



Dental Program Policy and Procedure Manual

CATEGORY: Dental Manual- Section B
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PROGRAM/DEPARTMENT: FCHC Dental Services



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SECTION B— DENTAL INFORMED REFUSAL OF CARE AND DIAGNOSTIC IMAGING

CATEGORY: Clinical/Dental	POLICY NAME: Dental Informed Refusal of Care and Diagnostic Imaging Policy
PROGRAM/DEPARTMENT: FCHC Dental Services	BOARD APPROVED: 10/20/2026
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1. Policy

Family Centers Health Care (FCHC) Dental Services respects every patient's right to participate in decisions about dental care and to accept or refuse recommended treatment, diagnostic testing, referrals, or diagnostic imaging — including radiographs — after receiving understandable information about the benefits, risks, reasonable alternatives, and foreseeable consequences of refusal.

The right to refuse does not require FCHC to provide, or continue providing, non-emergency dental treatment that the treating dentist determines cannot be safely diagnosed, planned, performed, or monitored without essential clinically indicated information, including required diagnostic imaging. When a patient refuses clinically indicated care, treatment, or imaging, providers shall complete an informed refusal discussion, document that discussion, and determine whether continued treatment can be provided safely and within the applicable standard of care.

FCHC Dental Services follows the most current recommendations of the American Dental Association (ADA), the American Academy of Oral and Maxillofacial Radiology (AAOMR), and the U.S. Food and Drug Administration (FDA) regarding patient selection for dental radiography. Radiographic examinations shall be prescribed only when clinically indicated based on an individualized assessment of the patient, not on a fixed schedule alone.

This policy supports FCHC's obligations as a HRSA-funded Health Center Program grantee (including Federal Tort Claims Act risk management and Health Center Program Compliance Manual requirements), applicable Joint Commission patient rights and safety expectations, CDC dental infection-prevention and safe-care standards, and Connecticut dental record-keeping and records-access requirements.

2. Purpose

The purpose of this policy is to:

- Protect the patient's right to participate in decisions and to refuse recommended dental care after receiving understandable information about risks, benefits, alternatives, and consequences of refusal.
- Protect patient safety by preventing care that cannot be appropriately diagnosed, treatment planned, or monitored without essential diagnostic information.
- Establish a standardized, auditable process for documenting refusal of dental treatment, diagnostic testing, and diagnostic imaging.



- Create a uniform process for communication, clinical escalation, discharge from ongoing non-emergency dental services when appropriate, continuity of care, grievances, and quality monitoring.
- Promote compliance with current ADA, AAOMR, and FDA recommendations for dental radiography utilization.
- Support FCHC's HRSA Health Center Program requirements, FTCA risk management, Connecticut record-documentation requirements, CDC dental safe-care standards, and applicable Joint Commission patient-rights and quality expectations.

3. Scope

This policy applies to all FCHC Dental Services sites, dental providers, dental hygienists, dental assistants, patient access/registration staff, treatment coordinators, interpreters, managers, and leadership involved in dental care or patient communication. It applies to adult and pediatric patients and to legal representatives or guardians where applicable. This policy addresses refusal of dental examinations, diagnostic radiographs, periodontal evaluation, preventive care, restorative care, extractions, referrals, treatment plans, follow-up, medications, or other clinically recommended dental services, whether refused during a single encounter or through persistent refusals that affect the clinical relationship.

This policy does not replace FCHC policies governing emergency response, behavioral dismissal, nonpayment/billing and collections, sliding fee discounts, minors/guardianship, language access, patient grievances, infection prevention, privacy, or release of records. When multiple policies apply, staff must follow each applicable process and notify leadership when guidance conflicts.

4. Procedure

A. Definitions

Capacity / Decision-Making Capacity	The patient's ability to understand relevant information, appreciate the situation and consequences, communicate a choice, and reason about options. Any concern must be referred to the licensed provider and handled consistent with applicable law and organizational policy.
Clinically Required Radiograph	A dental image ordered or required by a licensed dentist after review of relevant medical/dental history, symptoms, clinical examination, disease risk, and available prior images because the image is necessary to support diagnosis, treatment planning, monitoring, or safe care.
Comprehensive Non-Emergency Dental Care	Ongoing diagnostic, preventive, hygiene, restorative, prosthodontic, endodontic, periodontal, oral surgical, or other elective dental services that require adequate diagnostic assessment and treatment planning.
Emergency or Urgent Dental Condition	A condition requiring prompt evaluation or limited intervention to alleviate acute pain, address swelling/infection, uncontrolled bleeding, trauma, or other risk of significant harm, as determined by a licensed dentist.
Informed Refusal	A voluntary decision by a patient or authorized representative to decline recommended care after the licensed provider communicates the recommendation, purpose, material risks and benefits, reasonable alternatives, and foreseeable consequences of refusing, using a manner the patient can understand.



