

NYSDA RISK MANAGEMENT VII

This document is intended to be informational and should not be construed as definitive legal advice. Consult your own attorney for legal advice. (revised January 1, 2006)

I. PROFESSIONAL LIABILITY

- **Negligence** – unreasonable act or omission resulting in harm to patient
- **Malpractice** – negligence arising out of the doctor/patient relationship
- **Lack of Informed Consent**
- **Breach of contract** – not covered by all policies
- **Wrongful death**

Maintain adequate malpractice insurance to protect your practice and personal assets.

What to do if you make an error:

- Inform patient, attempt to correct error
- Notify your insurance carrier immediately

Claims NOT Covered by Malpractice Insurance:

- Not all policies cover breach of contract claims
- Claims of deliberate, intentional harm
- Claims arising from contractual assumption of the negligence of a third party

MOST Common Professional Liability Claims:

- Dissatisfaction with prosthetics
- Failure to treat or improper treatment of endodontic pathology
- Periodontal neglect

Reporting a Potential Claim:

- Follow specific requirements of your insurance policy
- Report as soon as you become aware an incident may lead to a claim
- When in doubt, make a report

Professional Liability Claims Committee Overview (*process used to provide a review of merits of the patient's claim, fair and impartial manner before case goes to court*):

- Plaintiff first files a claim against the dentist
- Dentist notifies insurer of the claim
- Insurer prepares and submits report to District Claims Committee
- District Claims Committee reviews evidence and renders opinion to settle or defend claim – (*Binding Determination*)

Liability claim is referred to claims committee process when a member dentist has a liability policy with a contractual clause authorizing review and binding determination. PROFESSIONAL LIABILITY CLAIMS COMMITTEE PROCESS IS A SERVICE PROVIDED BY NYSDA TO ITS MEMBERS ONLY, INCLUDING FORMER MEMBERS WITH QUALIFYING POLICIES

(MOST IMPORTANTLY NYSDA BENEFIT AT NO CHARGE)

Administration of Professional Liability Claims Committee:

- Established by NYSDA Council on Insurance as a subcommittee in every local dental society also referred to as District Claims Committee
- Insurance carrier notifies the committee of a claim
- Component claims committee consists of a chair and at least 5 members

Professional Liability Claims Process:

- Patient files a claim
- Dentist notifies insurance carrier who investigates and prepares claim
- Carrier submits report to component claims committee
- Committee renders opinion – settle or defend case in court

Alternative Path:

- Patient expresses intent to bring a claim
- District Claims Committee hears info. regarding event before it becomes a lawsuit
- Decision of committee may help resolve matter prior to litigation
All meetings are confidential. Proceedings are privileged and confidential. No records are maintained except recommendation to defend or settle case.

Four Elements of Malpractice:

- **Duty** – in patient/doctor relationship the doctor must treat the patient within standard of care in the community
- **Breach of Duty** – failure to treat within standard of care in community
- **Proximate Cause** – patient must show a departure from standard of care
- **Damages**

National Practitioner Data Bank – Maintains records of medical malpractice settlement payments or payments of court ordered malpractice judgments. Insurer must report payments within 30 days of payment.

Statue of Limitations:

Wrongful Death – 2 ½ years from date of death

Ordinary Negligence – 3 years

Contract – 6 years

For Minors: Within 10 years from treatment or 2 ½ years past the age of majority (18years.), whichever comes first.

Two doctrines which may extend the statute of limitations for bringing an action beyond 2 ½ years: Doctrine of Continuous Treatment, Foreign Object Doctrine

Liability and Managed Care:

Capitation Plans –dentist agrees to fixed ceiling of reimbursement paid in advance in return for providing required dental care within defined time.

Preferred Provider Organization (PPO) – accepting discounted fees in return for access to pool of enrolled patients.

