College of Dental Medicine Mission

The College of Dental Medicine, within an exceptional academic environment, supports students and faculty as they aspire for preeminence in dentistry, education and science.

The College values
- Alignment with the mission of Columbia University
- Respect, inclusiveness and diversity among staff, students, faculty and patients
- Integration of oral health as part of overall health for the individual and the community
- Fiscal responsibility, social justice, community transformation and global impact

Goals
- Maintain an environment effectively supporting and nurturing its human, physical and fiscal resources.
- Supports excellence in opportunities, innovation, methods, evaluation and quality of its educational programs.
- Ensures appropriate and compassionate oral health care for individuals and responsiveness to community needs.
- Advances scientific research and scholarly effort in the basic, oral health and social sciences and in education.
Welcome

Dear Prospective Patient,

On behalf of the faculty, staff, students, and residents of the Columbia University College of Dental Medicine, I would like to welcome you to our clinical facility. The College of Dental Medicine is fully accredited by the Commission on Dental Accreditation, and is one of the finest dental schools in the country. Our students and residents are a group of highly qualified young men and women who were selected through a rigorous admissions process.

One of the primary goals of the Columbia University College of Dental Medicine is to provide our patients with outstanding, state of the art, oral health care services, for reasonable fees, in a comfortable professional environment. We are dedicated to delivering the standard of care for comprehensive, patient-centered care, within the scope of our programs. This means that our patients are fully informed of the results of their examination and the different methods that are available to treat their conditions. Our patients then participate in developing a treatment plan that suits their oral health and financial needs. We strongly believe that you must feel comfortable with your proposed treatment recommendations. Therefore, your input is necessary and appreciated.

Columbia firmly believes that patients must partner with us in maintaining their oral health. Our faculty, staff, students, and residents will educate patients in proper oral hygiene techniques, which are essential to keeping a healthy mouth, and help prevent or control diseases that affect the rest of the body.

In closing, I hope that you find us providing you with outstanding care, and that your experiences here are positive. Should you ever have any compliments or concerns, please contact our Director of Patient Relations.

Joseph V. Errante,  D.D.S.
Sr. Associate Dean for Clinical Affairs
Becoming a Patient

Registration (212) 305-6100

Your first appointment at Columbia University College of Dental Medicine / Columbia University Health Care, Inc. will determine which provider is best suited to care for your oral health care needs. If you recently had dental x-rays taken, please bring them with you. Please bring photo identification, your insurance card and proof of address. It is also important for you to bring a list of medications that you take and medical health information.

Photo identification with proof of address:
• Driver’s License
• Non-driver’s ID (issued by the Dept. of Motor Vehicles)
• Medicaid card with photo
• School or employer ID
• Passport

Non-photo identification: (if you do not have a photo ID, then two forms of ID must be presented, one must show proof of address):
• Medicaid card without photo
• Insurance card
• Credit card
• Utility or rent bill
• Library Card

You can expect the following at your first appointment:

• A welcome packet with an introduction to Columbia and staff
• You will be asked to sign “Consent for Dental Treatment”
• A review of your medical history, dental history and a brief screening of your oral health
• Necessary dental x-rays will be taken

Please note there is a cost for the brief screening and radiograph(s). This fee does not include the additional cost that you will incur for the detailed comprehensive evaluation that will be rendered at your next appointment. This is payable in cash, credit card, check, debit card or a valid Medicaid card.
After Registration and at the next visit:

At the end of the initial appointment, we will assign you to a dental provider in a department that is most suited to serve your dental needs. You will make an appointment with your new dental provider, and at the next visit, for which a separate fee is charged, a comprehensive examination and evaluation is performed. From this information several personalized treatment plans may be prepared that will address your needs and desires. At that time the fees associated with each of these plans will be presented and discussed. Care is provided by dental students and/or dental residents and is closely supervised by licensed dental faculty to ensure that you receive the highest quality care.

Dental Records

Copies of your records and radiographs will be provided to you or forwarded to another practitioner upon your signed written request. There is a nominal fee charged for the duplication of radiographs which must be paid prior to the copies being released. You may contact the Columbia University College of Dental Medicine / Columbia University Health Care, Inc. Dental Records Department at (212) 305-6100, and press the option for “Dental Records”.

