



Dental Health Center



Patient Guide

MARCH 2026

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Welcome

WELCOME

Welcome to the Boston University Dental Health Center, where we combine knowledge with experience and use the latest technologies to deliver comprehensive dental care with the highest standards of excellence.

Located on Boston University's Charles River Campus, our 930 Commonwealth Avenue Center features a newly expanded treatment facility that includes a state of the art oral surgery suite, as well as CAD/CAM technology and digital X-rays in each operator. This Center is also a multi-specialty practice, employing dental professionals who are trained in orthodontics, periodontics, pediatric dentistry, implantology, oral surgery, endodontics, prosthodontics, and general dentistry.

The Center adheres to strict infection control practices; instruments used in patient care are autoclave-sterilized. We are licensed by the Massachusetts Department of Public Health. All facilities are designed to accommodate most people with disabilities.

YOUR FIRST APPOINTMENT

As a new patient we will need to register you and schedule a comprehensive exam (including any necessary X-rays).

To schedule this first visit, please call 617-358-1000 after 7:30 a.m., Monday through Friday.

On the day of your first appointment please bring your dental insurance card (if necessary) and arrive 15 minutes early to ensure you have enough time to fill out the required paperwork. If available, also bring your dental records and X-rays from your previous dentist. After the comprehensive exam, we would be more than happy to schedule the cleaning appointment.

Services

IMPORTANT NUMBERS

To make an appointment
617-358-1000

Urgent dental care
617-358-1000

(during business hours)

After-hours emergency
617-358-0190

The following is a list of services provided at the Dental Health Center.

URGENT DENTAL CARE

If you need urgent dental care during our business hours, please call our regular number, listed at left.

AFTER-HOURS EMERGENCY COVERAGE

After-hours emergency care is provided by the Dental Health Center located at 635 Albany Street, in Boston's South End. Call 617-358-0190.

CLEANINGS & PREVENTION

Dental Exam

A comprehensive dental exam will be performed by your dentist at your initial visit. At regular check-up exams, your dentist and hygienist will include the following:

- Examination of diagnostic X-rays
- Oral cancer screening
- Gum disease evaluation
- Examination of tooth decay
- Examination of existing restorations

Professional Dental Cleaning

Professional dental cleanings are usually performed by registered dental hygienists or dentists. Your cleaning appointment will include a dental exam and the following:

- Removal of calculus (tartar)
- Removal of plaque
- Teeth polishing

Services

Digital X-rays

Digital X-rays are essential, preventative, diagnostic tools that provide valuable information not visible during a regular dental exam. Dentists and dental hygienists use this information to safely and accurately detect hidden dental abnormalities and complete an accurate treatment plan.

Fluoride Treatment, Sealants, and Home Care

Your dentist or dental hygienist may also recommend the use of home and/or professional fluoride treatments and sealants. Your personal home care is also an important part of your oral health. Good personal home care starts by eating balanced meals, reducing the number of snacks you eat, and correctly using various dental aids that help control the plaque and bacteria that cause dental disease.

COSMETIC DENTISTRY

Thanks to the advances in modern cosmetic dentistry, we are able to improve our teeth and smiles with quick, painless, and surprisingly affordable treatments. Cosmetic dentistry options available at the Center include porcelain veneers, inlays, onlays, crowns, and fixed bridges, as well as tooth whitening, tooth-colored fillings, and dental implants.

PERIODONTAL DISEASE

Periodontal disease attacks the gums and bones that support teeth. It is characterized by red, swollen, and bleeding gums. Periodontal treatment methods depend upon the type and severity of the disease. Your dentist and dental hygienist will evaluate for periodontal disease and recommend the appropriate treatment, if necessary.

RESTORATIONS

Through improved techniques and modern technology, we are now able to offer more options for restoring a tooth back to its normal shape, appearance, and function. Restorative options offered by the Center include root canal therapy, dental implants, inlay and onlay restorations, tooth-colored fillings, crowns, complete and partial dentures, and fixed bridges.

Services

Should your teeth ever require a restorative treatment, we will always discuss with you the available options, and recommend what we believe to be the most comfortable and least invasive treatment. Providing you with excellent care is our number one priority when creating your beautiful smile.

ORTHODONTICS

The benefits of orthodontic treatment (braces) often go beyond the obvious physical changes of an improved bite and straighter teeth; it's also a great way to improve a person's overall self-image.

With all of the recent advancements in orthodontics, wearing braces has never been easier. State-of-the-art appliances and treatments are now available, from traditional metal braces, to clear and tooth-colored brackets, to NASA type wires that are heat activated and require fewer adjustments! Some patients may even be candidates for treatment with Invisalign®, a revolutionary way to straighten teeth using clear, retainer-type aligners that require no braces or wires.