Health Maintenance Organization (HMO)- independently contract to provide services to the HMO in return for access to pool of patients

Independent Practice Association (IPA) – network of providers join together to contract as a group with HMO's

Malpractice Risks in Managed Care:

- Risk of DIRECT errors being committed by the plan that lead to dentist being negligent
- Risk of INDIRECT pressures from the plan that induce the dentist to be negligent
- It is NEGLIGENT to follow a managed care plan determination that violates a standard of dental care

II. RECORD KEEPING: Rules and Regulations of State of New York states that unprofessional conduct includes: “*failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the Patient.*”

Good Record Keeping System:

- Always record required information consistently
- Are always complete
- Use same forms for every visit
- Record the same information, same place on form for every visit

Required Patient Information:

- Medical and Dental History
- Radiographs, study models
- Drug, lab prescriptions
- Correspondence
- Consultation and referral reports
- Signed consent form
- Name, address, phone number, age, date of birth
- Physician’s name and phone number
- Emergency contact information

Dental Office Visit Information:

- Services provided
- Date, time (initial each entry)
- Instructions to patient
- Drugs, reactions
- Administered/prescriptions
- Cancellations/missed appointments
- Patient comments, complaints
- Referrals made, referrals not followed or refused
- Telephone conversations with patient or physician (include date, time)

Diagnosis and Treatment Plan:

- Diagnosis and treatment plan must be fully explained and understood
- Any changes to treatment must be discussed with patient and recorded
- Documentation demonstrates a *complete record*

Informed Consent: required for non-emergency treatment or diagnostic procedure

Patient Record Entry Rules:

ALWAYS Rule:

- Use a consistent style of entry
- Use ink
- Write legibly
- Express concern
- Date and initial all entries

NEVER Rule:

- Write derogatory comments
- Record fee information
- Alter a record

Making Correction: Never alter records. If you must correct an error use a single line cross out, describe the reason for the correction. Date and initial the entry

Recording Patient Complaints: Use your judgment about complaints without merit, BUT it is better to record and explain the resolution of complaint than to make no record that the complaint was addressed. If it is without merit explain why it is of no merit.

Treatment Refusals by Patients should always be recorded.

Maintaining Records:

- Adult patients for 6 years.
- Minor patients for 6 years. or until the patient is 22 years old, whichever is longer

A Retired Dentist - maintaining his/her license is subject to the same professional conduct rules as a practicing dentist, therefore, must maintain patient records.

Death of a Dentist – Estate can be sued for malpractice, therefore, preserve records.

Selling the Practices - Maintain access to records 6 years. after seller last saw the patient.

Minor patient's records should be maintained for 6 years after seller last saw patient or until the minor turns 22 years. old, whichever is longer. Ideal strategy is to keep records forever.

Electronic Record Keeping:

- Use a record keeping program that “locks” records to prevent alterations
- In legal proceeding, you must demonstrate that your records are “authentic,” unaltered and reliable.

III. MEDICAL & DENTAL HISTORY:

Medical History:

- Use a history form that combines checklist and narrative
- Check box stating: “reviewed the medical and dental history directly with the patient” initialed by dentist and patient

Content:

- Name, phone number of patient's physician(s)
- Date of last physical
- Your evaluation of general health and appearance of patient
- List of any systemic diseases
- Current medications (birth control, aspirin, recreational drugs)
- Current treatments
- Bleeding disorders
- Allergies
- History of smoking, drinking, radiation, chemotherapy
- Adverse reaction to dental anesthetics
- Any prosthetic joint replacements
- Mitral valve prolapse
- Record blood pressure, pulse
- Your evaluation of patient's physical and emotional ability to tolerate procedures

Interview:

- Use a medical history form to standardize interview process
- Highlight any information that has implication for dental treatment
- Note social medical conditions: pregnancy, allergies, hypertension, HIV

- Note Medical Conditions: bleeding disorder, anticoagulant therapy, heart murmur, mitral valve prolapse

Indications for Antibiotic Prophylaxis:

- Prosthetic joint replacement patient at higher risk of infection
- Immunocompromised and immunosuppression
- Patients with co morbidities: prosthetic joint infection, malnourishment, hemophilia, HIV, Insulin-dependent diabetes, malignancy

If physician insists that the patient be premedicated in the absence of these conditions, ask the physician to write the prescription

- **ADA Statement:** “Now, only those that are associated with significant bleeding are recommended for prophylaxis as dictated by clinical judgment”.
- If Antibiotic prophylaxis is required, document that you informed the patient of the need for premedication and that you asked the patient if medication had been taken. Document patients response

Dental History: (Failure to do so constitutes a departure from standard of care: failure to do so is negligence)

Content:

- Chief complaint
- Past dental records
- Past dental treatment
- Radiographs
- Patient’s view of oral hygiene status
- Oral hygiene status
- Oral hygiene habits
- Treatment plan/referral info.
- Progress notes
- Discharge/termination notes
- Have patient describe their dental history in their words. What they say can be a safeguard.
- Record patient awareness of grinding or clenching
- Record patient’s view on local and general anesthesia
- Record dental hygiene info.