Emergency Care

During normal hours of clinic operation please come to the seventh floor of the Vanderbilt Clinic at 622 West 168th Street, New York, NY10032, (212) 305-6100. There will be a cost for the emergency care plus additional fees for procedures needed. This is payable in cash, credit card, check, debit card or a valid Medicaid card.

After clinic hours or on weekends please call the general clinic number, 212-305-6100, or if you feel it is a medical emergency please call 911 or come to the Emergency Room of New York Presbyterian Hospital at the Columbia University Medical Center. The fee at the emergency room is charged by the Hospital. The entrance to the emergency room is located on Broadway south of 168th street.

Payment Policy & Fees

Patients are expected to pay in full at the time services are provided. Acceptable payment methods include cash, checks, all major credit cards, debit cards, money orders, New York State Medicaid (with a valid Medicaid card), and accepted Medicaid Managed Care plans.

A receipt indicating payment will be provided at the time of service.

Please note we do not have a sliding fee schedule or provide free care.

Because of our focus on education, we are able to offer our services at fees which are lower than the cost of comparable procedures at most private practices.
Patient’s Bill of Rights

The doctors and staff of Columbia University College of Dental Medicine / Columbia University Health Care, Inc. recognize that while you are a patient here you have the right, consistent with law, to:

1. Understanding and use these rights. If for any reason you do not understand or you need help, we will provide assistance, including an interpreter.

2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, gender identity, source of payment or age.

3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.

4. Receive emergency care if needed.

5. Be informed of the name and position of the persons who will be in charge of your care and names and position of administrative staff and refuse their treatment, examination or observation.

6. Receive complete information about your dental diagnosis, treatment, and prognosis.

7. Receive all the information that you need to give informed consent including possible risks and benefits for any proposed procedure or treatment.

8. Refuse treatment and be told what effect this may have on your health.

9. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.

10. Privacy and confidentiality of all information and records regarding your care.

11. Participate in all decisions regarding your treatment.

12. Review your dental record without charge. Obtain a copy of your dental record for which we can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.

13. Receiving an itemized bill and explanation of all charges.

14. Complain without fear of reprisals about the care and services you are receiving and have the provider respond to you, and if you request it, a written response. If you are not satisfied with the response, you can complain to your concerns to the section administrator of your area of care, the faculty program director or the Office of Patient Services (212) 305-8624, and if you are still not satisfy, you may contact the New York State Health Department and you will be provided their telephone number.
Patient Code of Conduct

Indiscriminate use of obscene language, inappropriate behavior, or gestures while at the Columbia University College of Dental Medicine / Columbia University Health Care, Inc. may result in automatic dismissal.

Patients who are under or perceived to be under the influence of alcohol or any other substance will not be treated at that time and this can be grounds for dismissal.

Patients are not permitted to transfer from one student to another based on race, creed, color, gender, national or ethnic origin, sexual preference or disability.

*Below, are copies of the consents and policies that you will be asked to sign electronically. Please review the information carefully, and keep this information for your records.*

Appointment Policy

We take great pride in the quality of care that we deliver. In an effort to maintain this high-level of care, we have instituted appointment guidelines regarding cancellations/no-show/lateness. Compliance with this policy will allow patients to receive treatment in a timely and efficient manner, promoting optimal care and oral health.

1. Once appointments are scheduled, patients are expected to attend each and every session at the appointed time.

2. If you are going to be more than 15 minutes late for scheduled appointment, please call to let us know so that we may notify your doctor.

3. All cancellations must be communicated to the department 48 hours in advance or 72 hours in advance of a surgical and/or sedation procedure.

4. If you cancel or fail to show for three consecutive visits, you may be discharged from being provided care at the Columbia University College of Dental Medicine / Columbia University Health Care, Inc.

5. If you fail to contact us in 2 weeks after being sent a “warning letter” you will be inactivated/discharged from the Columbia University College of Dental Medicine / Columbia University Health Care, Inc.

6. The Columbia University College of Dental Medicine / Columbia University Health Care, Inc. reserves the right not to reschedule patients who have been discharged for failing to show for prior scheduled appointments.