ORAL & MAXILLOFACIAL SURGERY

Oral & maxillofacial surgeons are specialists with advanced training and expertise in the diagnosis and treatment of various head and neck conditions and injuries. Procedures performed by the Center's surgeons include bone grafting, dental implants, treatment of impacted canines, and wisdom teeth extractions.

Payment & Additional Info

The Center offers reasonable rates, often well below what is customary in the Boston area. A pre-treatment estimate will be provided at the time of your comprehensive exam or when your treatment plan has been finalized.

The Center is the primary provider for the BU Dental Health Center Plan and the Dental Blue Freedom Plan. We also accept Blue Cross Blue Shield of Massachusetts and Delta Dental Premier. Participants of other dental plans can be treated at the Center but will be required to pay for services at the time of service and obtain reimbursement from their dental plan provider.

Co-pays and/or other payment is expected at the time of service. The Center accepts cash, check, Visa, MasterCard, and Discover.

KEEPING YOUR APPOINTMENTS

Your decision to come to the Center for treatment implies a commitment to arrive for appointments on time and to give at least 24-hour notice when cancelling appointments. If you will be more than 15 minutes late for an appointment that is one hour or less, the appointment may need to be rescheduled. If you will be more than 15 minutes late and your appointment is longer than one hour, it will be up to the discretion of the provider. To notify us that you will be late, please call 617-358-1000.

HOURS

Monday	7:30 a.m. – 7 p.m.
Tuesday	7:30 a.m. – 5 p.m.
Wednesday	7:30 a.m. – 7 p.m.
Thursday	7:30 a.m. – 5 p.m.
Friday	7:30 a.m. – 4 p.m.

PATIENT CONCERNS

If you have a concern about your treatment please contact our Clinic Care Supervisor at 617-358-3192.

Directions & Parking

PARKING

Validated parking is available for the garage located on Dummer St., which is parallel to Commonwealth Ave. Please bring your ticket to your appointment.

DRIVING DIRECTIONS

From the North

Take I-93 or Route 1 South to Boston. Exit onto Storrow Drive. Continue on Storrow Drive to the Kenmore Square Exit. At the first set of lights, turn right onto Beacon St. Bear right at the far end of Kenmore Square onto Comm. Ave. Turn left onto Pleasant St. (entrance is located on Pleasant St.).

From the South

Take I-93 Route 3 (Southeast Expressway) North to Boston. Exit onto Storrow Drive. Continue on Storrow Drive to the Kenmore Square Exit. At the first set of lights, turn right onto Beacon St. Bear right at the far end of Kenmore Square onto Comm. Ave. Turn left onto Pleasant St. (entrance is located on Pleasant St.).

From the West

Take the Massachusetts Turnpike (I-90) East. Take Exit 18 on the left (Brighton/Cambridge). Follow signs to Cambridge. At the second set of lights, turn right. Continue on Storrow Drive to the Kenmore Square Exit. At the first set of lights, turn right onto Beacon St. Bear right at the far end of Kenmore Square onto Comm. Ave. Turn left onto Pleasant St. (entrance is located on Pleasant St.).

PUBLIC TRANSPORTATION

Two regular bus routes (Bus # 47 and 57) and one Crosstown (CT) express bus route (Bus CT2) serve the Center. The Green Line B train also serves the Center. Pleasant Street is the closest stop.

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, 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. 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.

2. Keeping Appointments. I am responsible for arriving promptly for my scheduled appointments, and for and 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.

3. 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.

4. 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.

5. 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.

6. 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 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

Patient Rights & Responsibilities

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.

7. 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).

8. 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

NOTICE OF PRIVACY PRACTICES FOR BU HEALTHCARE PROVIDER HIPAA COVERED COMPONENTS

Effective Date: February 16, 2026

THIS NOTICE OF PRIVACY PRACTICES (“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.

If you have any questions about this Notice, please contact:

Name: Jessica Captain Novick

Title: BU Chief Health Privacy Officer

Email: HIPAA@bu.edu

Telephone: 617.358.3124

SECTION A: WHO WE ARE

This Notice describes the privacy practices for the BU Healthcare Provider HIPAA Covered Components (the “BU HIPAA Providers”), which are as follows:

- **Boston University Henry M. Goldman School of Dental Medicine**
635 Albany Street, Clinical Affairs Suite 345, Boston, MA 02118
HIPAA Contact: Office of Quality Management and Compliance at
GSDMComp@bu.edu or (617) 358-6100

Our employees, volunteers, students, and other health care professionals must comply with this Notice.