Interview:

- Proceed with caution if new patient tells of dissatisfaction with previous practitioners
- Refrain from making gratuitous comments regarding prior treatment

IV. INFORMED CONSENT: (The conversation a dentist has with a patient prior to treatment in which options and possible risks of the proposed treatment are explained and discussed – required by law)

Avoiding an informed consent action:

- Maintain excellent records
- Document informed consent conversation
- Document the patient’s reactions and concerns
- Document patient’s agreement to treatment plan

Who can give informed consent?

- Parents and guardians of children under 18 years.
- Anyone over 18 years of age
- Patients under 18 if they are married or have children

Informed Consent Procedures:

Dentist's Responsibility: Obtaining informed consent cannot be delegated. It is the duty of the dentist performing the procedure to inform the patient.

Informed Consent is required when:

- You are performing a procedure for which a reasonable person would expect to receive a formal explanation of risk
- For invasive procedures and those with foreseeable risks
- For all non-emergency procedures

Elements of Informed Consent:

Dentist MUST explain:

- Procedure in understandable terms
- Reasons for the procedure
- Benefits of procedure
- Alternatives and consequences for alternatives including no treatment
- Risks associated with procedure

The Dentist MUST:

- Determine whether the patient has understood the information provided
- Give the patient opportunity to ask questions
- Obtain a clear expression of patient's desire to proceed with treatment

Approach to Informed Consent:

- Should be formalized to ensure that you consistently cover required elements
- Allocate plenty of time for discussion
- *Do Not Rush the Patient*
- Patient should not feel pressured
- Explain in detail the risks and benefits of procedure
- Explain alternatives with risks and benefits
- Explain technical terms when you can't substitute terms
- Draw pictures to describe problems and treatments

Documenting Informed Consent:

- Informed Consent should be documented in chart
- Notation in chart should be initialed by dentist
- Signing should be witnessed by someone other than dentist
- REMEMBER informed consent is the discussion not the form
- Purpose of the form is to show that informed consent took place

Informed Consent Form:

- Should be tailored to particular circumstances of each case
- Patient should sign form to acknowledge that he/she had a conversation with the dentist about risks and benefits of treatment and alternatives

- He /she has read the consent explanation and agrees to proceed

Special Circumstances:

- **Emergency Treatment** (when patient is in need of immediate attention and delay of obtaining an informed consent would increase risk of person's life or health)
- Only deal with the emergency, do not go beyond
- **Non-English speaking patient** may require an interpreter
- Consent form should be in the patients speaking language
- **Hearing Impaired Patient** – law requires you to make appropriate and reasonable accommodations for disabled patients. This may require you to provide language interpreter.
- **Mentally Incapacitated Patient** - legal guardian must give consent

V. OWNERSHIP OF RECORDS: (a property rights issue which relates to custodianship of the physical documents, not the medical information in the documents)

Maintenance of Records: (professional discipline issue) Dentists must maintain an accurate record for each patient which reflects evaluation and treatment of each patient. Failure to do so violates NYS Department of Education regulations and leaves you vulnerable to malpractice action.

- Keep records 6 years from last treatment for adult
- Minors - 6 years. From last treatment or until patient is 22 years of age whichever is longer
- Recommendation: safest approach is to keep records FOREVER. There is no statute of limitations for professional discipline cases.

Private Practice – dentist owns all patient records

Retired Dentist – still holds a license and is bound for rules of Professional Conduct to maintain records for 6 years minimum and longer for minors

Selling Practice – selling dentist should maintain access to all patient records of practice being sold, and must secure patient consent prior to disclosure of any patient health information. **IMPORTANT** – send a letter to patients explaining custodianship of records will be transferred to the purchaser. Offer to send records to another dentist if patient prefers.

Purchasing Dentist – must maintain the transferred patient records for full 6 yrs. minimum or longer for minors

Death of a Dentist – Estate has three Options:

The estate can sell the practice immediately and obtain patient consent for transfer of records OR estate can apply to the Surrogate's Court to operate the practice for a maximum of 8 months after which the practice and records must be closed or sold to another dentist AND obtain patient consent for transfer of records. OR the estate can close the practice immediately without selling and simply retain the records.