We appreciate your understanding and cooperation with this policy.
Consent for Treatment and Authorization to Use and Release Medical and Dental Information

CONSENT FOR GENERAL DENTAL TREATMENT

I consent to diagnostic procedures and treatment (including techniques) by Columbia University College of Dental Medicine/Columbia University Health Care, Inc. and to having clinical photographs taken that the dentist(s) in attendance deem necessary for my care. I also consent that any or all operations, procedures and techniques may be rendered by student(s) or resident(s). I agree to abide by all the rules and regulations of Columbia University College of Dental Medicine/Columbia University Health Care, Inc.

I understand that prior to any diagnostic procedures or treatment (including techniques), or obtaining clinical photographs, I will be advised by the student, resident or faculty member responsible for my care, and that I may ask questions concerning my treatment. I also understand that post-treatment complications including bleeding, pain, swelling, loss of teeth, and loss of implants may be a normal consequence of the treatment rendered. I further understand that I may revoke this consent before such treatment is provided. I understand this consent will remain in force unless I revoke it in writing.

ASSIGNMENT OF BENEFITS AND FINANCIAL RESPONSIBILITY

I assign and set over to Columbia University College of Dental Medicine/Columbia University Health Care, Inc. sufficient monies and/or benefits to which I may be entitled from a government agency, insurance carrier or others who are financially liable for my dental or medical care to cover the costs of the care and treatment rendered to myself or my dependent. I understand that I am responsible for charges not covered by my insurance plan.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I authorize Columbia University College of Dental Medicine/Columbia University Health Care, Inc. to release to government agencies, insurance carriers, or others who are financially liable for dental and medical care, all information needed to substantiate payment for such care, and allow others who are representatives thereof to examine and make copies of all records relating to my care and treatment.

PATIENT CONSENT TO ACCESS AND RELEASE INFORMATION TO ELECTRONIC PRESCRIBING MEDICATION HISTORY DATABASE

I authorize Columbia University College of Dental Medicine/Columbia University Health Care to access all electronic prescribing medication history databases and to release my prescription medication history contained in and sent to an electronic prescribing medication history databases (including but not limited to information related to HIV/AIDS, alcohol or drug use problems/treatment, family planning, genetic diseases, mental health conditions, and sexually transmitted diseases) used by Columbia University College of Dental Medicine/Columbia University Health Care. I understand this history may not be comprehensive and is limited to the medications which have been prescribed to me electronically. It is my responsibility to provide my dentist/ care provider with a complete list of medications I am currently taking. I understand that the purpose of this form is for Columbia University College of Dental Medicine/Columbia University Health Care to be able to access and exchange medication history information with authorized electronic prescribing services from other providers, pharmacies and/or third party pharmacy benefit programs/payors.
By signing this form, I am authorizing the access, use or disclosure of protected health information as indicated above. I may revoke authorization in this form at any time before the information I have requested is released or is acted upon in reliance of this authorization by providing written notice of revocation as specified in the Notice of Privacy Practices. If the receiving party is not subject to medical information privacy laws, the information may be re-disclosed by the recipient and may no longer be protected by federal or state law. Columbia University College of Dental Medicine/Columbia University Health Care, Inc. shall not be held liable for any consequences resulting from re-disclosure. I will be provided with a copy of this form. I may request a copy of my health information.

This Consent and Authorization does not expire unless I revoke in writing or upon termination of my treatment relationship with Columbia University College of Dental Medicine/Columbia University Health Care, Inc.

By electronically signing this form, I hereby state that I have read and understood it, and that I have been given the opportunity to ask questions I might have, and that all my questions have been answered in a satisfactory manner.

If you are signing as a personal representative or guardian of the patient, describe your relationship to the patient and the source of your authority to sign this form:

Relationship to Patient: _________________________     Print Name: _________________________

Source of Authority: ___________________________

**Dental Insurance Plans**

Columbia University College of Dental Medicine / Columbia University Health Care, Inc. is an Article 28 contracted provider for dental services covered by the State of New York Medicaid program and as such accepts payment directly from Medicaid and accepted Medicaid Managed Care plans.

Patients, who have dental insurance accepted at Columbia University College of Dental Medicine / Columbia University Health Care, Inc. should bring their insurance card and photo identification to every appointment. If a patient’s insurance coverage is not active on the date of the appointment, Columbia University College of Dental Medicine / Columbia University Health Care, Inc. will not disrupt or delay urgent or necessary care; however, the patient’s student or resident dentist may ask the patient to reschedule the appointment. If a patient’s insurance does not cover a treatment, the patient must pay for the treatment at the time of the appointment.