Patient Discharge / Termination from Dental Services	The formal end of the ongoing non-emergency dental provider-patient relationship following required clinical and administrative review, written notice, continuity safeguards, information on records and referral resources, and grievance rights.
Representative	A legally authorized person permitted to make health care decisions for a patient in accordance with applicable law and FCHC policy, such as the parent/legal guardian of a minor or a properly authorized representative.

B. Patient Rights and Respectful Communication

- FCHC respects each patient's right to receive information in a language and manner the patient understands, to ask questions, to obtain a second opinion, and to accept or refuse recommended dental care.
- Refusal must not result in retaliation, disrespect, coercion, or discrimination. Staff will provide interpreter services or communication accommodations when needed and document their use.
- The right to refuse does not require FCHC to provide treatment that a licensed dentist determines cannot be safely or appropriately provided without essential diagnostic information.

C. Clinical Responsibility and Informed Refusal

- A licensed dentist is responsible for determining whether a refusal affects the ability to diagnose, treatment plan, perform, or safely monitor care. Staff may not make a clinical discharge determination independently.
- An informed refusal form supports documentation but does not replace a provider-patient discussion, assessment of understanding, or documentation in the dental record.
- A patient's signature on an informed refusal form does not waive FCHC's or the provider's duty to practice within standards of care and does not authorize unsafe treatment.

D. Financial Barriers and Access

- If refusal appears related to cost, coverage, transportation, health literacy, fear, accommodation needs, or other barriers, staff will offer appropriate support, including financial counseling/sliding fee resources when applicable, education, interpreter services, or care coordination before discharge decisions are finalized.
- A discharge under this policy must be based on inability to provide safe, clinically appropriate care after informed refusal, not on inability to pay or other protected circumstances. Any limitation based on refusal to pay is governed only by the applicable Board-approved billing and collections policy.

E. Safety and Emergency Care

- Elective or comprehensive treatment will not proceed when the treating dentist determines that the refused service or diagnostic information is required for safe treatment.
- During an approved transition period after discharge notice, the clinic will evaluate urgent dental conditions and provide limited stabilizing care within scope or make an appropriate referral, as clinically indicated. Emergency conditions will be handled consistent with FCHC emergency procedures.

F. Confidentiality, Records, and Grievances

- All refusal, discharge, communication, and grievance documentation is part of the health record and must be maintained confidentially and retrievable in the electronic health record (EHR).
- Patients discharged under this policy retain the right to request copies or transfer of their records, including available radiographs, in accordance with Connecticut and federal requirements.



- The discharge notice will state how the patient may submit a grievance or request administrative review under the FCHC patient grievance process.

G. Radiograph Clinical Safety Standard and Evidence-Based Ordering

Dental radiographs are diagnostic services that must be ordered by a licensed dentist based on clinical need. The dentist will consider the patient's medical and dental history, symptoms, clinical findings, caries and periodontal risk, age/development when relevant, treatment needs, available prior diagnostic images, and whether the expected diagnostic benefit justifies exposure, consistent with ADA, AAOMR, and FDA guidelines.

Radiographs will not be ordered solely for administrative convenience or solely because time has elapsed without a dentist's clinical assessment. The dentist may accept usable recent images from another provider or document why imaging is not indicated at a particular visit.

Agency Standard for Ongoing Comprehensive Dental Patients

For a patient receiving ongoing comprehensive non-emergency dental care through FCHC, the dentist must assess the need for updated diagnostic radiographs during examinations and before services that require radiographic evaluation. Unless the dentist documents that diagnostic images are not currently indicated or that adequate current images have been reviewed and accepted, required diagnostic radiographs must be obtained no less frequently than once every 24 months to safely continue ongoing comprehensive dental care.

Radiographs may be required sooner than 24 months when clinically indicated. The appropriate type and number of images are determined by the licensed dentist and should be limited to those needed for patient care.

Table 2. Initial Imaging Recommendations Based on Type of Encounter

The following matrix reflects current ADA/FDA patient-selection guidance and applies together with the individualized clinical judgment of the treating dentist; it does not replace that judgment.

Type of Encounter (New or Recall Visit)	Child, Primary Dentition (before eruption of first permanent tooth)	Child, Transitional Dentition (after eruption of first permanent tooth)	Adolescent, Permanent Dentition (before eruption of third molars)	Adult, Dentate or Partially Edentulous
New Patient Evaluation	Individualized radiographic examination with periapical or occlusal views or posterior bite-wing radiographs if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic examination.	Individualized radiographic examination consisting of posterior bite-wing radiographs with panoramic examination or posterior bite-wing radiographs and selected periapical images.	Individualized radiographic examination consisting of posterior bite-wing radiographs with panoramic examination or posterior bite-wing radiographs and selected periapical images. A full-mouth intraoral radiographic examination is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.	Individualized radiographic examination consisting of posterior bite-wing radiographs with panoramic examination or posterior bite-wing radiographs and selected periapical images. A full-mouth intraoral radiographic examination is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.
Recall Visit — No Clinical Caries, Not at Increased Risk of Caries	Posterior bite-wing examination at 12- to 24-month intervals if proximal surfaces cannot be examined visually or with a probe.	Posterior bite-wing examination at 12- to 24-month intervals if proximal surfaces cannot be examined visually or with a probe.	Posterior bite-wing examination at 18- to 36-month intervals.	Posterior bite-wing examination at 24- to 36-month intervals.