Insurance Company Access to Patient Records:

- When a patient signs a form authorizing insurance company to access their records, authorization is limited to records necessary to process the claim.
- Keep a copy of release form signed by patient

Patient Access to Records: NYS Public Health Law requires upon WRITTEN request, make copies of records for patients within a reasonable time. Always retain originals. Failure to comply with request constitutes professional misconduct.

Charging for Copies:

- You can charge up to .75 per page for copying
- You can charge reasonable amount for copying radiographs or study molds
- The amount charged to patient may not exceed the actual cost of the copying
- You can not deny a request for records because of unpaid bills.

Patients Oral Request for Records do not automatically trigger patient's rights mandated by Public Health Law.

Ownership in a partnership – records belong to the partnership. In a breakup the ownership is a matter of contract and agreement between parties.

Owner/Employee Relationship: Owner dentist owns the records, employee dentist has no rights to the records unless there is a written agreement. If employee dentist leaves a practice he/she will need to obtain copies of records for the patients he/she treated.

Independent Contractor Dentist: If the dentist sees his own patients and is fully in charge of his work, then that dentist owns the records for his own patients.

Transferring Records: records may not be transferred without authorization of the patient. A written authorization is always preferable.

- If an employee dentist leaves the practice to begin his/her own practice, employer dentist has the *ABSOLUTE OBLIGATION* to provide a copy of the patient record upon written request by patient

Disposing of Records: (Ideal strategy is to keep records forever)

- Instead of destroying records it is acceptable to create a record archive for inactive files in an other location as long as you retain access to them
- Wait until records are at least older than 10 years and possibly longer for minor patients.
- *ALWAYS* dispose of records in a manner that they will not be inappropriately viewed or taken by an unauthorized person.
- Best way to dispose of records is to contract with a firm that provides confidential record disposal and provides documentation of disposal.

VI. PATIENT RELATIONS: (Minimizing risk of malpractice lawsuits depends on your interactions with patients)

- Put yourself in the patient's shoes especially when there is a problem
- Be empathetic
- Discuss alternative solutions to problems
- Stay calm

Dealing with Conflict

- Maintain confidence
- Speak slowly
- Be positive

Guidelines for Dealing with Patients

- Communicate effectively - listen, don't interrupt
- Don't argue
- Don't use provocative language

- Smile
- Convey understanding
- Use patient's name
- Discuss topics of mutual interest
- Provide quality care
- Provide outstanding customer service

Train Your Staff to:

- Respond in a positive way to patients
- Convey understanding
- Treat patients with dignity even when confrontational
- Use phrases like:
 - I can certainly understand how you feel
 - I can see why you feel that way

Conduct Morning Management Meetings with Staff to review the day's patients, plan special considerations and adjust schedule to give more time to a patient who usually needs extra time to talk.

Evaluation by Staff: Have your assistants evaluate your communication skills to identify if you interrupt a patient, use a patient's name. Have staff give you feedback to help you improve your communication skills.

Abusive/Disruptive Patients: Calmly talk to the patient in a nonconfrontational way. If that does not work, ask patient to leave. As a last resort, call the police.

- Record these kinds of events in patient's record in an objective way
- Do not make disparaging comments in the records
- You may need to consider terminating the dentist/patient relationship

Sexual Relationships with Patients: NEVER appropriate.

Selling to Patients: It is NEVER appropriate for a dentist to exploit the dentist/patient relationship for the purpose of promoting products for financial gain. Only dental or oral health care products may be sold from an office.

Patients Suffering from Alcohol or Substance Abuse: You may clinically deal with such situations in order to provide oral health treatment.

Federal Disability Law Applies: It is illegal to refuse dental care to patients suffering from alcohol or substance abuse. They are classified as disabled.

VII. TRAINING STAFF AND EMPLOYEES: (Training your staff to understand their responsibilities and to perform procedures correctly will reduce your risk of malpractice)

Vicarious Liability: Acts of negligence performed by employees can create liability for the employer dentist. An employer is responsible for acts or omissions of the individuals he/she employs. The malpractice claim will be that the proximate cause of the negligent act or omission was due to the employer dentist's failure to appropriately supervise and/or train the employee.

Respondeat Superior is the legal doctrine that causes an employer to be subject to vicarious liability. An employer is not liable for a deliberate act of an employee who sets out to violate rules governing appropriate care.

