

Summer 2012  
Volume XXI Issue 3



# SGVDS Explorer



The Official Publication of the San Gabriel Valley Dental Society



**Dental Ethics:**  
**Hot Topics In Ethics**  
**Peer Review Protects You**

## PRESIDENT'S MESSAGE



Irvin Kaw, DMD

### Highlights of the Year in progress...

**G**reetings everyone!

It seems like it was just a short while ago when we were making our New Year's resolutions for 2012. It is already June and the society has had a busy few months. Here are some highlights of some of the going-ons in our society:

In March, our Delegates to the California Dental Association represented us well at the Special Session of the House of Delegates. Also in March, many members of the society's board attended an annual leadership training. The topics discussed included succession planning and energizing our team.

We have also had several Socials / Meet and Greets at different spots throughout the San Gabriel Valley. We have met many new

faces and look forward to meeting more of you. We will continue to hold these socials every couple of months. We welcome you to join us if you have some time.

Continuing Education seminars have been in full swing at Almansor Court in Alhambra. To date we have heard topics such as Crown Lengthening, Practice Management, Infection Control & Dental Practice Act and Restorative Advances. Regularly scheduled CPR classes are also held at our society building.

In April, we presented scholarships to well deserving hygiene, laboratory and dental assisting students throughout our community. Finally, your Board of Directors & Committees meets on a regular monthly basis at our society building.

There is a lot more going on with our society. We strive to offer value in your membership. Should you have any questions or would like more information please feel free to contact us.

In this edition of our newsletter, we hope that you will enjoy articles submitted by two of our esteemed Chairs - Drs. Patricia Donnelly & Donna Klauser. Dr. Donnelly is our outgoing chair of Peer Review and Dr. Klauser chairs our Ethics Committee.

Finally, as you are wrapping up with the summer season, don't forget that we have a number of upcoming continuing education programs and socials coming up in the fall. Visit our website at [www.sgvds.org](http://www.sgvds.org) for details on dates and times. You can also call Lee or Martha at our society office at (626) 285-1174 for more information.

We hope to see you soon!

Sincerely,

Irvin

## Hot Topics In Ethics

By Donna K. Klauser, DDS, DABP

Your SGVDS Ethics Committee met with other California Ethics Committee members at CDA's biennial ethics seminar in Sacramento in March 2012.

We'd like to share some of the "hot topics" that were discussed at the ethics seminar.

- Legal/ethical implications of social couponing for dental services.
- Review of discount dental advertisements.
- Update on changes in the law regarding specialty advertisements.
- Recommendations on how to best handle online defamatory comments from dental patients.
- Compensation for patient referrals.

### 1. Legal/ethical implications of social couponing for dental services:

First, let's look at the legality of social couponing services, such as Groupon. Many states have regulations that prohibit or restrict the award of gifts as a means of soliciting patients, or prohibit fee splitting between a dentist and a third party.

A dentist using social couponing to offer discounts to new patients will split a portion of the revenue generated from Groupon promotion with Groupon. Groupon takes a portion of each coupon sold, which appears to violate the Business and Professions Code section 650 that prohibits compensation for referrals.

Groupon believes that the dentist is compensating them for advertising, not referrals, so Groupon contends that they are not violating the law. A social couponing service that just charged a flat fee regardless of the results would be more likely to fall under a statutory exception to 650 for referral services.

**Our California dental board has yet to make a ruling on this hot topic.**

A dentist considering participation in Groupon or other social couponing service may wish to wait until further guidance is provided by the state regarding this type of arrangement.

Insurance Contracts implications with social couponing:

Provision of referral gifts or discounts may also be problematic under the terms of dentist’s contracts with third-party payers. If a rebate is given to a patient after the service has been billed to the insurer, the insurer may contend that the rebate effectively reduced the fees for the service and thus the dentist’s claim is in violation of his/her contract (or even fraudulent). If the insurance contract contains a “most favored nation” clause, which provides that the dentist must grant the insurer the best price that the dentist charges for a particular service, that clause may be violated by referral gifts and Groupon discounts.

The insurer could invoke such a clause to compel a dentist who has given a rebate or Groupon discount of a particular service to charge the reduced price for that service to all patients covered by the insurer, and even to rebate to the insurer amounts previously charged by the dentist in excess of the Groupon rate.

Ethical Implications: ADA Ethics Code:

Section 4.E. of ADA ethics code: A dentist may not “accept or tender ‘rebates’ or split fees.”  
 Section 5.B. of ADA ethics code: Dentists shall not represent the fees being charged for providing care in a false or misleading manner.

In April 2012, the ADA’s Council on Ethics, Bylaws and Judicial Affairs issued a new Advisory Opinion to the ADA Principles of Ethics and Code of Conduct. Advisory Opinion 4.E.1 states: “...a dentist who pays for advertising or marketing services by sharing a specified portion of the professional fees collected from prospective or actual patients with the vendor providing the advertising or marketing services is engaged in fee splitting. The prohibition against fee splitting is also applicable to the marketing of dental treatments or procedures via “social coupons” if the business arrangement between the dentist and the concern providing the marketing services for that treatment or those procedures allows the issuing company to collect the fee from the prospective patient, retain a defined percentage or portion of the revenue collected as payment for the coupon marketing service provided to the dentist and remit to the dentist the remainder of the amount collected.”