Type of Encounter (New or Recall Visit)	Child, Primary Dentition (before eruption of first permanent tooth)	Child, Transitional Dentition (after eruption of first permanent tooth)	Adolescent, Permanent Dentition (before eruption of third molars)	Adult, Dentate or Partially Edentulous
Recall Visit — Clinical Caries or Increased Risk of Caries	Posterior bite-wing examination at 6- to 12-month intervals if proximal surfaces cannot be examined visually or with a probe.	Posterior bite-wing examination at 6- to 12-month intervals if proximal surfaces cannot be examined visually or with a probe.	Posterior bite-wing examination at 6- to 12-month intervals.	Posterior bite-wing examination at 6- to 18-month intervals.
Recall Visit — Periodontal Disease	Clinical judgment as to the need for and type of radiographic images for evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bite-wing or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be found clinically.	Clinical judgment as to the need for and type of radiographic images for evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bite-wing or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be found clinically.	Clinical judgment as to the need for and type of radiographic images for evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bite-wing or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be found clinically.	Clinical judgment as to the need for and type of radiographic images for evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bite-wing or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be found clinically.

These intervals are recommendations only and may be modified based on individual patient risk factors and clinical findings. Full-mouth radiographic examinations should be reserved for patients with generalized disease, significant treatment history, or other clinical indications.

H. When the Patient Refuses Clinically Required Radiographs

When a patient or authorized representative refuses radiographs that the treating dentist determines are clinically required, the following applies:

- The dentist will explain why the radiographs are needed, expected benefits, radiation-safety considerations, reasonable alternatives when available, potential risks of proceeding without the images, and consequences of refusing, including inability to continue non-emergency treatment.
- The patient will be offered an opportunity to ask questions, request interpreter or accommodation support, submit prior recent radiographs for dentist review, or seek a second opinion.
- The dentist will document the clinical necessity for the radiographs, the patient's refusal, the informed refusal discussion, and whether the refusal prevents safe continuation of care.
- If required images remain refused and the dentist documents that safe comprehensive non-emergency dental care cannot continue, elective treatment will stop and the patient will be referred for discharge/termination review under Section M.
- FCHC will not rely upon a signed refusal or waiver to continue care the dentist considers unsafe or inconsistent with applicable standards.

Services During or After Radiograph Refusal

Situation	May Continue?	Required Action
Radiographs recommended but not clinically necessary for today's planned service	Only as determined by dentist	Document recommendation, refusal, clinical determination, and follow-up interval.
Radiographs clinically required to diagnose or plan elective/comprehensive treatment	No elective/comprehensive treatment	Complete informed refusal; stop affected services; initiate review if refusal continues.
Urgent pain, swelling, infection, trauma, or other time-sensitive concern while refusal/discharge is pending	Limited evaluation or stabilizing care as dentist determines safe	Document limitations; provide referral/return precautions; radiographs may still be required for definitive care.



Situation	May Continue?	Required Action
Patient later agrees to required imaging before discharge becomes final	May resume upon dentist review	Obtain/review appropriate imaging; document revised plan; notify manager if discharge process is closed.
Patient seeks re-entry after termination	Not automatic	Dental Director reviews request, history, present agreement to clinically required assessment, capacity, and access considerations.

I. Financial Responsibility and Imaging Charges

Prior to obtaining radiographs, patients shall be informed of any applicable fees consistent with the current Board-approved Dental Fee Schedule. Available financial assistance options shall be reviewed with eligible patients, including:

- Sliding Fee Discount Program eligibility;
- Insurance coverage verification;
- Payment arrangements when available.

Patients shall not be denied emergency treatment solely due to inability to pay. However, when patients decline clinically necessary imaging after financial counseling and the treating dentist determines that care cannot safely continue without diagnostic imaging, the patient may be subject to the informed refusal and discharge provisions of this policy.

Diagnostic Imaging Charges

Charges for the following services shall be assessed according to the current Board-approved Dental Fee Schedule:

- Bitewing radiographs
- Periapical radiographs
- Occlusal radiographs
- Panoramic radiographs
- Full-mouth series

J. Procedures for Informed Refusal (General)

The informed refusal process is initiated when a patient or authorized representative declines recommended care, treatment, diagnostic testing, referral, medication, preventive service, follow-up, or other dental service, including when the patient leaves before recommended care is completed.