SECTION B: OUR PLEDGE REGARDING PHI

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires that we protect the privacy of your health information, known as, “protected health information” or “PHI,” and we are committed to doing so. We create a record of the care and services you receive, so we can provide you with quality care and comply with certain legal requirements.

HIPAA Notice of Privacy Practices

This Notice applies to all of the records of your care generated or maintained by any of our BU HIPAA Providers. This Notice will tell you about the ways in which we may use and disclose your PHI. This Notice also describes your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to:

- maintain the privacy of PHI about you, consistent with the requirements of HIPAA;
- give you this Notice of our legal duties and privacy practices with respect to your PHI;
- follow the terms of the Notice that is currently in effect; and
- notify you in the event there is a breach of your unsecured PHI.

We know this Notice is long, but the law requires us to describe in detail the ways that we may use and disclose your PHI, as well as your legal rights and our legal duties with respect to PHI.

SECTION C: HOW WE MAY USE AND DISCLOSE YOUR PHI

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Please be aware that PHI disclosed pursuant to this Notice may be redisclosed by the recipient and may no longer be protected by HIPAA, other federal privacy laws, or applicable state laws.

We May Use And Disclose Your PHI For Treatment, Payment, Or Health Care Operations Without Your Written Authorization

The following categories describe the different ways we may use and disclose PHI without your authorization for treatment, payment, or health care operations:

HIPAA Notice of Privacy Practices

- **Treatment.** To provide, coordinate, or manage, your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your healthcare with others. In addition, we may use and disclose PHI about you when referring you to another health care provider. For example, we may send a report about your care from us to a physician that we refer you to so that the other physician may treat you. We also may disclose your PHI for the treatment activities of another health care provider. We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care with us. We also may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Payment.** To bill or collect payment or determine health insurance eligibility. For example, we may give your health plan information about a medical procedure that we performed for you, so your health plan will pay us or reimburse you for the procedure. We also may tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.
- **Health Care Operations.** To operate. These uses and disclosures are necessary to run our operations and to make sure that all of our patients receive quality care. For example, we may use PHI to evaluate the performance of our staff in caring for you. We may combine PHI to decide what additional services we can offer, what services are not needed, and whether certain new treatments are effective. We may use or disclose PHI to an outside organization that evaluates, certifies, or licenses health care providers or staff. We may disclose information to other medical institutions for review and learning purposes.
 - **Fundraising.** We may contact you as part of our fundraising efforts. Our fundraising communications will include information about how you may opt out of future fundraising communications. If we intend to use or disclose substance use disorder treatment records subject to 42 C.F.R. Part 2 (“Part 2 Records”) for fundraising, we will provide you with an opportunity to elect not to receive any fundraising communications prior to using Part 2 Records for fundraising purposes.

HIPAA Notice of Privacy Practices

- **Business Associates.** We may disclose your PHI to our business associates (and our business associates may disclose your PHI to their subcontractors) so that they can perform the job we have asked them to do. However, we require our business associates and their subcontractors to appropriately safeguard your information. Examples of such services are answering services, transcriptionists, billing services, and consultants.
- **Organized Health Care Arrangement.** We may disclose PHI for the health care operations activities of an organized health care arrangement (“OHCA”), in which we may participate. An example of an OHCA is the joint care provided by a hospital and the doctors who see patients at the hospital.

We Are Permitted Or Required To Use or Disclose Your PHI Without Your Written Authorization Or The Opportunity To Agree Or Object

We are permitted or required to use your health information or disclose your health information to others without your written authorization or the opportunity to agree or object, as follows:

- **Required by Law.** When required by federal, state, or local law and the use or disclosure complies with and is limited to the relevant requirements of such law.
- **Public Health Activities.** For public health activities under certain circumstances, such as preventing disease, helping with product recalls, and reporting adverse reactions to medications.
- **Victims of Abuse, Neglect or Domestic Violence.** To a government authority if we reasonably believe you to be a victim of abuse, neglect, or domestic violence.
- **Health Oversight Activities.** To a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure or disciplinary actions.