We do welcome patients with other dental insurance plans but do not file and manage dental claims. Patients are therefore responsible to pay for treatment at the time services are provided and obtain reimbursement from their dental insurance company. As a courtesy, we will provide you with a standard dental claim form listing the treatments that were provided and the payment received. You can submit the dental claim form to your insurance carrier and payment will be directly sent to you.

It is each patient’s responsibility to know his/her dental insurance benefits, please check with your employer or insurance plan with questions about coverage.
Patients Who Are Minors

A parent or legal guardian must accompany patients who are minors up to the age of 18 at every visit. This accompanying adult is responsible for payment of the account, or must provide complete and accurate information about the guarantor on the insurance that will be billed.

All Treatment Plans and Consent for Surgical Procedures, must be signed by the patient’s parent or legal guardian.

Notice of Privacy Practices

“Your Rights”

*When it comes to your health information, you have certain rights.*

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 10 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, whom we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost based fee if you ask for another one within 12 months.
Get a copy of this privacy notice
• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you
• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
• We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights have been violated
• You can complain if you feel we have violated your rights by contacting us using the information on the last paragraph. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
• We will not retaliate against you for filing a complaint.

“Your Choices”
For certain health information, you can tell us your choices about what we share.
If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:
• Share information with your family, close friends, or others involved in your care
• Share information in a disaster relief situation

In these cases we never share your information unless you give us written permission:
• Marketing purposes
• Sale of your information
• Most Sharing of psychotherapy notes

In the case of fundraising:
• We may contact you for fundraising efforts, but you can tell us not to contact you again.
• If you wish to opt out of receiving fundraising communications, please contact the CUMC Office of Development at 212-305-9795 or e-mail fundraising.opt.out@columbia.edu

Health Information Exchange
• We participate in the health information exchange operated by Healthix, a not-for-profit organization that shares medical information electronically with other health care providers. This Notice is to inform our patients that as part of our participation in Healthix, ColumbiaDoctors electronically sends patients’ Protected Health Information to Healthix. For more information, see http://healthix.org/patient-engagement/protecting-your-privacy.
• If you are interested in denying consent for Healthix to access your Protected Health Information, you may do so by visiting the Healthix website at www.healthix.org or call Healthix at 877-695-4749.
Bill for your services
• We can use and share your health information to bill and get payment from health plans or other entities.
  Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?
We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research.

We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
• We can share health information about you for certain situations such as:
  o Preventing disease
  o Helping with product recalls
  o Reporting adverse reactions to medications
  o Reporting suspected abuse, neglect, or domestic violence
  o Preventing or reducing a serious threat to anyone’s health or safety

Do research
• We can use or share your information for health research.

Comply with the law
• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with the federal privacy law.

Respond to organ and tissue donation requests
• We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director
• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests
• We can use or share health information about you:
  o For workers’ compensation claims
  o For law enforcement purposes or with a law enforcement official
  o With health oversight agencies for activities authorized by law
  o For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
• We can share health information about you in response to a court or administrative order, or in response to a subpoena.
• We do not create or manage a hospital directory.
In addition to the federal rules regarding health care privacy, we will follow New York State law. For example, we will obtain appropriate written consent from you before we share information concerning genetic information, HIV status, substance abuse treatment, and certain mental health information for purposes other than treating you or obtaining payment for services we provide to you.

“Our Responsibility”

• We are required by law to maintain the privacy and security of your protected health information.
• We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
• We must follow the duties and privacy practices described in this notice and give you a copy of it.
• We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

“Changes to the Terms of this Notice”

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

This notice covers:
• The faculty practices of Columbia University Medical Center known as Columbia Doctors Columbia’s physicians, CUHC dentists, health care, and allied health professionals when practicing on Columbia University-owned or leased space, as well as their clinical support staff.
• If you receive treatment at another location, for example New York-Presbyterian Hospital, the Notice of Privacy Practices you receive at such other location will apply.