Provider Discussion and Confirmation of Understanding

1. Identify the recommended care, diagnostic test, referral, or treatment and document the reason it is recommended.
2. Confirm who is making the decision. For minors or patients with representatives, verify the representative's authority consistent with organizational policy. If decision-making capacity is in question, pause non-urgent treatment and escalate to the provider/leadership process.
3. Provide communication support: determine preferred language, obtain qualified interpreter services where needed, and address vision, hearing, literacy, cognitive, or disability-related accommodation needs.
4. Explain in plain language: the condition or clinical concern; recommended care; anticipated benefits; material risks and potential adverse outcomes; alternatives including no treatment when appropriate; and risks of refusing or delaying.
5. Use teach-back or another reasonable method to confirm patient understanding. Invite questions and address barriers or misconceptions.



6. Confirm whether the patient accepts, requests more time, requests another opinion, or refuses after receiving information.

Documentation and Form Completion

- The provider records the informed refusal discussion in the EHR on the date of refusal, including the patient's stated reason when offered, the recommendation, material risks discussed, alternatives, accommodations/interpreter, questions answered, clinical impact, and follow-up plan.
- The patient or authorized representative is asked to sign the Informed Refusal of Dental Care Form (Appendix A) or, for radiographs, the Refusal of Clinically Required Dental Radiographs Form (Appendix B). A copy is offered to the patient, and the signed form is scanned/uploaded to the EHR when not completed electronically.
- If the patient refuses or is unable to sign, the provider documents that refusal/inability, the reason if known, and obtains a staff witness signature to confirm that the discussion occurred. Refusing to sign does not invalidate the documented informed refusal process.
- If the refusal creates immediate clinical risk, the dentist provides appropriate instructions, return precautions, referral, or emergency instructions and documents them.

If the patient later consents to the recommended assessment or care before termination is finalized, the dentist must reassess clinical appropriateness, update the treatment plan and consent documentation, and notify the Dental Director or designee if a discharge review had begun.

K. Procedures for Refusal of Clinically Required Radiographs

Initial Identification

- Before the appointment or at check-in, staff may alert the dentist when records show that no diagnostically adequate radiographs are documented within the last 24 months for an ongoing comprehensive dental patient; staff may not independently determine clinical necessity or refuse care.
- The dentist reviews existing radiographs, medical and dental history, risk indicators, symptoms, planned services, and clinical findings; determines the necessary radiograph type(s); and documents the clinical basis for ordering or deferring imaging.
- When a patient has prior images from another dental provider, staff should assist the patient with record transfer upon authorization; the dentist determines whether the received images are current and diagnostically adequate.

First Refusal of Required Radiographs

- Dentist completes the informed refusal discussion and documents that the radiographs are clinically required and why continued care is affected.
- Patient signs Appendix B or refusal-to-sign is witnessed and documented.
- Affected elective/comprehensive treatment is not provided when the dentist determines it is unsafe to proceed without images.
- Patient is given written information explaining the required assessment, ways to address concerns or barriers, how to provide prior images, and that continued refusal may result in termination from ongoing dental services.
- A follow-up opportunity may be offered within a time frame established by the dentist or Dental Director, unless the patient states a final refusal or the clinical risk requires immediate discharge review.

Continued or Final Refusal

When the patient continues to refuse clinically required radiographs after counseling and the dentist determines that continued non-emergency dental care is unsafe or not clinically appropriate:



- Dentists place a documented recommendation for termination/discharge from ongoing dental services, including the specific radiograph requirement, prior discussions, current condition/treatment needs, and whether urgent needs exist.
- Dental Director or qualified designee reviews the clinical basis and documentation before a discharge notice is issued.
- Site Manager/designee confirms communication accommodations, barriers addressed where known, referral resources, records access information, grievance rights, and transition-period arrangements.
- The discharge notice is issued in accordance with Section M and Appendix C.

Exception Review

A request for temporary deferral or exception must be evaluated and documented by the treating dentist and Dental Director/designee. Examples may include receipt of acceptable outside images, inability to perform images on the day of service due to a temporary patient condition, need for specialized accommodation, or care limited to an urgent condition. Exceptions must identify the safe interim plan and the date for reassessment; they do not permit elective care that the dentist determines cannot be safely provided.

L. Discharge/Termination from Dental Services

Grounds for Discharge Under This Policy

Discharge may be initiated under this policy when all of the following are met:

- A licensed dentist determines that specified radiographs, diagnostic testing, treatment, referral, or other recommended care is clinically necessary for safe continuation of comprehensive non-emergency dental services;
- The patient or authorized representative has received an informed refusal discussion in a manner they can understand and refuses the clinically necessary service;
- The dentist documents that continuing the affected ongoing non-emergency dental services without the refused item is unsafe or not clinically appropriate;
- Reasonable efforts have been made to address known barriers, obtain acceptable existing records or images, provide communication support, and offer referral or second-opinion options; and
- The Dental Director or designee reviews and approves discharge from ongoing dental services.

