



**Boston University** 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. The Center meets or exceeds 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), most full and partial dentures, and simple implants are seen in the Predoctoral Patient Treatment Center, where dental students provide quality care 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 in the postdoctoral specialty clinics 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 healthcare that is respectful of and responsive to individual patient preferences, needs and values, and ensures that these helps guide clinical decisions for and by the patient.<sup>1</sup>

What does “comprehensive” mean? This means that the school’s philosophy is to provide total oral healthcare 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.<sup>2</sup>

*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 healthcare needs of patients match the educational needs of students/residents, individuals seeking care in the school will be screened to determine the complexity of their treatment needs and the appropriateness of receiving care at the school. If the individual meets the educational mission of the school, they will be assigned either to a predoctoral (i.e., “student”) clinic or to a postdoctoral (i.e., “resident”) clinic. Such an assignment is based on patient’s needs as well as on the school’s ability to accommodate the patient’s stage of life, language, special needs, or other unique considerations. While we expect excellent treatment outcomes, no guarantees are offered, express or implied, concerning the results of care received. 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. What’s more, the dental school can’t guarantee patients that one student/resident dentist will complete all of their treatment within a school year. Another student/resident may need to complete the patient’s treatment in a subsequent year. In these ways, the school demonstrates its commitment to realizing the mutual goals of our patients and our students/ residents.

<sup>1</sup> 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.

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

# Your First Appointment

During your first appointment in the predoctoral treatment center, you will register, complete forms, and receive a dental and oral examination. If you need radiographs (X-rays), the student dentist will take digital radiographs. Please bring any other pertinent medical information to facilitate your dental treatment. This initial visit will likely take three hours.

If you have had radiographs taken within the last year, make sure GSDM has received them prior to the appointment, or bring them with you to your first appointment so the radiology staff can evaluate their diagnostic value.

During this initial visit, it will be determined if you are a teaching case for the school. Based on the complexity of the treatment, you will be assigned to a student and a Group Practice, or to a specialty clinic. At your next visit, the student and their supervising faculty member will finalize a treatment plan, and in most cases, you will also have your teeth cleaned.

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

# Urgent Care Services

## URGENT DENTAL CARE

The goal of urgent care dental treatment is to help alleviate pain and deal with acute problems such as infection and trauma. For emergency dental treatment, please call 617-358-8300 to inquire about hours of service. For any follow-up 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 an existing patient of record at GSDM and have a dental emergency when the Urgent Care Center is closed, please call 617-358-0190.

## IMPORTANT NUMBERS

**Urgent  
dental care**  
**617-358-8300**

**After-hours  
emergency**  
**617-358-0190**

# Specialty Services

**In addition to basic dental procedures, we offer care in the following areas:**

## **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 (TMD), and craniofacial 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 18

## **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

Dental care services offered by GSDM cost considerably less than services provided by most local private practices. Fees for comprehensive care and specialty treatment areas are different, and the total cost of your treatment plan can be discussed with your provider. Payment for all out-of-pocket costs is expected when services are rendered; we accept cash, personal checks, VISA, MasterCard, American Express, and Discover.

We currently participate within the Approved Network of Providers for the following insurances: Delta Dental PPO/Premier, Blue Cross Blue Shield, MassHealth, Commonwealth Care Alliance, Tufts Senior Care Option, Senior Whole Health, and BMC HealthNet Plan Senior Care Option. If you have one of these insurances, you will only be responsible for paying the percentage of fees not covered by your specific plan.

If you have another insurance plan, please verify with your company to see if it will accept GSDM as your provider. In these instances, where GSDM is an “out-of-network provider,” we will require full payment at the time of treatment; we will then aid you in submitting the appropriate insurance claim form.

For more information regarding fees and financial policies, inquire at Patient Financial Services on 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, to stay for the entire three-hour clinic appointment, and to give at least 48-hours’ notice when cancelling appointments. Arriving more than 15 minutes late for your appointment may result in it being rescheduled. Multiple missed appointments or late arrivals may result in dismissal from our clinic.

## 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.

# Payment & Additional Info

## 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 at a discounted rate in the parking garage at 710 Albany Street, diagonally across from GSDM.

## 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 streets, located at 635 Albany Street.

# Public Transportation

## 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](http://www.mbta.com), or by calling the MBTA at 617-222-3200.

# Patient Rights & Responsibilities

**As a patient at GSDM, you have the right to:**

## **Care and Treatment**

- Prompt, life-saving treatment in the event of a dental emergency, without discrimination or delay because of your economic status or how you will pay.
- Refuse to serve as a research subject.
- Refuse any care or examination when the primary purpose is educational or informational rather than therapeutic.
- If you are refused treatment for economic status or lack of a source of payment, assistance in transferring your care to a facility that agrees to treat you.
- Refuse to be examined, observed, or treated by students or any other staff member.
- Except in an emergency, choose an available facility and physician, and the type of health service for your care, provided the facility, physician, or health service is able to accommodate you.