**Conclusion: Social Couponing**

Dentists are advised to seek legal counsel familiar with such issues in our state prior to “proceeding with caution”.

Until state and federal agencies provide general guidance as to whether the Groupon arrangement violates state/federal laws this “hot topic” will remain a legal “gray area”.

The ADA advises that marketing dental services through social couponing services may be unethical.

**2. Discount Advertising Regulations:**

- In California, advertisements offering discounts must:
- List the dollar amount of the non-discounted fee for the service; and
- List either the dollar amount of the discount fee or the percentage of the discount for the specific service; and
- Inform the public of the length of time, if any, the discount will be honored; and
- List verifiable fees pursuant to Section 651 of the Code [fees listed must be specific; phrases such as “and up” or “as low as” are not permitted.];
- Identify specific groups who qualify for the discount or any other terms and conditions or restrictions for qualifying for the discount.

**3. Update about specialty advertisements**

An implantologist group successfully changed the California law that prohibited a dentist practicing in a non-ADA recognized specialty area to advertise as a specialist. The Dental Board of California will no longer litigate against this group due to the previous unsuccessful

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**MISSION STATEMENT**

*The San Gabriel Valley  
 Dental Society  
 is dedicated to the  
 promotion and support of our  
 member dentists in their pursuit  
 of providing excellent dental care  
 to the public.*

# Peer Review Protection... Priceless

outcome. However, the California Dental Practice act still prohibits “false, fraudulent, misleading or deceptive” specialty advertisements.

The CDA legal department recommends that ADA-recognized specialists, such as Periodontists and Oral Surgeons, should invest in educating the dental public about the benefits of being treated by specialists.

#### 4. CDA Practice Support Center’s recommendations regarding online defamatory comments fro patients

Do not attempt to publicly respond or refute the claim on the web site. Check to see if the web site has a written policy or protocol for removal of potentially libelous postings.

Ascertain who posted the negative comments then review chart documentation to determine reality of poster’s claim. Seek legal advice to determine what type of recourse may be available.

#### 5. Compensation for Patient Referrals [Business and Professions Code Section 650 (a)]

This section of the California Dental Practice Act reads: “The offer, delivery, receipt, or acceptance of any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for referring patients is unlawful.

In essence, we cannot give gifts to our patients when they refer friends to our practices, or to other dentists whety they refer patients to our practices as well.

I’d like to thank Dr. Robert Kiger, Chair, CDA Judicial Council, for an outstanding 2012 CDA Ethics Component seminar. I’d also like to personally thank Brooke Kozak, CDA’s Manager, Judicial Council & Peer Review, for her expert legal/ethical advice in writing this article.

I am privileged to work alongside our dedicated Ethics Committee consisting of Jerry Smith, DDS, and Lee Adishian, RDH.

We are always looking for motivated SGVDS member dentists to join our Ethics Committee.

Please contact me or Lee Adishian, RDH, Executive Director of SGVDS.

Thank you,

Donna K. Klauser, DDS, DABP

(626) 577-8880, drklauser@arcadiaperocare.com



Peer Review protects me and you, my California Dental Association colleagues, and our patients from the costly court system. Solving disputes in the legal arena is costly-emotionally, time-wise and in dollars. Your membership benefit of peer review is priceless. Yes, it is free!

#### Consistent Careful Confidential

I’ve had the privilege to chair our component committee these past six years. I can vouch that your peers appointed to this group strive to render right decisions about quality and appropriateness of treatment to determine whether or not a refund is in order.

#### Welcome Colonel Garcia

We salute the incoming chair, Dr. Enrique Garcia, who is indeed Commander of the 965th Dental Company based in Seagoville, Texas. Rick is a Bruin who married his UCLA lab partner, Dr. Linda Gardner. His background includes private practice, treating juvenile offenders and being an expert examiner with the State Dental Board.

#### The Committee

Chairman Garcia will preside over the current 18 general practitioners and 14 specialist committee volunteers. All these examiners complete peer review training every 2 years. Specialists conduct the review when the treatment was done by a fellow specialist. All specialties are currently represented on the committee, except for oral surgery. Surgeons, please consider training for peer review! Even if some specialists are rarely called upon to review a case involving their colleague, the general committee may ask one to serve as a consultant on a G.P. case. This past year, the SGVDS component reviewed 1 G.P., 2 ortho, and 3 perio cases. (Most were transfers from other components.) The other specialty that is active is prosthodontics. In my dozen years on the committee, I’ve not seen an endo, oral surgery or pediatric specialty case come before us.

#### Never a Dull Moment

As Dr. Marvin Carnow, our former liaison from the State Council on Peer Review and now back in our local group, proclaims, “There is no routine peer review case!” Cases are getting more complex and costly with the rise of implant and cosmetic treatment. A benefit to participating on the component committee is gaining knowledge that we can take back to our own dental practices.

#### We learn, You learn

For my final article in F.Y.I., please allow me to share tips for the taking from 3 recent cases.

#### Thanks, but no Thanks

##### Case1:

First, thanks to the subsequent treating dentist for steering his new patient to peer review when the patient expressed dissatisfaction with his previous dentist. Unfortunately, the examiners could not make any determination because there was no objective, conclusive

evidence to evaluate. All of the restorations in question had been replaced by the subsequent practitioner.

The outcome was that the committee could neither support the original dentist's treatment as being acceptable nor could it validate the patient's complaint and refund any of the \$90,000.00 he had paid.