Prohibited Bases for Discharge

A patient may not be discharged under this policy because of race, color, national origin, language, disability, sex, age, religion, sexual orientation, gender identity, insurance status, income, inability to pay, use of the sliding fee discount program, filing a grievance, or any other protected status or protected activity. Any safety, behavioral, or payment-related discharge concern must be managed under the applicable separate policy and applicable law.

Required Steps

Step	Responsible Role	Required Documentation
Clinical review and approval	Treating Dentist / Dental Director	Treating dentist completes clinical documentation and recommendation. Dental Director/designee confirms the reason is clinically defensible, necessary for safe care, and consistent with this policy.
Administrative and equity/access review	Manager / Compliance as needed	Manager/designee verifies interpreter/accommodation needs were addressed; identifies financial or access barriers when known; confirms discharge is not based on inability to pay or a protected status; confirms grievance and referral information.



Step	Responsible Role	Required Documentation
Written notice	Dental Director / Designee	Provide a termination letter by trackable mail and, when appropriate, the patient portal or other documented delivery method, stating the clinical reason, effective date, transition arrangements, emergency/urgent care instructions, record transfer process, referral resources, and grievance rights.
Transition period	Dental Provider / Scheduling Team	Except when immediate termination is required for safety or other legally supportable circumstances, provide a reasonable transition period of 30 calendar days. During this period, FCHC will provide/arrange limited urgent evaluation/stabilization as clinically appropriate and will not initiate elective comprehensive treatment requiring the refused diagnostic information.
Referral and records	Patient Support / Records Staff	Offer assistance locating alternate dental care or a second opinion and explain how to request copies or transfer of records, including available radiographs, consistent with Connecticut and federal requirements.
EHR and scheduling flag	Manager / EHR Designee	Upload the notice and delivery confirmation to the EHR; document final effective date, interim services and referrals; apply an appropriate confidential scheduling alert; do not use stigmatizing language.
Grievance/reconsideration	Dental Director / Grievance Designee	Provide FCHC grievance contact information and process. Any request to reconsider must be routed to the Dental Director/designee and documented.

Patients with Active Treatment Plans

If a patient is in the middle of active treatment, the dentist must document the clinical status, foreseeable risks of discontinuation, services that can or cannot safely be completed, temporization or stabilization needs, referrals, and follow-up recommendations. Leadership should consult counsel/risk management when termination could create a heightened abandonment risk or where complex treatment remains incomplete.

Return to Care Following Discharge

A discharged patient may request re-entry to dental services. Re-entry is not automatic. The Dental Director/designee will assess whether the patient agrees to clinically necessary diagnostic assessment, whether prior clinical or safety concerns have been resolved, whether capacity and access allow re-entry, and whether an updated treatment relationship can be safely established. The decision and patient communication must be documented.

M. Documentation Requirements

All documentation must be entered or uploaded into the dental EHR in a timely, accurate, confidential, and retrievable manner. Dental records must support the clinical judgment, recommended treatment, patient decision, and resulting actions.

Minimum EHR Documentation for Any Informed Refusal

- Recommended care/service/test/referral and clinical indication.
- Relevant diagnosis, symptoms, examination findings, or risks supporting the recommendation.
- Discussion of benefits, material risks, reasonable alternatives, and foreseeable consequences of refusal or delay.
- Patient/representative questions, understanding or teach-back, decision, and stated reason for refusal when offered.
- Interpreter services, translated materials, or communication accommodations used or declined.
- Clinical impact of refusal, including services deferred or discontinued and safe interim plan.



- Return precautions, referral instructions, follow-up recommendation, and emergency instructions when applicable.
- Form signature, refusal to sign and witness, or reason signature could not be obtained.
- Provider name, credentials, date/time, and any leadership notification or review.

Additional Documentation for Required Radiograph Refusal

- Type(s) of radiograph required and the dentist's individualized clinical justification.
- Date and adequacy of prior radiographs reviewed, or statement that no acceptable recent images are available.
- FCHC 24-month standard and any dentist-documented exception or deferral.
- Determination whether treatment can safely proceed and which services are postponed or limited.
- Patient education about the reason imaging is necessary and the consequence that continued refusal may result in discharge from ongoing dental services.
- Dental Director/designee review and discharge decision when applicable.

Required Discharge Documentation

- Clinical recommendation for discharge and approving reviewer.
- Completed informed refusal form(s) and progress notes.
- Patient discharge letter, method/date sent, and delivery evidence where available.
- Transition period dates and scope of urgent care available during transition.
- Referral/second-opinion resources offered and record transfer instructions.
- Any patient contact, grievance, reconsideration request, or interim visit after notice.
- Final termination effective date and EHR scheduling alert.

