andrew (Red Line). Connecting buses run from each of these stations to GSDM.

More detailed information on bus and subway routes and schedules are available on the MBTA's website, www.mbta.com, or by calling the MBTA at 617-222-3200.

Patient Rights & Responsibilities

As a patient at GSDM, I have the following rights:

- 1. Informed Consent and Participation in Treatment Decisions.** I have the right to be informed regarding my diagnosis and recommended treatment, so that I may understand the purpose, probable results, estimates of the cost, and alternatives and risks involved, including the risks of no treatment, before giving or refusing my consent for this care.
- 2. Respect.** I have a right to considerate and respectful treatment by all members of GSDM.
- 3. Non-Discrimination.** I have a right to participate in and benefit from my dental care at GSDM, without discrimination based on my race, gender, color, religion, marital status, age, sexual orientation, national origin, or disability. If language interpretation services are needed for me to be able to participate in my care, GSDM will provide those services without cost to me.
- 4. Privacy.** I have the right to privacy when receiving dental care, within the capacity of GSDM as provided by law.
- 5. Responses.** I have the right to prompt and adequate answers to reasonable requests for treatment or services within the scope and capacity of GSDM.
- 6. Records.** I have the right to confidentiality of my dental records to the extent provided by law and as described in the GSDM HIPAA Notice of Privacy Practices. I have the right to inspect my dental records and to receive copies of my records
- 7. Research Participation.** I have the right to refuse to serve as a research subject.
- 8. Information About Providers.** I have the right to request and receive the name, specialty (if any), and credentials of all professional care providers assigned to my treatment by GSDM.
- 9. Information About Relationships.** I have the right to request and receive an explanation regarding any relationship between my treating provider or GSDM and another health care facility or educational institution as it relates to my dental care. I understand that GSDM is a dental school within Boston University.
- 10. Copy of Rules.** I have the right to obtain a copy of any rules or regulations of GSDM that apply to my conduct as a patient of the institution.
- 11. Financial Assistance.** I have the right to request and receive information regarding any financial assistance, fee-reduction programs, or free health care for which I may be eligible.
- 12. Emergency Treatment.** I have the right to prompt life-saving treatment in an emergency without consideration of my economic status or source of payment for such care.
- 13. Itemized Bill.** I have the right to receive upon request an itemized bill.

Patient Rights & Responsibilities

As a patient at GSDM, I have the following responsibilities:

1. Teaching Clinic. I am responsible for understanding that GSDM is a teaching clinic, in which my provider will be a student practicing dental medicine under the supervision of a licensed faculty dentist. I understand that I may not be accepted as a patient if my dental needs are not appropriate for the education of dental students

2. Accurate Information. I am responsible for providing accurate and complete information regarding my medical and dental history. I am also responsible for providing accurate information regarding my dental insurance and for notifying GSDM of any changes to my insurance coverage during the course of my treatment.

3. Keeping Appointments. I am responsible for arriving promptly for my appointments, and for telephoning at least 24 hours in advance if I cannot keep a scheduled appointment.

4. No Smoking. I will not smoke in and around the GSDM facility.

5. My Responsibility for my Dental Health. I am responsible for my dental health and for making decisions about my treatment. I am responsible for following the treatment plan I agree to.

6. Courtesy. I am responsible for behaving respectfully and with courtesy toward other patients and toward all students, faculty, and staff of GSDM. I will respect the physical property of GSDM.

7. Financial Responsibility. I understand I need to pay for my dental services.

8. Children. I understand I cannot bring any minor children into any patient care/treatment areas at GSDM when I have an appointment, and I cannot leave minor children unattended in the reception and waiting areas while I am receiving care.

9. Cell Phones. I am responsible for switching my cell phone and any other personal electronic devices to silent or vibration mode at all times when I am in a clinic. I will exercise common courtesy while using the cell phone in patient waiting areas.

I understand that if I do not fulfill my responsibilities listed above, GSDM may discontinue treatment after providing me notice and the opportunity to obtain the services of another dentist.

HIPAA Notice of Privacy Practices

Effective: April 10, 2017

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

1. OUR RECORD OF YOUR HEALTH INFORMATION

Each time you receive services, a record of your visit is made. This record may describe your condition, diagnoses, treatments and/or a plan for future care. Health information such as test results, medications and information obtained by your provider will be recorded.

2. WHEN WE NEED YOUR WRITTEN PERMISSION TO USE AND DISCLOSE YOUR HEALTH INFORMATION

We must obtain your written authorization for uses and disclosures of your health information, except as described below in this Notice.

We must, for example, obtain your written authorization for certain uses and disclosures involving the sale of your health information or for any use or disclosure of your health information for marketing purposes.

3. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS WITHOUT YOUR WRITTEN AUTHORIZATION

We may use or disclose your health information without your written authorization for the purposes of treatment, payment and health care operations. Examples of such uses are as follows:

Treatment – to provide, manage and coordinate your health care. Your treatment could also involve disclosing information to other providers such as a referring health care provider or other health care providers involved in your care for the purpose of providing you excellent, coordinated care; sending you appointment reminders; contacting you about your care and treatment choices, or telling you about services that may interest you.

HIPAA Notice of Privacy Practices

Payment – to obtain payment and determine health insurance eligibility. We may tell your health plan about treatment or services that may require its prior approval.

Health Care Operations – to assess the quality of care we provide, to improve our services, to train our staff and students, and to manage our operations and services. We may also use your health information without your written authorization to contact you for fundraising, but you have the right to opt out of receiving such communications.

4. WE MAY BE PERMITTED OR REQUIRED TO USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

We are also permitted or required to use your health information or disclose your health information to others without your written authorization as:

- To avert a serious threat to health or safety to you or to others.
- Within GDSM Dental Treatment Centers and to business associates as needed for assistance with our operations, subject to protections for your health information.
- For research preparation and research that has been granted a HIPAA waiver of authorization from the Institutional Review Board.
- Incidental to a use or disclosure otherwise permitted or required.
- If we are required by law to disclose your health information, such as when we have reason to suspect abuse or neglect of children, elders or disabled persons.
- For public health activities, such as reporting infectious diseases to boards of health, births or deaths or reactions to vaccines or medical devices to the FDA.
- For federal and state health oversight activities such as fraud investigations.
- As authorized by and necessary to comply with workers' compensation law or similar programs if you are injured or become ill at work.
- In judicial or administrative proceedings, pursuant to, for example, a subpoena, court order, or other lawful process.
- To coroners, medical examiners and funeral directors.
- To organ, eye or tissue donation programs involving decedents.

HIPAA Notice of Privacy Practices

- To law enforcement officials in limited circumstances.
- To the Secretary of Health and Human Services, if it conducts an investigation to determine our compliance with HIPAA.
- For specialized government functions such as national security or intelligence inquiries.
- To a correctional institution if you are an inmate.
- Unless you object, to family and friends involved in your care if, in our professional judgment, it is in your interest for us to disclose information directly relevant to that person's involvement with your care.
- Unless you object, to a family member, personal representative, or person responsible for your care in order to notify them of your location, general condition, or death.
- Unless you object, to public or private entities for disaster relief efforts.
- Otherwise, as required or permitted by HIPAA and all other applicable laws.

We are also subject to state and federal laws that give special protection to certain types of health information, and we will comply with these laws if applicable. These laws relate to:

- HIV/AIDS testing or test results,
- Genetic testing and test results,
- Information about sexually transmitted diseases,
- Substance abuse and rehabilitation treatment information, and
- Sensitive information such as sexual assault counseling records or communications between you and a social worker, psychologist, psychiatrist, psychotherapist or licensed mental health nurse clinical specialist.

5. YOUR RIGHT TO INSPECT AND RECEIVE COPIES OF YOUR HEALTH INFORMATION AND TO REQUEST THAT WE RELEASE YOUR HEALTH INFORMATION TO OTHERS.

You have the right to inspect and receive copies of your health information in our health records and to request that we release a copy of this health information to others. A modest fee may be charged. Please speak to your clinician if you have questions about making a request. Your request may be denied in whole or in part when the following circumstances exist:

HIPAA Notice of Privacy Practices

- Information compiled in anticipation of or use in a civil, criminal or administrative action or proceeding.
- Health information created or obtained in the course of research, while the research is in progress.
- Health information that we obtained from someone other than a health care provider under a promise of confidentiality if the access requested would be reasonably likely to reveal the source of the information.
- Health information that is reasonably likely to endanger the life or physical safety of you or another person.
- Health information by your personal representative if in our judgment such access is reasonably likely to cause substantial harm to you or another person.

We retain our health records for 20 years from the date of final treatment.

6. YOUR ADDITIONAL RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- Receive a copy of their Notice of Privacy Practices upon request.
- Inspect and obtain a copy of your health record.
- Request, in writing, that we restrict how we use or disclose your health information. For example, you may request us not to disclose health information to a health plan for payment pertaining to items or services for which we have been paid in full by you or a person other than the health plan.
- Revoke, in writing, any authorization you have given to disclose your information; but we won't be able to take back information we have already disclosed.
- Request a confidential and/or alternate modes of communication.
- Request in writing an amendment to the information in your health record.
- Request in writing and receive an accounting of the disclosures we have made of your health information, except for disclosures to you, disclosures you authorized, and disclosures that are permitted or required without your authorization.
- Make a complaint about our privacy practices.
- In the event of a breach of your unsecured protected health information, to receive notification of the breach.