Both the patient and the subsequent dentist were unhappy. Even though the new dentist admitted that clinically the restorations appeared worse than on the radiographs, photos and models provided to the examiners, he felt that his expert opinion should count sufficiently for the committee to make a decision. Not so. Only a group of 3 (or more) trained peer reviewers can vote on an outcome (majority decides). Also, treatment does not have to be perfect, only reasonable, to be determined acceptable.

TIP: Don't alter the new patient's existing treatment, if they will be doing a peer review. Do alleviate pain and infection, since the P.R. process may take 180 days to conclude. Side note: do consider contacting the previous dentist (with the patient's permission) to help ameliorate the situation, and perhaps avoid a peer review case.

### **What More Does He Want From Me?**

#### **Case 2:**

The treating dentist refunded all \$45,000.00 to his unhappy patient. He was shocked to then be brought into peer review. Even though the staff at C.D.A. explained to the patient that a refund was probably the most he could expect from the process with no monies awarded for pain, suffering, or lost time, the angry patient still initiated peer review. The most the dentist could expect was that his treatment would be judged to be acceptable and therefore the patient's complaint was invalid. In fact, that is what did happen. Point of information: peer review decisions tend to split evenly between dentists and patients.

TIP: Do get the patient to sign a 'Release of All Claims', if you decide to refund fees as a 'goodwill gesture'. Staff P.R. Coordinator Martha has them at the society office. It may help deter the patient from further action.

### **Keeping It Real**

#### **Case 3:**

The P.R. examiners accept the evidence submitted as accurate and true. All dentists know that the treatment records are legal documents. In this age of new technology, it may prove tempting to alter evidence. In a recent case, it appears that the digital radiographs were photoshopped in order to 'close margins' and 'eliminate overhangs'. In this situation, the treating dentist is in violation of C.D.A.'s "Code of Ethics" and will be referred to the State Judicial Council. There he risks losing membership in C.D.A. as well as being brought before the State Dental Board.

TIP: Do tell the truth.

### **Collaborate Carefully**

#### **Bonus Case:**

My own. This has not resulted in a subpoena, yet, but TDIC puts me in the wrong. My patient, a friend, began orthodontic treatment and subsequent periodontal treatment with practitioners closer to her home, whom I did not regularly work with. After a time, she gave up routine maintenance visits at my office to in-

stead have it done solely at the periodontist's. That was a smart decision, as the periodontist's regular reports indicated that issues with recession needed treatment. So, while I continued to see my friend socially, three years lapsed from any professional interaction. Then, she did consult with me for a toothache, where FMX were taken that revealed severe root resorption. I made a comment about it to her and mentioned that I would forward copies of the xrays to her two specialists. Three more years go by without any professional interaction with her, even though her periodontist recommended that she schedule annual exams with her 'general dentist'. Then, the phone call from her new subsequent periodontist informing me that the patient may lose her lower anterior teeth. Next, the phone call from the patient, telling me that I am to blame. Finally, a phone call from me to my liability carrier who says that yes, even though I had had only one communication from the orthodontist, ever, since the initial referral, it was my responsibility to initiate communication with all practitioners involved in my patient's treatment. Unfortunately, even though all three dentists are C.D.A. members, time limits to initiate peer review had expired (3 years from the date of treatment, 1 year from awareness of problem, whichever occurs first.)

TIP: Don't take things for granted. In the case of this friend patient, I thought that perhaps she had perhaps chosen a different general dentist to see, but, I did not want to pry. Do communicate, general practitioners to specialists and vice-versa. Even though I was not hearing from one of the specialists, I assumed that the two specialists were in contact with one another. Side note – Do communicate, even unfavorable outcomes, with the patient, in a timely manner.

Thank you, on behalf of SGVDS Peer Review

Patricia K. Donnelly

626-963-4464

We welcome your questions.

Dr. Garcia 310-502-3502 ▲

## **It Could Happen to YOU**

We need to prepare for the unexpected! Our Society is compiling reference files for all its members so we can best assist you (or your family members) care for your patients in the event you have an unexpected (personal) emergency. Please make the call to our executive director at (626) 285-1174; or send her an email, [director@sgvds.org](mailto:director@sgvds.org), and let her know which of your colleagues you would want contacted in order to provide short-term, pro bono dental care to your patients.

The Society will help you build your support "team" that you, too, will support, if need be. Preparing in advance can make all the difference in the world. If you would like to discuss this "Mutual Office Coverage," also known as "MOC" with Dr. Michael Tanaka, Committee Chair, please feel free to contact him at (626) 331-3354. Forms to get you started in your emergency coverage arrangements are available at the Society office. Please do not delay!

## Home Office Deduction

The home office deduction is available for homeowners and renters, and applies to all types of homes, from apartments to mobile homes. According to the IRS, criteria for claiming a business deduction for part of a residence are:

1. Part of your home is
  - a. a principal place of business if you use regularly for administrative or management activities (such as billing patients, setting up appointments, keeping books and records) and you have no other fixed location, or
  - b. a place to meet or deal with patients in the normal course of your business, or
  - c. the business portion of your home is a separate structure not attached to your home.

You cannot deduct expenses if you use your home for a profit-seeking activity that is not a trade or business. For example you use part of your home exclusively to read regular financial periodicals and research for your own stock investments. Your activity is not a trade or business, you cannot take the home office deduction.