Office of HIPAA Compliance
630 West 168th Street, Box 159
New York, NY 10032
Tel. 212.305.7315 Fax. 212.342.5173
E-mail: HIPAA@cumc.columbia.edu
http://www.cumc.columbia.edu/hipaa/
Effective date: October 1, 2015
Important Information about Patient Email

As a patient of Columbia University College of Dental Medicine / Columbia University Health Care, Inc., you may request we communicate with you by electronic mail (email). This Fact Sheet will inform you about the risks of communicating with your health care provider or program via email and how Columbia University College of Dental Medicine / Columbia University Health Care, Inc. will use and disclose provider / patient email.

PLEASE READ THIS INFORMATION CAREFULLY
Email communications are a two-way communications. However, responses and replies to emails sent to or received by either you or your health care provider may be hours or days apart. This means that there could be a delay in receiving treatment for an acute condition.

If you have an urgent or an emergency situation, you should not rely solely on provider / patient email to request assistance or to describe the urgent or emergency situation. Instead, you should act as though provider / patient email is not available to you and seek medical attention.

Email messages on your computer, laptop, or other device have inherent privacy risks especially when your email access is provided through your employer or when access to your email messages is not password protected.

Unencrypted email provides as much privacy as a postcard. You should not communicate any information with your health care provider that you would not want to be included on a postcard that is sent through the Post Office.

Email is sent at the touch of a button. Once sent, an email message cannot be recalled or cancelled. Errors in transmission, regardless of the sender’s caution, can occur. You can also help minimize this risk by using only the email address that you provide to our practice/ program/ provider.

In order to forward or to process and respond to your email, individuals at Columbia University College of Dental Medicine / Columbia University Health Care, Inc. other than your health care provider may read your email message. Your email message is not a private communication between you and your treating provider.

Neither you nor the person reading your email can see the facial expressions or gestures or hear the voice of the sender. Email can be misinterpreted.

At your health care provider’s discretion, your email message and any and all responses to them may become part of your medical record.
Patient Request for Email Communications

Patient Name: ___________________________________  Date of Birth: ________________________________

Phone Number: _______________________________  Email: Address: ________________________________

Communications over the Internet and / or using the email system may not be encrypted and may not be secure. There is no assurance of confidentiality when communicating via email. To request Columbia University College of Dental Medicine / Columbia University Health Care, Inc. communicate with you via email you must complete this form and return it to your dental health care provider’s office.

Please be advised that:

• This request applies only to Columbia University College of Dental Medicine / Columbia University Health Care, Inc. If you would like to request to communicate via email with another health care provider or program, you must complete a separate request for that office.

• Columbia University College of Dental Medicine / Columbia University Health Care, Inc. will not communicate health information that is specially protected under state and federal law (e.g., HIV/AIDS, substance abuse, mental health information) via email.

• Provide your email address when registering for your visit with your provider

• It is recommended that you send a test email before corresponding via email.

I understand and agree to the following:

• I certify the email address provided on this request is accurate, and that I accept full responsibility for messages sent to or from this address.

• I have received a copy of the IMPORTANT INFORMATION ABOUT PATIENT EMAIL form, and I have read and understand it.

• I understand and acknowledge that communications over the Internet and/or using the email system may not be encrypted and may not be secure; that there is no assurance of confidentiality of information when communicated via email.

• I understand that all email communications may be forwarded to other providers for purposes of providing treatment to me.

• I agree to hold Columbia University College of Dental Medicine / Columbia University Health Care, Inc. and individuals associated with it harmless from any and all claims and liabilities arising from or related to this request to communicate via email.
General Information

You are welcome to reach out to the Practice Manager or Faculty for specific questions or concerns.

To receive specialty care, you must first get a referral from your primary care dentist.

*To make an appointment or to get more information, please call 212-305-6100*

**General Dental Clinic**

There are several programs at Columbia University College of Dental Medicine / Columbia University Health Care, Inc. that provide general dental care. These programs include students in our pre-doctoral program and residents in our Advanced Education in General Dentistry and General Practice Residency program. Your provider will offer you comprehensive, preventive and restorative dental care.

**Endodontic**

The endodontic program offers treatment for infected and traumatized teeth. The treatment includes conventional root canal therapy, endodontic microsurgery and regenerative endodontic therapy. All procedures are performed under surgical microscopes.

**Implant Center**

The Implant Center focuses on restoring missing teeth using artificial roots. Dental implants support natural looking replacement crowns and restorative treatment. Patients benefit from coordinated dental implant care in our state of the art facility.