N. Roles and Responsibilities

Role	Responsibilities
Treating Dentist	Determines clinical necessity; conducts informed refusal discussion; assesses safe scope of treatment; documents the refusal and clinical effect; recommends discharge when necessary; provides safe urgent-care instructions.
Dental Director / Designee	Provides clinical oversight; reviews and approves discharge decisions under this policy; assesses exception/re-entry requests; supports provider standardization and escalation.
Director of Community Health Centers / Operations Leadership	Ensures operational implementation; coordinates with compliance, patient grievance, and risk management functions; ensures staff training and documentation process.
Dental Hygienists, Assistants, and Front Desk/Coordination Staff	Identify possible triggers; notify licensed dentist; provide approved education and forms; assist with interpreter/accommodations, referrals, and record-transfer workflows; do not independently deny or discharge based on clinical need.
QI/QA and Risk Management Lead	Monitors refusals, discharges, grievances, and adverse/near-miss events; completes or coordinates quarterly review; reports findings and actions to leadership and the board consistent with HRSA/FTCA requirements.
Health Center Governing Board / Authorized Committee	Approves or adopts required health care/QI policies and reviews appropriate quality and risk management reporting as part of oversight responsibilities.



O. Quality Improvement, Risk Management, and Training

Staff Training

Prior to implementation and at least annually thereafter, dental staff will be trained on this policy.

Training must include:

- Patient rights, effective communication, interpreter and accommodation processes, and respectful response to refusal.
- Informed refusal discussion elements and EHR documentation.
- Radiograph clinical necessity and the two-year ongoing care standard, with emphasis that imaging decisions require dentist clinical judgment.
- When treatment must pause, when urgent care may be provided, and when to refer the case to the Dental Director.
- Discharge notice, referral, grievance, and records-release processes.
- Non-discrimination, financial barriers/sliding fee distinction, and escalation of concerns.
- CDC infection prevention and Standard Precautions for all care that is provided.

Monitoring and Quarterly Review

The Dental Director and QI/QA or Risk Management lead will review implementation at least quarterly using record sampling and trend review. Findings requiring improvement will result in documented corrective action, follow-up auditing, or training.

Measure	Review Standard	Report/Action
Number and type of informed refusals; radiograph refusals specifically	Trend monthly/quarterly and identify recurring barriers	QI/QA dashboard; access interventions where indicated
Completion of required EHR elements and refusal forms	Sample audit target: 100% of selected cases documented	Education/corrective action for deficiencies
Discharges related to required radiograph refusal	100% have dentist justification and Dental Director/designee approval	Risk management review of every case
Transition notice, referral, records, and grievance information	100% of discharge notices include required elements	Immediate correction if omission identified
Complaints/grievances or safety events related to refusal/discharge	Review each reported issue	Root-cause assessment and follow-up action as appropriate
Equity/access indicators	Assess whether language, disability, cost, or access barriers are contributing to refusals	Mitigation plan and leadership reporting when trends found

Annual Review and Reporting

This policy will be reviewed at least annually and sooner when relevant laws, HRSA guidance, accreditation standards, or professional imaging recommendations change. Results of refusal/discharge monitoring and associated risk-reduction activities will be included in appropriate annual risk management and/or QI reporting to leadership and the governing board.



5. References

Health Resources and Services Administration (HRSA), Bureau of Primary Health Care. Health Center Program Compliance Manual: Chapter 4, Required and Additional Health Services; Chapter 10, Quality Improvement/Assurance; Chapter 19, Board Authority; Chapter 21, Federal Tort Claims Act Deeming Requirements.

- The Joint Commission. National Patient Safety Goals, effective January 2026, applied according to FCHC's accreditation program and applicable standards manual, including patient-rights expectations.
- Centers for Disease Control and Prevention. Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care (updated May 15, 2024).
- American Dental Association and American Academy of Oral and Maxillofacial Radiology (AAOMR). Patient Selection for Dental Radiography. Journal of the American Dental Association. January 2026;157(1):20-35.e5.
- American Dental Association. New Recommendations Confirm Dental X-Rays Most Effectively Used in Moderation (January 5, 2026); ADA oral health topic resource: X-Rays/Radiographs (updated March 26, 2026); ADA Informed Consent/Refusal practice management resources.
- U.S. Food and Drug Administration and American Dental Association. Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure.
- Connecticut Regulations of State Agencies, § 19-13-D49, Records: medical and dental records contain sufficient information to justify diagnosis and warrant treatment or services.
- Connecticut Department of Public Health. Access to Medical Records, including access to health records and available x-rays pursuant to Connecticut requirements.
- Family Centers Fee Schedule.
- Family Centers Patient Rights and Responsibilities Policy.



Appendix A — Informed Refusal of Dental Care Form

Use for refusal of recommended dental care, treatment, diagnostic testing, or referral other than radiographs, unless the radiograph-specific form in Appendix B is required.