Home office expenses are deducted based on the percentage of your home use for business. Certain expenses will be limited if your gross receipts are less than your total business expenses. The excess expenses due to income limitation may be carried over to next year. They are subject to the deduction limit for that year, whether or not you live in the same home that year.

If you are self-employed, you need to use IRS Form 8829, Expenses for Business Use of Your Home to figure the home office deduction and report the total deductions to a separate line of Form 1040, Schedule C, Profit or Loss From Business.

If you are an employee, your home office deduction can be claimed only for the convenience of your employer.

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*Cuong Le, EA, CPA, CSA is a practitioner located in Santa Monica providing tax, financial advisory and practice due diligence to healthcare professionals (especially dentists), a selected number of nonprofit organizations and the entertainment community.*

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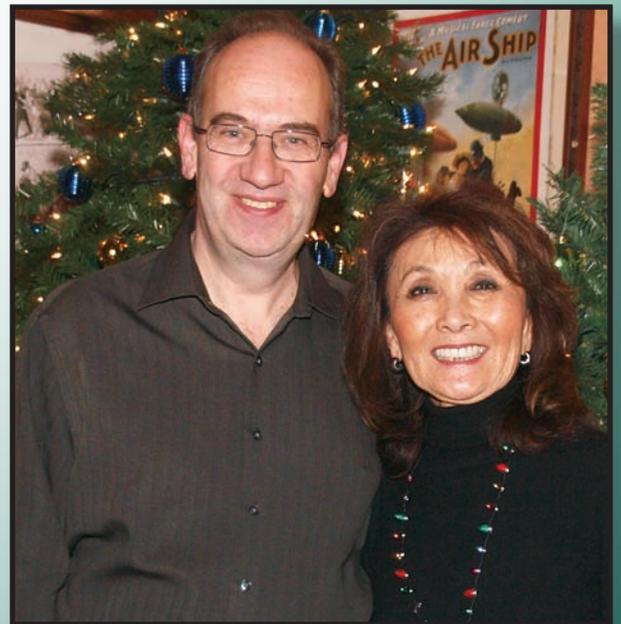
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***Success Through Diligence***

## Spotlight on Member

*SGVDS thanks Dr. Oariona Lowe, Chair Emergency Care Committee*

SGVDS owes a debt of gratitude to Dr. Oariona Lowe for her service to the San Gabriel Valley Dental Society. Dr. Lowe has served over eighteen years as Chair of the Emergency Care Committee. As Chair, Dr. Lowe recruits volunteers to 'take emergency call' for those individuals without a dentist who call the SGVDS Society office seeking emergency care. Dr. Lowe is a dual member of SGVDS and Tri-County Dental Society. She volunteers her time at both local dental societies, CDA and serves as current President of the California Society of Pediatric Dentistry and Immediate Past President of the American Academy of Pediatric Dentistry. She stated, 'organized dentistry will always be my heart and soul.' The Board of Directors would like to thank, Dr. Lowe for her many years of service to SGVDS.



**Dr. Oariona Lowe and her husband Dr. Evangelos Rossopoulos**

# Renting Out Operatory Space

## A Checklist for smart dental office sharing

TDIC Risk Management Staff

For rent: Two operatories in an established dental office. Call for information. It sounds like a good idea. You are not using all of the space in your office and would like another source of income. This appears to be a growing trend based upon ads in dental publications and an increasing number of calls to TDIC's Risk Management Advice Line about renting dental operatories. Such arrangements can work. However, to be successful, a number of essential items need to be addressed before reaching an agreement with another dentist. According to Arthur Curley, a senior trial attorney in San Francisco, important considerations include: a sublease or shared-office agreement in writing, definition of term, description and measurements of space leased, specification of shared equipment and services, insurance, indemnity, joint use of employees, need for signage and forms to avoid "ostensible agency," ownership of patient records and handling of emergencies.

### A sublease or shared-office agreement should always be in writing.

Additional details include notice provisions and events for termination, selection of joint employees and hiring and firing of joint employees, said Curley, who has provided legal services to doctors for more than 35 years. Renting operatory space in your office can be handled in different ways. A shared-office agreement is one possibility, according to Curley. "If services are provided such as reception, telephone, email, office software, shared-office staff, shared supplies, shared equipment, use of radiographic equipment and use of leasehold improvements, then additional items are being leased and a shared-office agreement is a more appropriate description of the agreement," he said. A sublease is another option, but a sublease can present unexpected issues. "If you are simply leasing an operatory without provision of any ancillary services, you can treat it as a sublease," Curley said. "A problem with subleasing is that it will likely require consent of the landlord.

Also, leases often contain a clause stating that the landlord is entitled to all or a portion of excess rent received in a sublease. Thus, if a total lease is \$5,000 per month and 10 percent of the office is subleased to another dentist, any lease amount over \$500 would be excess rent and the landlord would be entitled to receive all or a portion of that amount." Prior to subleasing, TDIC advises dentists to contact the landlord to determine lease violations. Also, call your insurance carrier to ensure you are adequately insured and if this type of arrangement presents coverage limitations. A sublease or shared-office agreement should always be in writing.

In addition to the considerations listed above, Curley outlined the following key points:

- Identify the other doctor's practice as a separate practice on signs, business cards, billings, letterhead and when answering the telephone. Have patients sign an acknowledgement that the

two doctors' practices are separate practices and each dentist is independently responsible for his or her own treatment. This may reduce chance of liability for actions of the other doctor under "ostensible agency."