HIPAA Notice of Privacy Practices

- **Judicial and Administrative Proceedings.** To a court or administrative order or in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. Provided, however, in no event will we use or disclose your Part 2 Records, or testimony that describes the information contained in your Part 2 Records, in any civil, criminal, administrative, or legislative proceedings by any federal, state, or local authority, against you, unless authorized by your consent or a court order after you are provided notice of the court order and the opportunity be heard.
- **Law Enforcement Purposes.** To law enforcement officials for a law enforcement purpose in limited circumstances.
- **Coroners, Medical Examiners and Funeral Directors.** To a coroner or medical examiner or to funeral directors as necessary to carry out their duties
- **Cadaveric Organ, Eye or Tissue Donation Purposes.** To organizations that handle organ procurement or organ, eye, or tissue transplantation.
- **Prevent a Serious Threat to Health or Safety.** To prevent a serious threat to your health or safety, or the health or safety of the public or another person
- **Specialized Government Functions.** For military, national defense and security, and other special government functions and to a correctional institution if you are an inmate.
- **Workers' Compensation.** For workers' compensation or similar programs.
- **Research.** For research preparation and research that has been granted a HIPAA waiver of authorization from the Institutional Review Board or when certain requirements of the law are met; otherwise, a written authorization is required for research.

We Can Use And Disclose PHI Without Your Written Authorization, But You Have The Opportunity To Agree Or Object

We are permitted to use or disclose your health information to others without your written authorization, but you have the opportunity to agree or object, as follows:

- **Individuals Involved in Your Care or Payment for Your Care.** To your family member, close friend, or any other person involved in your care.
- **Disaster Relief Purposes.** To a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

HIPAA Notice of Privacy Practices

- **Directory.** Limited information about you in our facility directory (if one exists).

We Are Subject To Federal And State Laws That Give Special Protection To Certain Types Of Highly Confidential PHI

There are federal and state laws that give special protection to certain types of highly confidential health information, and we will comply with these laws if applicable. This includes:

- **Part 2 Records.** If you provide a general consent to a substance use disorder treatment program that is covered by 42 C.F.R. Part 2 ("Part 2 Program") to allow us to receive or maintain your Part 2 Records for purposes of treatment, payment, or health care operations, we can use and disclose your Part 2 Records for treatment, payment, or health care operations, and as otherwise provided without written authorization, as described in this Notice, without your additional consent. If we receive or maintain your Part 2 Records through a specific consent you provide to us or another third party, we will use and disclose your Part 2 Records only as expressly permitted by you in your consent. If we do not have consent, we will not be able to use or disclose your Part 2 Records, except in very limited situations pursuant to the law, like a medical emergency.
- **Other Highly Confidential Health Information.** HIV/AIDS testing or test results, genetic testing and test results, information about sexually transmitted diseases, information related to diagnosis or treatment of pregnancy, sensitive information such as sexual assault, human trafficking, or domestic violence counseling records or communications between you and a social worker, psychologist, psychiatrist, psychotherapist or licensed mental health nurse clinical specialist, and psychotherapy notes or counseling notes from a Part 2 Program ("SUD counseling notes") generally require your written consent for use or disclosure. However, there are limited circumstances under the law when this information may be released without your consent. For example, certain sexually transmitted diseases must be reported to the Massachusetts Department of Health.

There Are Situations that Require a Written Authorization To Use or Disclose Your PHI

We may not use or disclosure PHI about you without your written authorization in the following situations:

HIPAA Notice of Privacy Practices

- **Marketing.** For solicitation or marketing the sale of goods or services (not including a face-to-face communication or a promotional gift of nominal value).
- **Sale of PHI.** In connection with a sale of PHI, as defined in HIPAA.
- **Other Uses and Disclosures Not Described in this Notice.** For other uses and disclosures of PHI not described in this Notice.

If you provide us with written authorization, then we may make these types of uses and disclosures of PHI. Any written authorization you give us for such purposes may be revoked by you at any time, except if we have already acted based on it.

SECTION D: YOUR RIGHTS REGARDING PHI ABOUT YOU

You have the below rights regarding PHI we maintain about you. Please contact the HIPAA Contact at the applicable BU HIPAA Provider to obtain a copy of the relevant form you will need to make your request to exercise such rights. You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of their authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. We retain discretion to deny a personal representative access to your PHI to the extent permissible under applicable law.

- **Right to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care, excluding psychotherapy and SUD counseling notes. We may deny your request to inspect and copy PHI in certain circumstances. If you are denied access to PHI, in some cases, you may request that the denial be reviewed. A modest fee may be charged if you request a copy of the information. Please speak to your clinician or the HIPAA Contact at the applicable BU HIPAA Provider if you have questions about making a request.
- **Right to Amend.** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information by submitting your request in writing to the HIPAA Contact at the applicable BU HIPAA Provider. We may deny your request if it is not in writing with a supporting reason or we believe the information you wish to amend is accurate and complete, the PHI was not created by us, or other special circumstances apply.