Patient Name: _____

Date of Birth: _____

MRN: _____

Date of Discussion: _____

Dental Provider: _____

Location: _____

Representative, if applicable: _____

Relationship/Authority: _____

Interpreter/Accommodation Used: _____

Language/Method: _____

Recommended Care or Service Refused

Provider Explanation

Clinical condition/concern and reason the care or service is recommended:

Expected benefits of the recommended care or service:

Material risks or possible consequences of refusal or delay:

Reasonable alternatives discussed, including no treatment where applicable:

Questions asked, patient understanding/teach-back, and patient-stated reason for refusal, if offered:

Safe follow-up plan, return precautions, referral, or emergency instructions:

Patient/Authorized Representative Acknowledgment

I acknowledge that the dental provider explained the recommended care or service, its purpose and expected benefits, material risks, reasonable alternatives, and possible consequences of refusing or delaying care. I had the opportunity to ask questions and receive answers in a manner I understand. I understand that refusal may affect the ability of FCHC to safely provide certain dental treatment. I voluntarily refuse the recommended care or service identified above at this time.

Patient/Representative Signature: _____ **Date/Time:** _____

Provider Signature: _____ **Date/Time:** _____

Witness Signature if patient refuses/cannot sign: _____

Date/Time: _____

- ☐ Patient refused or was unable to sign form
- ☐ Patient provided/offered a copy of the form
- ☐ Form uploaded to EHR



Appendix B — Refusal of Clinically Required Dental Radiographs Form

Patient Name: _____ DOB: _____ MRN: _____

Date: _____ Dentist: _____ Site: _____

Representative, if applicable: _____ Relationship: _____

Interpreter/Accommodation: _____ Language/Method: _____

Clinical Radiograph Requirement

Radiograph(s) determined clinically required:

- | | |
|-------------------------------------|---------------------------------------|
| ☐ Bitewings | ☐ Full Series |
| ☐ Periapical | ☐ Other: _____ |
| ☐ Panoramic | |

Date of last acceptable diagnostic radiographs reviewed, if any: _____

- ☐ No adequate images available

Reason radiographs are required for this patient and today's/ongoing care:

- ☐ FCHC 24-month standard applies ☐ Dentist-documented exception/deferral applies (describe below)

Exception/deferral or outside-image plan, if applicable: _____

Discussion with Patient/Representative

- ☐ Purpose and expected clinical benefit of the radiograph(s) explained.
- ☐ Radiation exposure questions and safety considerations addressed.
- ☐ Reasonable alternatives discussed, including review of acceptable outside images when available.
- ☐ Risks of refusing were explained, including missed or delayed diagnosis, inability to determine disease extent, and limitations on treatment planning or monitoring.
- ☐ Patient informed that FCHC cannot continue ongoing comprehensive non-emergency dental care when the dentist determines required radiographs are necessary for safe care and the patient continues to refuse.
- ☐ Interpreter/accommodation/education support offered or used as documented.
- ☐ Patient offered an opportunity to ask questions and to seek a second opinion or provide outside images.

Dentist Determination Following Refusal

- ☐ Treatment may safely proceed today as documented; radiographs are not required for the limited service provided today.
- ☐ Only urgent/stabilizing care may be provided; definitive/elective care cannot proceed without required imaging.
- ☐ Ongoing comprehensive non-emergency dental care cannot safely continue without the required radiographs; discharge/termination review will be initiated.

Services postponed, limited, or not provided: _____

Safe interim plan/referral/return precautions: _____

Patient/Authorized Representative Acknowledgment of Refusal

I acknowledge that the dentist explained the radiograph(s) recommended for my dental care, why they are clinically required, their expected benefit, alternatives discussed, and possible consequences of refusing. I understand that refusing radiographs the dentist determines are necessary may prevent FCHC from safely providing ongoing comprehensive non-emergency dental care and may result in discharge from Dental Services after review and written notice. I voluntarily refuse the radiograph(s) identified above at this time.

Patient/Representative Signature: _____ Date/Time: _____

Dentist Signature: _____ Date/Time: _____

Witness Signature if refusal/cannot sign: _____ Date/Time: _____

Dental Director Review, if discharge considered: _____ Date/Time: _____



Appendix C — Dental Patient Termination/Discharge Letter Template

[FAMILY CENTERS LETTERHEAD]

[Date]

[Patient Name] / [Address] / [City, State ZIP]

RE: Notice of Termination from Ongoing Family Centers Dental Services

Dear [Patient Name/Parent/Authorized Representative]:

Our dental team is committed to providing safe and appropriate care. On [date(s)], [dentist name] explained that [specific diagnostic radiographs/service] are clinically necessary to safely diagnose, plan, or continue your ongoing dental care because [brief plain-language clinical reason]. You declined the recommended [radiographs/service] after the reason for the recommendation, potential benefits, alternatives, and risks of refusal were discussed with you.