- Make sure contracts contain indemnity language establishing each dentist's responsibility for his or her own actions.
- Ensure each dentist maintains his or her own insurance for professional and property liability by requiring proof of such insurance as part of the contract. Also require that such insurance be maintained for at least 3 to 5 years following termination of contract. If the dentist who rents space does not maintain insurance, "landlord" dentist may be the only one sued by the patient for injury incurred during treatment by the tenant at the landlord's office.
- Ensure the contract contains specific language concerning termination of sublease at will or on defined notice.
- If employees are shared, consider Employment Practices Liability Insurance for both doctors.
- If your office is not incorporated, consider incorporation to limit liability for the actions of the other dentist.
- Consider engaging the services of an attorney knowledgeable in drafting and interpreting business leases

Call TDIC Risk Management Advice Line at 800.733.0634 with any questions about renting operatory space in your office. ▲

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# Help is a Phone Call Away

Article submitted by Robert Shimasaki, DDS,  
SGVDS Wellness Committee Chair

John Rambo, DDS has been leading a double life for several years. To us he is a loving husband, caring family man, a successful dentist, a contributing member of the community. He continues his membership in Rotary. He is a vice president in charge of fund raising. He coaches Little League even though his sons no longer play. They both play baseball. One plays in high school and John, Jr. in college. He is a solid member of San Gabriel Country Club. He plays enough golf to maintain an index of 12. John was a club champion a few years ago. He and his wife celebrated their 25th wedding anniversary in March. His daughter just won a debate tournament last month in Berkeley, and he drove the entire team to the tournament. Two years ago he expanded his dental office and brought in an associate. The new office is beautiful. He has been practicing dentistry now for 20 years.

But Dr. John has a secret.

If you were to reach in his pants pocket, you would pull out 12 to 14 Vicodin.

Several years ago Dr. John injured his back while playing golf. The pain was excruciating. After a couple days at Huntington Memorial Hospital, he was released with a prescription for 50 Vicodin. For the first couple of years, he took the Vicodin only when he felt the pain in his back. Because the Vicodin made him feel stronger, more alert, almost invincible, he started taking the Vicodin for smaller pains. Headaches. He slowly began to add Vicodin to his evening cocktail. He discovered the wonderful combo of scotch and Vicodin. Then he discovered that one pill didn't seem to affect him, so he started taking them two at a time. In the next few years, he slowly began to realize that he was addicted to booze and pills. He couldn't stop. He tried to stop, but he couldn't.

Dr. John began making poor business decisions (he didn't negotiate a favorable interest rate on the loan for his office expansion), he fired a couple of long time employees for minor infractions, he began to be late for all appointments, he began showing up late to work, he called in sick once a week. He missed a payroll. Arguments at home became a daily routine. He began to miss payments. He started maxing out his credit cards. As the stress built up, he used booze and Vicodin more and more. If he became fearful, booze and pills gave him courage. He became ashamed and depressed. Without help, the future for Dr. John is bleak. 25% of the general public is addicted to booze and drugs (cocaine, methyl, crack, Vicodin, etc.) If that statistic is extended to the San Gabriel Valley Dental Association, then we have 150+ impaired members out of our 600+ active members. We have many rehab recovery centers in the San Gabriel Valley. In fact, Pasadena is the center of recovery with many rehab centers and sober living facilities.

Will Dr. John discover that help is a phone call away? A call to the Wellness Committee can start him on the road to possible recovery. 626-372-5991 (cell) Robert Shimasaki, DDS, Wellness Committee Chair.



## Help is one step away... The CDA Well-Being Program

**Southern California Well-Being Committee**  
818.437.3204 or 310.406.6319

**San Gabriel Valley Dental Society**  
626.285.1174

**California Dental Association**  
800.232.7645 ext.4961

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## Message from the Executive Director



Lee Adishian

### ‘What Would You Do?’

Ethics, peer review, best practices all themes you will see featured in this current summer publication. All of these words call to mind our behavior. Remember your parents and grandparents used phrases like, ‘put your best foot forward’ or ‘do unto others as you would like them to do unto you’.

Today more common phrases are ‘choose wisely-treat kindly’, ‘do the right thing’ or the ever popular books on ‘Random acts of kindness’. ABC television host, John Quinones, dedicates an entire show to human behavior called, ‘What Would You Do?’ These headline phrases call upon us to discern how we treat others.

**Often times, it is how we present ourselves as clinicians, our integrity and demeanor that is called into play when ethical and peer review related issues arise.**

In dentistry, our treatment is multi-faceted. As clinicians we provide dental treatment coupled with emotional and or psychological considerations, often referred to as ‘chair side manner’. Our patient makes an appointment to have a tooth treated. We are trained to perform the clinical procedure; however it is equally important that we provide our service with ethical sound judgment, emotional consideration to the patients needs and always with the best interest of our patient in mind. Often times, it is how we present ourselves as clinicians, our integrity and demeanor that is called into play when ethical and peer review related issues arise. Dentists have been facing ethical dilemmas in their professional practices for years; however the complexity of these issues seems to have increased over the years.

Our own SGVDS member dentists, Dr. Donna Klauser, Ethics Chair and Dr. Patricia Donnelly, Peer Review Chair have written articles for this publication. Through their service to our component they have gleaned a wealth of information and key guidelines that assist dentists with criteria on ethical issues and how to avoid a peer review claim. I trust you will enjoy reading their articles. Have a wonderful summer!

