CCC Framework™

# Patient Transparency Assessment Form

This anonymous form evaluates patient understanding, treatment transparency, informed conservation, cost communication, and trust within dental care settings.

## Visit Understanding

1. My dental provider clearly explained my diagnosis.
   ☐ SA ☐ A ☐ N ☐ D ☐ SD

2. I understood why treatment was recommended.
   ☐ SA ☐ A ☐ N ☐ D ☐ SD

## Treatment Alternatives

3. Alternative treatment options were discussed.
   ☐ SA ☐ A ☐ N ☐ D ☐ SD

4. Benefits and risks of treatment were explained.
   ☐ SA ☐ A ☐ N ☐ D ☐ SD

## Cost Transparency

5. Expected treatment costs were explained before treatment.
   ☐ SA ☐ A ☐ N ☐ D ☐ SD

6. Insurance and payment responsibilities were discussed.
   ☐ SA ☐ A ☐ N ☐ D ☐ SD

## Communication Quality

7. I felt comfortable asking questions.
   ☐ SA ☐ A ☐ N ☐ D ☐ SD

8. The dental team listened to my concerns.
   ☐ SA ☐ A ☐ N ☐ D ☐ SD

## Trust and Patient Confidence

9. I trust the information provided by my dental team.
   ☐ SA ☐ A ☐ N ☐ D ☐ SD

10. I felt adequately informed before making treatment decisions.
    ☐ SA ☐ A ☐ N ☐ D ☐ SD

**Open Feedback (Optional):**

What could have improved your understanding of diagnosis, options, costs, or conservation?