**Oral & Maxillofacial Surgery**

The Oral & Maxillofacial Surgery program offers wisdom teeth extraction, placement of dental implants, trauma care, craniofacial reconstruction and maxillofacial surgery, and construction of maxillofacial appliances to reconstruct facial anomalies.

**Oral Pathology**

The Oral Pathology program offers consulting services and a broad spectrum of laboratory services for oral lesions. Treatment is also offered for oral symptoms such as burning mouth and dry mouth, and infections of the oral cavity.

**Orofacial Pain Management**

The Orofacial Pain Management program focuses on diagnosis and treatment of head, neck and jaw pain. This includes TMJ disorders, headaches, snoring and sleep apnea.
Orthodontics

The Orthodontic program is available for children and adults. Treatment includes utilizing corrective appliances to improve irregularities of the teeth and jaws by bringing the teeth, lips, and jaws into proper alignment. Orthodontic services are available for children and adults.

Periodontics

The Periodontic program focuses on preventive care and treatment of gum disease and disease of tooth-supporting tissues. Services include preservation of teeth as well as surgical placement of dental implants.

Prosthodontics

The Prosthodontic program offers advanced reconstructive dental care to return function and esthetics for the most complex patients. Services include dental implants, crowns, bridges, and dentures.

All of the above programs are located within:

Vanderbilt Clinic
622 West 168th Street
New York, NY 10032.

To make an appointment or to get more information, please call 212-305-6100

Pediatric Dentistry
(For Children under 8 years of age)

The pediatric program focuses on children from infancy to adolescence, including preventive care, sealants, restoration of primary and young permanent teeth, and management of traumatic injuries to the dentition.

To make an appointment or to get more information, please call 212-305-6754.

Columbia University Pediatric Dentistry
722 West 168th Street, Main Entrance on Haven Avenue
New York, NY 10032
Directions and Hours to Columbia University Medical Center

Columbia University College of Dental Medicine / Columbia University Health Care, Inc. is located at the Columbia University Medical Center.

By Bus: It is accessible by the A, C and 1 trains and is on the BX7, 100, M3, M2 bus lines. Parking: It is available for a fee at the corner of 165th street and Fort Washington Avenue.

Hours: The dental clinics are open Monday through Friday from 8:30am to 5:00pm. There are evening hours for certain clinics: Monday, Tuesday, Wednesday and Thursday from 5:00pm to 7:00pm. (During fall months) Monday and Tuesday (During the summer months) The clinics are closed Saturday, Sunday and on all national and university holidays.

Questions or Concerns

Patients have the right to express concerns or complaints without fear of reprisal and with the assurance that the presentation of a complaint will not compromise the quality of their care or future access to care.

Patients who have concerns about any aspect of the dental care or treatment they have received at Columbia University College of Dental Medicine / Columbia University Health Care, Inc. should discuss their concerns with the practice manager or faculty of the program where dental care was rendered. Patients may also register that concern either in person, by telephone, or in writing to the Columbia University College of Dental Medicine / Columbia University Health Care, Inc. Office of Patient Services.

Office of Patient Services
Columbia University
College of Dental Medicine
630 W. 168th Street
New York, NY 10032
212-305-8624
Patientservices@cumc.columbia.edu

You may also contact the Commission on Dental Accreditation at the American Dental Association at the following:

Commission on Dental Accreditation
American Dental Association
211 East Chicago Ave
Chicago, IL 60611-2678
(800) 621-8099 x 4653
www.ada.org

You may also contact the New York State Department of Health:

New York State Department of Health
Centralized Hospital Intake Program
Mailstop: CA/DCS
Empire State Plaza
Albany, NY 12237
(800) 804-5447
hospinfo@health.state.ny.us

Acknowledgement

I acknowledge that I was provided with a copy of the Columbia University College of Dental Medicine / Columbia University Health Care, Inc. “Guide to Patient Services”. I have read, understand, and agree to abide by the aforementioned appointment policy and payment policy. I acknowledge that I was provided with a copy of the Columbia University Medical Center Notice of Privacy Practices. I acknowledge that I reviewed and understand the consent to dental treatment.

You will be asked to provide an electronic signature in acknowledgment of the above.