## Message from the Editor



Sunjay Lad, DDS

### What’s In A Name?

As you have likely noticed, there is a new name splashed across the cover of our SGVDS newsletter. Welcome to the first issue of the *SGVDS Explorer*, the new quarterly publication for our San Gabriel Valley Dental Society. Our previous newsletter, Filling You In (FYI), served as a wonderful means of keeping our members up-to-date on recent dental society events, upcoming CE meetings, and providing some helpful tips on issues related to the practice of dentistry. However, as an Editorial Board, we wanted to provide more to our members. We felt that by revamping our newsletter, we could provide a publication that not only provides the same content you have come to depend on, but also enhances your reading experience by addressing many of the issues currently facing our profession. Here are a few of the new additions you can expect to find in each issue of the *SGVDS Explorer*.

Focus on current topics in the profession: Each newsletter will focus on a particular topic related to the dental profession. There are many “hot topics” in dentistry today, and we hope that by focusing each edition on one of these topics, we can enhance our members’ understanding of these issues and promote meaningful discussion.

More content from SGVDS members: From Community Health to Peer Review, there are many ways in which our members serve the profession through the dental society. In each edition, we will feature articles highlighting the various committees and member services available through our dental society. Many of you already take advantage of the excellent CE courses offered through SGVDS, and hopefully these articles will remind you of some of the other member benefits available to you as SGVDS members.

Continued coverage of SGVDS news: As we have done in the past, we will continue to keep you informed of activities within our dental society. From CE meetings to New Member Social events, we will continue to keep you up to speed on everything our dental society has to offer.

The theme of our current issue is “*Ethics in Dentistry*.” I strongly believe that most of us, as healthcare providers, want nothing more than to provide the best care possible for our patients. However, in the 21st century, the practice of dentistry and the business of dentistry are so interwoven that many of us find ourselves spending as much time focusing on third-party payers and promotional advertising as we do treating our patients. We work to support our families and our livelihoods, but on a daily basis, another person puts their health and livelihood into our hands. There is an inherent and sacred trust our patients place in us, and we must be careful in how we handle the ethical dilemmas that can arise in the business of practicing dentistry.

# Smart<sup>1</sup> IMPLANTS<sup>®</sup> = Simplified Comprehensive Predictable

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Consult with our implant specialists, or use the **Implant Fee Planning Calculator** to select implant categories, and desired package.

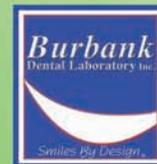
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# CDA REGIONAL LEADERSHIP TRAINING

*Ten of your SGVDS Board and Committee members attended the CDA's Regional Leadership Training in Irvine. Along with speakers and workshops, we were able to brainstorm as a group about future planning and direction for SGVDS.*



# 2012 Allied Dental Health Professional Scholarships

At the SGVDS program meeting in April, we honored the recipients of our Allied Dental Health Professional Scholarships. The scholarship recipients wrote essays which were graded by our evaluation committee. The criteria used for grading included leadership skills, community service, outside interests and achievements. These candidates are highly qualified to receive this scholarship award which is given in partnership by the San Gabriel Valley Dental Society and the Dental Health Foundation.

SGVDS congratulates the scholarship recipients and wishes them every success for a rewarding career in the dental profession.



Top row: Tom Neiderer, RDH, PCC Dental Hygiene Director, Laura Myers, Lori Gagliardi, PCC Dental Assisting Director, Akata Pulini, Bee Yang

Middle Row: Robert Lozano, Jr., Theresa Zsupnik, North-West College Dental Assisting Director, Cristal Robinson

Bottom Row: Alyssa Montoya, Rina Gonzales, Interim Director Citrus College, Norma Valencia, Gretchen Richardson, Hacienda/La Puente Dental Assisting Director, Virginia Cardoza, Everest College Dental Assisting Director, Saeda Basta, DDS, Scholarship Chair

Thank you to the Allied Dental Health Evaluation Committee members: Chair, Saeda Basta, Emad Ammar, Suzanne Coulter, Stephen Flanders, President Irvin Kaw, Saleh Kholaki, Kt Neacy, Vance Okamoto, Jerry Smtih, Dale Wagner, Peter Young

# New Dentist Committee Presents 'Top Ten Ways to Stay out of Court'

*Mari Bradford, California Employer's Association (CEA) presented an engaging seminar on employer-employee issues to over 60 young professionals in April.*



*Save the date!*  
*Meet & Greet*  
*Wednesday, September 26th*  
*7 PM*  
*Paco's Restaurant*  
*in Arcadia*

# NEW MEMBER SOCIAL

New members to the SGVDS gathered for a social at the Society office on April 25th.



**Top Row:** Jerry Smith, Ashish Vashi, Patricia Donnelly, Younes Safa, Raymond Hoyt, Tim Leetrakul, Gary Niu, David Uyhara, President Irvin Kaw, Wes Hill

**Bottom Row:** Marci Smith, Amy Tran, Paula Elmi, Anahita Taraporewalla, Lee Adishian, Michelle Dang, Donna Klauser, Craig Cheung, Donna Arase

# SGVDS Peer Review Committee Changes Faces

Dr. Patricia Donnelly has served as Peer Review Committee Chair from 2006-2012. She was recently honored at a Peer Review Committee meeting by her committee and Board members. Dr. Donnelly has often stated, 'Peer Review is the best member benefit we offer'. She is passionate about the service her committee provides, and has been the consummate team leader. SGVDS wishes to thank Dr. Donnelly for her many years of service as Chair to the Peer Review Committee. As she steps down from her Chair position, she would like to introduce to the membership, Dr. Enrique (Rick) Garcia as incoming Peer Review Chair.