Infection Control Training is a heavily regulated area. You must achieve technical compliance. Deviations could result in a malpractice claim (*Rules of Professional Conduct* of the New York State Education Department). Mandated training for dentists and hygienists is every four years.

Staff Supervision:

- **Direct Personal Supervision of certified dental assistants** - requires a dentist be on site and personally: diagnose patients, give instructions on procedures, authorize treatment and examine patient after treatment.
- **Personal Supervision of dental hygienist** - requires the dentist to be on site to diagnose, authorize treatment, examine patient after treatment.
- **General Supervision for dental hygienists** – requires the dentist be “available” for diagnosis, authorize the treatment procedure, and exercise the degree of supervision appropriate to circumstances.

VIII. CONFIDENTIALITY AND ABANDONMENT:

Confidentiality: A duty that flows from the dentist/patient relationship. Dentist may not divulge any information about the patient or treatment without patient permission.

However, you can not use patient confidentiality to shield patient records from (OPD) of the State Education Dept. OPD is one group that is exempt from confidentiality.

Abandonment: Once the dentist/patient relationship is established, the patient has a right to expect continued care from the dentist

Termination – is the process a dentist must follow to end a dentist/patient relationship to avoid a charge of abandonment.

- Termination must only take place when you reach a normal stopping point in the treatment plan. Reasons to terminate include: unworkable relationship with a patient, threats of harm to you or staff, repeated failure to keep appointments, failure to pay in good faith.
- Always fully document the termination of a patient in the chart.

Disclosure of HIV Status may NOT be communicated to anyone without the patient’s written authorization on a NYS HIV disclosure form.

Exception to HIV Disclosure Rule: You send a SPECIFIC WRITTEN WARNING (in accordance with Public Health Law Section 2782) that the information you provide may not be shared with anyone else without a signed, NYS DOH HIV disclosure form.

HIPAA: Health Information Portability and Accountability Act

Compliance with HIPAA Regulations:

- Dentist must establish formal documentation of office privacy policies
- Staff must be properly trained to maintain privacy policies
- Dentist needs documentation from patients that indicates they have been served with a notice of his/her office policies in order to allow disclosure for the purposes of treatment, payment and healthcare operations
- Effective April 15, 2005 all dentists who conduct electronic transmissions must comply with HIPAA security regulations

IX. REFERRALS: Failure to refer is a basis for negligence if a general dentist who failed to refer is found to have known or should have known that the patient’s

treatment was beyond his/her knowledge, technical skill or ability to treat with a reasonable likelihood of success.

Guidelines for Referral:

- Is the treatment technically beyond my capability?
- Is there a high risk of complications for the indicated procedure?
- Is the patient comfortable about my ability to perform the procedure?
- Is this procedure in my repertoire?

What to Communicate:

- The entire treatment plan
- That you will remain available to answer questions
- Follow-up work that will be required when patient returns from referral

Patient Refuses Referral:

- Record the patient's refusal or failure to attend referral appoint in chart
- Explain the risks with not following through with treatment plan
- Record in patient record that you explained risks

Refer Only to Capable Specialists

X. SEXUAL HARASSMENT: (unwelcome conduct of a sexual nature directed which is directed at an individual whose submission to or rejection of this conduct is used as a factor in decisions affection his/her employment in any way. It also encompasses conduct that substantially interferes with a person's employment or creates a hostile, intimidating or offensive work environment.

Quid Pro Quo Harassment: Employer or supervising employee "acting on behalf" of the employer in holding out the employer's benefits as an inducement to the employee for sexual favors.

Hostile Environment Harassment: Pervasive atmosphere of discriminatorily severe or unwelcome working conditions that interfere with an individual's work performance.

Liability and Discriminatory Acts: An employer can be held responsible for the discriminatory actions of an employee ONLY if the employer acts in a way that condones such behavior

XI. PEER REVIEW: (for NYSDA members only) an impartial mechanism to resolve disputes between a patient and dentist about the appropriateness of treatment and the quality of care. It is a service provided to the public to help maintain the integrity and quality of the profession through self-evaluation.