## **Communication**

- Obtain a copy of GSDM's rules and regulations relating to patient conduct.
- Obtain the name and specialty of those providing care to you upon request.
- Obtain information about the relationship of GSDM and your treating providers with any other healthcare facility or educational institution, as it relates to your care, upon request.
- Receive information necessary to make an informed decision about the recommended procedure/treatment (including benefits, risks, and available alternatives), to the extent provided by law.
- Have reasonable requests responded to promptly and adequately within GSDM's capacity.

## **Privacy and Confidentiality**

- Privacy during treatment and rendering of care.
- Confidentiality of your records and communications to the extent provided by law.

## **Medical Records and Financial Information**

- Inspect and get a copy of your medical records, upon request.
- Receive an itemized bill (regardless of the sources of payment) upon request and have a copy sent to the provider responsible for your care at GSDM.
- Obtain information regarding any financial assistance or free health care, if any, upon request.

# Patient Rights & Responsibilities

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

**1. Teaching Institution.** I am responsible for understanding that GSDM is a teaching institution. 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 GSDM's educational mission.

**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. In addition, I am responsible for notifying GSDM of any changes during the course of my treatment to my insurance and my medical history.

**3. Keeping Appointments.** I am responsible for arriving promptly for my scheduled appointments, and for remaining for the entire duration of the appointment. I am responsible for telephoning at least 48 hours in advance if I cannot keep a scheduled appointment.

**4. 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 that I agreed to with my provider to maintain continued care and being compliant to the instructions I am given. I am responsible for any follow-up communication and scheduling for my continued treatment.

**5. Conduct.** I am responsible for behaving respectfully and with courtesy toward other patients and toward all students, faculty, and staff of GSDM. My behavior will not be disruptive or threatening. I will respect the physical property of GSDM. I understand that my care may be discontinued if I display or use inappropriate behavior or language.

**6. Prohibited Behaviors.** I will not smoke or use alcohol or drugs in and around the GSDM facility. I will not bring weapons into any GSDM facility.

**7. Financial Responsibility.** I understand I need to pay for my dental services, and I must state my agreement with the fees prior to signing my treatment plan. When I have signed my treatment plan, I acknowledged that changes may become necessary

# Patient Rights & Responsibilities

during the course of treatment and, if that is the case, my provider will explain these changes to me including any change in cost. I am responsible for payment at the time of treatment. If I have dental insurance that GSDM are in contract with, GSDM will bill my insurance company, and I will pay all applicable co-payments, co-insurances, at the time of service. I will also be responsible for any fees that my insurance company doesn't pay. GSDM is not responsible for monitoring my insurance coverage. If I do not have dental insurance, or if my insurance does not cover the services listed in my treatment plan, I will pay in full for services at the time of treatment. I acknowledge that the Fee Estimate is an estimate only, and my final fees for this treatment may be different. Any changes in my treatment may change the amount of fees I will owe. The fee estimate is based on the GSDM fee schedule currently in effect. That fee schedule may change annually and that may affect the final amount due for my treatment. If I have questions about the fees during my treatment, I will talk to my provider or a Patient Care Coordinator. If I fail to pay fees as they are due, I understand that GSDM may discharge me as a patient.

**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. (The Pediatric and Orthodontic departments have discretion to make exceptions.)

**9. Cell Phones.** I am responsible for setting my cell phone and any other personal electronic devices to silent or vibration mode at all times when I am in the patient treatment center. I will exercise common courtesy while using the cell phone in patient waiting areas. I will not take videos, pictures, or audio recordings anywhere in the school or Patient Treatment Center.

**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

## **Notice Informing Individuals and Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement: Discrimination is Against the Law.**

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 (including limited English proficiency and primary language), age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR §92.101(a)(2)). GSDM does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

### **GSDM:**

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, please call 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, you can file a grievance with the section 1557 Coordinator in person or by mail, phone, or email at:

### **Office of Quality Management and Compliance**

Boston University Henry M. Goldman School of Dental Medicine  
635 Albany Street, Clinical Affairs Suite 345  
Boston, MA 02118  
Phone: 617-358-6100  
Email: GSDMComp@bu.edu

If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

# Notice of Nondiscrimination

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> .

The notice is available at GSDM's website: <https://www.bu.edu/dental/patient-care/notice-of-nondiscrimination/>.

# 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 υπαρξεί κάποια οικονομική επιβάρυνση. Απευθυνθείτε σε ένα μέλος του προσωπικού του Boston University για περισσότερες λεπτομέρειες.»
Gujarati	"તમને દુભાષિયાની સેવાઓ બિ:શુલ્ક પછે 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	"សេវាកម្មអនុវត្តន៍ប្រយោជន៍ប្រដាប់ប្រយោជន៍ឥតគិតថ្លៃ។ សូមស្វែងរកមនុស្សសហការណ៍ណាមួយរបស់ 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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**Boston University Medical Campus Map**