Dr. Enrique (Rick) Garcia was born and raised in Monterey Park. He received his BA in Chemistry and Biology from California State College San Bernardino, and attended the UCLA School of Dentistry graduating in 1982. Dr. Garcia married his classmate Linda Gardner, DDS in 1992. He practiced in Yucca Valley for 8 years before joining the California Youth Authority, now called the Department of Juvenile Justice, at their Fred C. Nelles Facility in Whittier, and the Southern Reception Center and Clinic in Norwalk. Dr. Garcia recently retired from full time work with the State, but still helps out occasionally in their Ventura Youth Correctional Facility. For the last 27 years he has served as an Army Reserve dentist and currently commands an Army Reserve Dental Company in Seagoville, Texas. He has also served fifteen years as an Expert Examiner and subsequently an Examining Committee member for the California Dental Board, until California ceased conducting its own board examinations. Dr. Garcia states, "I pretty much enjoy just about everything, even country music. I look forward to serving with the Peer Review Committee, and hope to eventually become as effective a chairperson as Dr. Patty Donnelly".

## Calibration Workshop Anaheim



President, Dr. Irvin Kaw and Outgoing Peer Review Chair, Patricia Donnelly



Drs: Kathleen Moldenhauer, George Chakmakjian, Ray Loomis, Rick Phillips, Wayne Nakamura, Sanford King, Lynn Mutch, Patricia Donnelly.

## Peer Review Committee Members -in attendance

Back Row: Drs: Lynn Mutch, Viviane Haber, Lance Windsor, Wayne Nakamura, Sam Chui, Richard Phillips, Younes Safa, President Irvin Kaw, Jerry Smith

Middle Row:

Drs: Guadalupe Corder, Ray Loomis, George Chakmakjian, Missagh Pezeshkian, Patricia Donnelly, Regina Wong

Front Row: Dr. Marvin Carnow



# SGVDS 2012 Calendar

## JULY 2012

Wed., 4 INDEPENDENCE DAY, OBSERVED - SGVDS OFFICE CLOSED

## AUGUST 2012

Fri.-Sat., 17-18 Board of Trustees (CDA), Sacramento, CA

## SEPTEMBER 2012

Mon., 3 LABOR DAY HOLIDAY, OBSERVED - SGVDS OFFICE CLOSED

Wed., 5 CPR Certification, SGVDS, Office  
5:30-9:30pm

Tues., 18 **“Latest Advancements in Endodontics”**  
George Bruder, DDS, Almansor Court, Alhambra  
GKAS Presentations  
4:30-8:45pm

Wed., 26 Meet & Greet, Paco’s Restaurant, Arcadia  
7pm

## OCTOBER 2012

Wed., 3 CPR Certification, SGVDS Office  
5:30-9:30pm

Fri., 5 Board of Trustees (CDA), Sacramento, CA

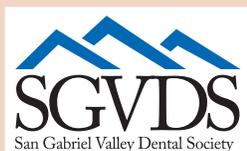
Sun., 7 **Joint Program: SGVDS & Chinese American Dental Society of So. Cal. “Raising Your Business IQ”**  
Mari Bradford, CEA, Almansor Court, Alhambra  
9:00am-1:00pm

Tues., 9 **“Medical Emergencies”**  
Tom Lenhart, DDS, Almansor Court, Alhambra,  
4:30-8:45pm

Thurs., 18-23 ADA Annual Sessions, San Francisco, CA  
All Day

### San Gabriel Valley Dental Society

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Modern Dental Laboratory  
Northwestern Mutual  
Procter & Gamble/Crest & Oral B  
Select Practice Services  
Union Bank

## SGVDS 2012 OFFICERS AND DIRECTORS

**President**—Irvin Kaw, DMD  
**President-Elect/Treasurer**—R. Jerry Smith, DDS  
**Vice-President**—Donna Klauser, DDS, DABP  
**Past President**—Ashish Vashi, DDS  
**Trustee**—Scott Adishian, DDS  
**Trustee**—Saleh Kholaki, DDS  
**Director, Zone I**—John Khalaf, DDS  
**Director, Zone II**—Amy Tran, DDS  
**Director, Zone III**—Ted Tanabe, DMD  
**Director, Zone IV**—Sunjay Lad, DDS  
**Director, Zone V**—Anahita Taraporewalla, DDS  
**Editor**—Sunjay Lad., DDS

### CDA Delegates—*New Terms (3-year term)*

—Donna Arase, DDS  
—R. Jerry Smith, DDS

### *Continuing Terms*

—Patricia Donnelly, DDS  
—Paula Elmi, DDS  
—Irvin Kaw, DMD  
—Donna Klauser, DDS, DABP  
—Stephen Lojeski, DDS  
—Ashish Vashi, DDS

### *Alternate Delegates—1 year term-alphabetical*

—Emad Ammar, DDS  
—Saeda Basta, DDS, MS  
—Leshin Chen, DDS  
—John DiGiulio, DDS, MS  
—Viviane Haber, DDS  
—Ralph Hansen, DDS  
—Sunjay Lad, DDS  
—Michael Tanaka, DDS