Contractual Agreement:

- Dentist and patient sign an Agreement to submit to Peer Review
- Dentist and patient agree to waive their rights to sue each other for payment of fees or malpractice
- Agreement includes all waivers and establishes ground rules for the case

Benefits of Peer Review: Quick, fair, no cost alternative to litigation

- Maximum amount a dentist will be asked to reimburse is the fee for treatment.
- Agreement contract provides limited protection from future lawsuits
- Proceedings are confidential and confined to the Association and its components
- Refunds paid by dentist are not reported to the National Data Bank

- Peer Review never involves punitive awards

Types of Cases: appropriate care, quality of treatment, fees (third-party payors)

Peer Review Process:

- Initiated by a complaint, usually a patient
- Complaint is screened by local dental society's Peer Review Committee
- Chairperson of Peer Review Committee determines if complaint meets criteria for peer review
- Parties agree to Peer Review
- Records are submitted
- Fees and payments are placed in escrow
- If the dentist is a specialist, the Committee will include 3 clinicians of the same specialty, a chair and a lay observer

Criteria for Peer Review:

- Dentist must be a NYSDA member
- Complaint involves appropriateness of treatment and/or quality of care
- Treatment performed within two and a half years
- Matter not in or resolved by litigation or collection process
- Complaint not referred to OPD
- Parent or guardian of minor must obtain a court order permitting them to bring the matter before civil arbitration

Peer Review and OPD: A Peer Review decision does not shield from OPD in same way it shields a dentist from a court malpractice action

Mediation Phase:

- A mediator from the Peer Review Committee contacts each party to determine whether the matter can be resolved through mediation
- If outcome is successful, Peer review is terminated. If not, the Chairperson schedules a hearing.

Hearing Phase:

- Each clinician on committee reviews all documentary evidence and conducts an individual patient examination and records the findings
- Committee members interview the dentist and patient
- Committee meets in closed session
- Chair sends a letter of findings and sanctions to the dentist and patient

Appeal Phase: Either party can request an appeal within 30 days of decision

SAMPLE LETTER

DENTIST DISCONTINUING PRACTICE

Dear Patient Name:

Please be advised that due to _____
(my retirement, health reasons, etc.)

I am discontinuing the practice of dentistry on (Date), 20 . I shall not be able to
Attend to you professionally after that date.

Please be advised of your need for continued care. I suggest that you arrange to place
yourself under the care of another dentist. If you are not acquainted with another dentist,
I suggest that you contact the _____ Dental Society (telephone number
() _____.

I shall make my records of your case available to the dentist you designate below. Since
your records are confidential, I shall require your written authorization to make them
available to another dentist. For this reason, I am including at the end of this letter an
authorization form. Please complete the form and return it to me.

I am sorry that I cannot continue as your dentist. I extend to you my best wishes for your
future health and happiness.

Very truly yours,

_____, D.D.S.

AUTHORIZATION TO TRANSFER RECORDS

Date: _____

To: _____, D.D.S.

I hereby authorize you to transfer or make available to _____, D.D.S.,

_____, all the records and reports relating to my
(address)

dental treatment.

Signed: _____

APPENDIX

NEW YORK STATE DEPARTMENT OF HEALTH
AIDS Institute

Authorization for Release of Confidential HIV Related Information

Confidential HIV Related Information is any information indicating that a person had an HIV related test, or has HIV Infection, HIV related illness or AIDS, or any information which could indicate that a person has been potentially exposed to HIV.

Under New York State Law, except for certain people, confidential HIV related information can only be given so persons you allow to have it by signing a release. You can ask for a list of people who can be given confidential HIV related information without a release form.

If you sign this form, HIV related information can be given to the people listed on the form, and for the reason(s) listed on the form. You do not have to sign a form, you can change your mind at any time.

If you experience discrimination because of release of HIV related information, you may contact the New York State Division of Human Rights at (212) 870-8624 or the New York City Commission of Human Rights at (212) 565-5493. These agencies are responsible for protecting your rights.

Name and address of faculty/provider obtaining release:

Name of person whose HIV related information will be released:

Name and address of person signing this form (if other than above):

Relationship to person whose HIV information will be released:

Name and address of person who will be given HIV related information:

Reason for release of HIV related information:

Time during which release is authorized:

From:

To:

My questions about this form have been answered. I know that I do not have to allow release of HIV related information and that I can change my mind at any time.

