

MEMO OF UNDERSTANDING BETWEEN BIG SMILES (COORDINATED BY DR. ELLIOT SCHLANG, DDS, PC) & MT. DIABLO UNIFIED SCHOOL DISTRICT (DISTRICT)

1. A dentist licensed by the state and in good standing with the Board of Dental Examiners, will provide dental care for the students whose parent or guardian authorizes this dental service in the District. All staff will comply with required background check and fingerprinting protocols.
2. BIG SMILES will obtain approval from parents or guardian for the child to see the dentist at District and shall receive and document approval prior to providing any dental services. Said documentation will be made available to the District upon request.
3. District staff shall distribute and collect consent forms from students once or twice per year. Consent forms shall be provided by BIG SMILES.
4. BIG SMILES shall contact school designees to schedule clinic dates and provide a list of students to be seen. BIG SMILES will coordinate with school building level officials regarding acceptable dates for dental team to be on site.
5. A dental support team of dental assistant and an x-ray teacher/technician with advanced mobile dental equipment, such as digital x-ray equipment, will be brought to District to assist the dentist in developing treatment plans and providing care.
6. Children will be taught about the importance of oral hygiene, proper brushing and flossing techniques and the dangers of smoking to their oral health.
7. There will be no costs to the District due to the administration of this program.
8. Prior to the commencement of services, BIG SMILES shall agree to submit to DISTRICT evidence of comprehensive general liability insurance coverage with a minimum limit of \$1,000,000 per occurrence, combined single limits, and worker's compensation insurance coverage in accordance with the State of CA statutory limits. Evidence of insurance for will be provided on an annual basis.

BIG SMILES also agrees to hold harmless, to defend, and indemnify DISTRICT, its governing board, the individual members thereof, and all district officers, agents and employees from any loss, damage, liability, cost or expenses that may arise as a result of activity by the employee, agent or officer of the signatory agency during or as a result of the activities here to agreed upon being performed.

9. Each dental patient will be provided with a written report to take home. In addition, parents shall be provided with a toll free number to contact BIG SMILES regarding any questions they have.
10. Program will adhere to all applicable laws, Dental Board regulations, and policies, including but not limited to HIPAA and a copy of program's HIPAA notification form shall be made available to DISTRICT upon request. In addition, this HIPAA notification is provided to all parents along with the consent form.
11. The names of dentists and other staff who will serve the children of the District and copies of relevant diplomas, certification and or license will be provided upon request to District.
12. This agreement is for an indefinite term and is cancelable by either party upon written or verbal receipt of notification to cancel with 90 days notice.

DISTRICT

BIG SMILES

Name _____

Name _____

Signature _____

Signature _____

Title _____

Title _____

Date _____

Date _____