Because the required [radiographs/service] have not been accepted, Family Centers cannot safely continue ongoing comprehensive non-emergency dental treatment that depends on this diagnostic information. Following review by the Dental Director/designee, Family Centers Dental Services will end the ongoing dental care relationship effective [date — generally 30 calendar days after notice unless a different lawful/safety-based effective date is approved and documented].

Care During the Transition Period

Through [effective date], Family Centers will evaluate urgent dental concerns and provide limited stabilizing care or referral as a Family Centers dentist determines clinically appropriate. We will not initiate or continue elective/comprehensive treatment that requires the diagnostic information you have declined. For a dental emergency, severe swelling, uncontrolled bleeding, trauma, fever with dental infection, difficulty breathing/swallowing, or other urgent concern, seek immediate emergency care or call emergency services as appropriate.

Finding Another Dental Provider / Second Opinion

You may choose another dentist or seek a second opinion regarding the recommended radiographs or treatment. We can provide general referral/resource information upon request. You are responsible for arranging ongoing dental care with another provider.

Your Records

You may request a copy or transfer of your dental records, including available radiographs, consistent with applicable Connecticut and federal requirements. To request records, contact [Health Information/Records Contact, Telephone, Address/Portal Instructions].

Questions, Reconsideration, or Grievance

If you reconsider and agree to the clinically required assessment before the effective discharge date, please contact [Dental Clinic Contact] promptly. Any decision to resume care will require dentist review. You may also submit a concern or grievance through the Family Centers patient grievance process by contacting [Grievance Contact/Telephone/Address].

We encourage you to arrange continued dental care promptly so that your oral health needs are addressed without delay.

Sincerely,

[Dental Director/Designee Name and Credentials], Family Centers Dental Services

Copy to: Patient dental record/EHR | Method sent: _____

Date sent: _____



Appendix D — Staff Workflow and Audit Checklist

D.1 Point-of-Care Workflow: Patient Refuses Recommended Dental Care

Step	Action
1	Pause and notify the treating dentist; do not independently argue with the patient or determine discharge.
2	Confirm decision-maker and communication needs; arrange qualified interpreter or accommodation if needed.
3	Dentist explains recommendation, purpose, benefits, material risks, alternatives, and risks of refusal; uses teach-back.
4	Assess and address known barriers, including questions, anxiety, cost/resource concern, prior outside images, second opinion, or accessibility need.
5	Dentist determines whether care may safely proceed, must be limited, or must stop.
6	Complete Appendix A or B, obtain signatures or witness refusal to sign, and offer patient a copy.
7	Enter EHR documentation and upload form. Provide written follow-up/referral/urgent-care instructions as applicable.
8	For continued refusal that prevents safe comprehensive care, refer to Dental Director/designee for discharge review.
9	If approved, issue discharge notice, document delivery, maintain limited urgent-care transition process, referrals, records, and grievance access.

D.2 Case-Level Audit Checklist: Radiograph Refusal Resulting in Discharge Review

Audit Element		
Licensed dentist documented individualized clinical need for required radiographs.	☐ Yes	☐ No
Dentist documented assessment of available prior images or absence/inadequacy of current images.	☐ Yes	☐ No
Two-year standard was properly applied with clinical judgment, or exception/deferral was documented.	☐ Yes	☐ No
Patient/representative received information on recommendation, benefits, risks, alternatives, and consequences of refusal.	☐ Yes	☐ No
Preferred language/interpreter/accommodation needs were addressed and documented.	☐ Yes	☐ No
Known access or cost barriers were addressed or referred appropriately; discharge was not based on inability to pay.	☐ Yes	☐ No
Radiograph refusal form is signed or refusal/inability to sign is documented with witness.	☐ Yes	☐ No
Treatment limitation, urgent-care plan, referral, and return precautions are documented.	☐ Yes	☐ No
Dental Director/designee reviewed and approved discharge, when applicable.	☐ Yes	☐ No
Written notice states clinical basis, effective date, transition care, records access, referrals, and grievance rights.	☐ Yes	☐ No
Notice delivery method/date and EHR upload are documented.	☐ Yes	☐ No
Any grievance, reconsideration, or interim urgent visit has been documented and reviewed.	☐ Yes	☐ No

Auditor: _____ **Review Date:** _____

Patient MRN/De-identified Case No.: _____ **Corrective Action Required (Y/N):** _____

Assigned To: _____ **Due Date:** _____

Follow-Up Completed/Validated By: _____ **Date:** _____

D.3 Quarterly Monitoring Summary

Quarter/Year	Total Informed Refusals	Radiograph Refusals	Discharges Related to Refusal	Grievances/Actions

Trend/Findings: _____ **Corrective Actions/Training:** _____

Reported to Leadership/Board Committee on: _____ **Reviewed By:** _____