Date

Signature

SAMPLE GENERIC LETTER FOR TERMINATING A PATIENT

BY REGISTERED MAIL, RETURN RECEIPT REQUESTED

Dear _____ (patient name) _____:

Effective _____ (insert date) _____, I will no longer be able to treat you as a patient in my practice, and the dentist/patient relationship between us will be terminated. I am terminating our dentist/patient relationship because _____ (state reason in an objective, non-inflammatory manner such as: "it has become clear that the trust and confidence required in a dentist/patient relationship is no longer present between us and it would, therefore, be in your best interest to obtain dental care from another dentist" or "you have refused to meet your financial obligations to me for the services I have rendered", etc.) _____.

I will remain available for the next thirty days to provide treatment to you on an emergency basis should a genuine dental emergency arise.

You may contact the _____ (insert local component dental society name and telephone number) _____ for the names of dentists in your local area to whom you may go for dental care. As soon as you notify me in writing that I can release copies of your dental records to your new dentist, I will do so free of charge to you. With respect to the balance you owe me for the dental services I have provided to you _____ (insert what you expect to be done with the balance owed you, such as: "I expect that you will pay the full balance within (insert time period)" or "I am canceling that balance and you do not owe me anything further", etc.) _____.

I wish you all the best with your new dentist.

Very truly yours,

(signed by dentist)

(date)

Patient Medical History

- Are you under a physician's care now? Yes No
- Have you ever been hospitalized or had a major operation? Yes No
- Have you ever had a serious head or neck injury? Yes No
- Are you taking any medications, pills, or drugs? Yes No
- Do you take, or have you taken, Phen-Fen or Redux? Yes No
- Are you on a special diet? Yes No

- Do you use tobacco? Yes No
- Do you use controlled substances? Yes No

Women: Are you Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives?

Are you allergic to any of the following?
 Aspirin Penicillin Codeine Acrylic Metal Latex Local Anesthetics Other _____

Do you have or have you had any of the following?

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> AIDS/HIV Positive | <input type="checkbox"/> Chest Pains | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Cold Sores/Fever Blisters | <input type="checkbox"/> Genital Herpes | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Congenital Heart Disorder | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Sinus Trouble |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Corticosteroid Medicine | <input type="checkbox"/> Heart Attack/Failure | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Arthritis/Gout | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Murmur* | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Stomach/Intestinal Disease |
| <input type="checkbox"/> Artificial Heart Valve* | <input type="checkbox"/> Drug Addiction | <input type="checkbox"/> Heart Pacemaker* | <input type="checkbox"/> Mitral Valve Prolapse* | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Artificial Joint* | <input type="checkbox"/> Easily Winded | <input type="checkbox"/> Heart Trouble/Disease | <input type="checkbox"/> Pain In Jaw Joints | <input type="checkbox"/> Swallowing of Limbs |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Parathyroid Disease | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Blood Disease | <input type="checkbox"/> Epilepsy or Seizures | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Psychiatric Care | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Blood Transfusion | <input type="checkbox"/> Excessive Bleeding | <input type="checkbox"/> Hepatitis B or C | <input type="checkbox"/> Radiation Treatments | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Breathing Problem | <input type="checkbox"/> Excessive Thirst | <input type="checkbox"/> Herpes | <input type="checkbox"/> Recent Weight Loss | <input type="checkbox"/> Tumors or Growths |
| <input type="checkbox"/> Bruise Easily | <input type="checkbox"/> Fainting Spells/Dizziness | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Renal Dialysis | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Frequent Cough | <input type="checkbox"/> Hives or Rash | <input type="checkbox"/> Rheumatic Fever* | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Frequent Diarrhea | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Rheumatism | <input type="checkbox"/> Yellow Jaundice |

Have you ever had any serious illness not listed above? Yes No _____

*Condition may require medication

Authorization and Release

I certify that I have read and understand the above information to the best of my knowledge. The above questions have been accurately answered. I understand that providing incorrect information can be dangerous to my health. I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such Dental care to third party payors and/or health practitioners. I authorize and request my insurance company

to pay directly to the dentist or dental group insurance benefits otherwise payable to me. I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

X _____
 Signature of patient (or parent/guardian if minor)

Acknowledgement of Receipt of Notice of Privacy Practices

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of this office's Notice of Privacy Practices.

_____	_____	_____
Patient's Name	Signature	Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

<input type="checkbox"/> Individual refused to sign	<input type="checkbox"/> An emergency situation prevented us from obtaining acknowledgement
<input type="checkbox"/> Communications barriers prohibited obtaining the acknowledgement	<input type="checkbox"/> Other (Please Specify) _____