HIPAA Notice of Privacy Practices

7. OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy of your health information.
- Provide you this Notice of your rights and our duties and our privacy practices.
- Abide by the terms of our Notice of Privacy Practices as currently in effect.
- Notify you following a breach of your unsecured protected health information.
- Notify you if we are unable to continue to comply with your restriction request.

We reserve the right to change our privacy practices and this Notice and to make the new practices effective for all your health information including information we already have about you. The revised Notice will be posted on our website and made available at our treatment site.

8. TO EXERCISE YOUR RIGHTS OR FILE A COMPLAINT

If you have questions about this Notice, would like to exercise your rights, or wish to file a formal complaint regarding the privacy of your health information, please contact: **BU HIPAA Privacy Officer, at 617-358-3124 or via electronic mail to HIPAA@BU.EDU.**

If you believe your privacy rights have been violated, you may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. The mailing address is:

Centralized Case Management Operations,
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201.

You will not be penalized or subject to retaliation for filing a complaint.

Notice of Nondiscrimination

Boston University Henry M. Goldman School of Dental Medicine (GSDM) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). GSDM does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

GSDM:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Patient Relations in the Office of Clinical Affairs at 617-358-3320.

If you believe that GSDM has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

Kathryn A. Mulligan, Associate Director of Quality Management and Compliance
Boston University Henry M. Goldman School of Dental Medicine
635 Albany Street, Boston, MA 02118
617-358-6100 | GSDMComp@bu.edu

You can file a grievance in person or by mail, phone, or email. If you need help filing a grievance, Kathryn A. Mulligan, Associate Director of Quality Management and Compliance is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Interpretive Services

Henry M. Goldman School of Dental Medicine

You have the right to an interpreter at no cost to you.
Please find a Boston University staff member for further assistance.

Arabic	Boston «بحق لك الحصول على مترجم فوري دون أي تكلفة، يرجى التواصل مع أحد أعضاء فريق العمل لدى University للحصول على المزيد من المساعدة»
Chinese (Traditional)	「您有權要求口譯人員提供協助，而且無需支付任何費用。請洽詢 Boston University 職員以取得進一步的協助。」
French (France)	« Vous avez droit à un interprète, gratuitement. Veuillez contacter un membre du personnel de Boston University pour une aide supplémentaire ».
Greek	«Έχετε δικαίωμα να ζητήσετε διερμηνέα χωρίς να υπάρξει κάποια οικονομική επιβάρυνση. Απευθυνθείτε σε ένα μέλος του προσωπικού του Boston University για περισσότερες λεπτομέρειες.»
Gujarati	“તમને દુભાષિયાની સેવાઓ નિ:શુલ્ક પણે મેળવવાનો અધિકાર છે. કૃપા કરીને વધુ સહાયતા માટે Boston Universityના કોઈપણ સ્ટાફના સભ્યનો સંપર્ક કરશો.”
Haitian Creole	“Ou gen dwa pou jwenn yon entèprèt gratis. Tanpri mande yon manm ekip Boston University pou ba ou lòt ed.”
Hindi	“आपको कोई मूल्य दिए बिना दुभाषिए का अधिकार है। आगे और सहायता के लिए Boston University के स्टाफ के किसी सदस्य को ढूँढें।”
Italian	“Ha diritto a un servizio di interpretariato gratuito. Per maggiori informazioni, contatti il personale della Boston University.”
Khmer	“លោកអ្នកមានសិទ្ធិទទួលបានការបកប្រែដោយឥតគិតថ្លៃ។ សូមស្វែងរកបុគ្គលិកសាកលវិទ្យាល័យ Boston University សម្រាប់ជំនួយបន្ថែម។”
Korean	“귀하에게는 무료로 통역사를 이용할 권리가 있습니다. 추가로 도움이 필요하시면 Boston University 직원에게 문의하십시오.”
Polish	„Masz prawo do bezpłatnej pomocy tłumacza. Zwróć się do członka personelu Boston University w celu uzyskania dalszej pomocy”.
Portuguese (Portugal)	“Tem direito a um intérprete sem quaisquer encargos para si. Para obter mais informações, contacte um funcionário da Boston University.”
Russian	«Вы имеете право на бесплатные услуги переводчика. Обратитесь к сотруднику Boston University для получения дальнейшей помощи.»
Spanish (US)	“Usted tiene derecho a contar con un intérprete de forma gratuita. Por favor busque a un miembro del personal de Boston University para obtener más ayuda”.
Vietnamese	“Bạn có quyền có một thông dịch viên miễn phí cho mình. Vui lòng tìm một cán bộ nhân viên của Boston University để được hỗ trợ thêm.”

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 635 Albany Street
 Boston, MA 02118
 617-358-8300



Boston University Medical Campus Map