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- **Right to an Accounting of Disclosures.** You have the right to request a record of certain non-routine disclosures we made about you that were not for a treatment, payment or operations purpose. Disclosures to you, disclosures you authorize, and disclosures that are permitted or required without your authorization will not be included. Your request must be in writing to the HIPAA Contact at the applicable BU HIPAA Provider. The period may not exceed 6 years from the date of the disclosure or include any dates prior to April 14, 2003. The first list you request within a twelve (12) month period will be free. We may charge you for the costs of providing additional lists.
- **Right to Request Restrictions.** You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment, or health care operations or to someone who is involved in your care (for example, a family member or friend). Your requested restriction must be in writing to the HIPAA Contact at the applicable BU HIPAA Provider. Generally, we are not required to agree to your request, but if we do agree, we will comply with your request unless otherwise required by law, in emergencies, or when the information is necessary for treatment. We also will not deny your request to restrict disclosure to a health plan: if it is for purposes of carrying out payment or health care operations and is not otherwise required by law; or the information pertains solely to a health care item or service for which we have been paid out of pocket in full.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You must make your request in writing to the HIPAA Contact at the applicable BU HIPAA Provider.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Please contact the HIPAA Contact at the applicable BU HIPAA Provider to obtain a paper copy of this Notice.
- **Right to Receive Notice of a Breach.** We are required to notify you after a breach of your unsecured PHI has occurred.

HIPAA Notice of Privacy Practices

- **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a written complaint with us by contacting the HIPAA Contact at the applicable BU HIPAA Provider or the Chief Health Privacy Officer identified on the first page of this Notice. You may also wish to file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services, which can be done online here: <https://www.hhs.gov/ocr/complaints/index.html>. **You will not be penalized for filing a complaint.**

SECTION E: RECORD RETENTION

We keep your medical record for 20 years after your discharge or final treatment. Other types of records are kept for the periods required by applicable law. Our internal policies govern the secure retention and destruction of records. A copy of our record retention policy is available upon request.

SECTION F: CHANGES TO THIS NOTICE

We reserve the right to change this Notice. Revised Notices will be posted in our office and on our website. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. You may request a copy of the current Notice at any time.

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 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>.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-617-358-3320 or speak to your provider.

Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-617-358-3320 o hable con su proveedor.

Português do Brasil

ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência lingüística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-617-358-3320 ou fale com seu provedor.

中文

注意: 如果您說[中文], 我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務, 以無障礙格式提供資訊。請致電 1-617-358-3320 或與您的提供者討論。

Kreyòl Ayisyen

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 1-617-358-3320 oswa pale avèk founisè w la.

Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-617-358-3320 hoặc trao đổi với người cung cấp dịch vụ của bạn.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-617-358-3320 или обратитесь к своему поставщику услуг.

هذه الخدمة متاحة للأشخاص الذين يتحدثون اللغة العربية. إذا كنت تتحدث العربية، يمكنك الحصول على خدمات مساعدة مجانية. تتوفر أيضًا خدمات توفير المعلومات في صيغ سهلة الوصول مجانًا. اتصل بنا على 1-617-358-3320 أو تحدث مع مزود خدماتك.

ភាសាខ្មែរ

សេវាភាសាខ្មែរឥតគិតថ្លៃ ត្រូវបានផ្តល់ជូនដល់អ្នកនិយាយភាសាខ្មែរ។ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ ឬចង់ស្វែងយល់ព័ត៌មានបន្ថែម ទាក់ទងនឹងសេវាភាសាខ្មែរឥតគិតថ្លៃ ឬសេវាបន្ថែមដទៃទៀត យើងស្វែងយល់ជូនអ្នកឱ្យបានលម្អិត។ ទូរស័ព្ទ 1-617-358-3320 ឬទាក់ទងមេត្តាមួយនឹងមនុស្សម្នាក់ៗ ដែលអាចជួយអ្នកបាន។

Français

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-617-358-3320 ou parlez à votre fournisseur.

Italiano

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' 1-617-358-3320 o parla con il tuo fornitore.

한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 도구 및 서비스도 무료로 제공됩니다. 1-617-358-3320 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Ελληνικά

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-617-358-3320 ή απευθυνθείτε στον πάροχό σας.

POLSKI

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowo pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-617-358-3320 lub porozmawiaj ze swoim dostawcą.

हंदी

ध्यान दें: यदि आप हंदी बोलते हैं, तो आपके लिए नःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नःशुल्क उपलब्ध हैं। 1-617-358-3320 पर कॉल करें या अपने प्रदाता से बात करें।

ગુજરાતી

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય આિકઝલિરી સહાય અને એકસેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વાનિ મૂલ્યે ઉપલબ્ધ છે. 1-617-358-3320 પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

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Boston University Charles River Campus Map