## 2012 STANDING COMMITTEE CHAIRS

ADHP (Allied Dental Health Professionals)	Saeda Basta, DDS, MS
Bylaws	Stephen Flanders, DDS
Community Health	Donna Arase, DDS
Ethics	Donna Klauser, DDS, DABP
Legislation/CalDPac	Anahita Taraporewalla, DDS
Membership	Andy Kau, DDS
Mutual Office	Michael Tanaka, DDS
Peer Review	Patricia Donnelly, DDS
Programs	Ralph Hansen, DMD
Publications	Sunjay Lad, DDS
Well Being	Robert Shimasaki, DDS

### AD-HOC COMMITTEE CHAIRS

Assets Management	(P.Pres, Pres, Pres-Elect & Treasurer)
Committee to the New Dentist	Paula Elmi, DMD
Website/Media Relations	Leshin Chen, DDS

Thanks for visiting us @ the CDA. The drawing winner will be announced in the August Dental Trader.



Paul Maimone Broker/Owner  
CA Broker #01172430

CA REPRESENTATIVE FOR THE NATIONAL ASSOCIATION OF PRACTICE BROKERS (NAPB)

**FRESNO COUNTY**

**CENTRAL VALLEY/So. FRESNO CTY** - (3) op comput. G.P. w newer refurb Belmont eqt, digital x-rays, & Dentrrix s/w. In a town of 17,000 w very ltd. competition. Built out in mid 2009. Already collects \$10K+/mos on a ltd. sch. Cash/Ins/PPO. No HMOs or Denti-Cal. **SOLD**

**KERN COUNTY**

**BAKERSFIELD #21 Bldg. & Pract. for Sale** - (10) op comput. G.P. (3) ops fully equipped, (3) ops partially equipped & (4) add. plumbed. On a main St. w excell. exposure. Annual Gross Collect. \$500K on (3) - (4) days/wk. Cash/Ins/PPO/<1% Denti-Cal. Seller retiring. **REDUCED**

**LOS ANGELES COUNTY**

**ANTELOPE VALLEY** - (7) op comput. G.P. located in a highly visible, easily accessible, free standing bldg. on a main boulevard. All ops are digital x-ray equipped. There is a Pano and a Ceph., an experienced staff, and room to grow. (20-30) new pts/mos. (50+) years of Goodwill. Cash/Ins and some PPO pt base. Annual Gross Collections of \$1.5M+. Projecting \$1.6M+ Collections in 2012. A Real Money Maker! **NEW**

**COVINA #2 - Reduced Again! Seller wants it sold Now!** (4) op comput. G.P. (3) ops eqt'd/4th plumbed. Cash/Ins/PPO/Denti-Cal patient base. 2011 Gross Collect ~ \$220K on a (2) day wk. Located in a duplex free standing building with exposure & visibility. Seller is moving.

**COVINA #3** - (3) op computerized G.P. w (52) years of Goodwill. Cash/Ins/PPO pt. base. 2011 Gross Collect ~ \$242K on an easy (3) day wk. Located in a small prof dental/medical bldg. on a main St. Free off St. parking. Low rent. Seller retiring, but will assist w transition. **SOLD**

**GLENDORA** - (3) op computerized G.P. located in a smaller professional building on a main blvd. Very low overhead office with steady growth. Cash/Ins/PPO with a very small % of Denti-Cal. 2011 Gross Collections \$296K+. (5-6) new patients/mos with no advertising. Digital X-Rays. Seller is moving, but will assist with the transition. **REDUCED**

**HACIENDA HEIGHTS** - (2) op p.t. G.P. located in a shop. ctr. w exposure/visibility & signage. Low overhead office w high % net. Cash/Ins/PPO pt. base. 2011 Gross Collect \$164K+ on 2 1/2 days/wk. Seller retiring from private practice to work for county. **NEW**

**LOS ANGELES (SILVERLAKE - ATWATER AREA)** - (3) op G.P. located in the trendy Silverlake - Atwater area of L.A. (28) years of Goodwill. Cash/Ins/PPO pts. 2011 Gross Collections ~ \$140K on a p.t. schedule. Retail store front w exposure/visibility. Seller owns bldg. & will grant Buyer first right to purchase in future. Seller retiring, but will assist w transition. **SOLD**

**NORTHRIDGE** - (6) op comput. G.P. (5) ops eqt'd (6th) partially eqt'd & plumbed. (20) years of Goodwill. Cash/Ins/PPO/HMO pts. 2011 Gross Collections \$400K+ on a two day week. Approx \$3K/mos Cap cks. 17-19 new pts./mos. Seller to concentrate on his main office, & is to busy for this one. **NEW**

**RESEDA #6** - (3) op computerized G.P. located in a well known, easily accessible professional building. Cash/Ins/PPO patient base. Annual Gross Collections \$150K part time. Digital X-rays & Dentrrix s/w. Excell starter or 2nd office. **REDUCED. BRING ALL OFFERS!**

**RIVERSIDE COUNTY**

**RIVERSIDE** - Very clean & well maintained (3) op G.P. Located in a shop ctr. w exposure/visibility/signage. Retiring DDS working (2-3) easy days per wk. Refers all speciality work. Cash/Ins/PPO & minimal amt. Denti-Cal. Annual Gross Collect. \$180K. Does no advertising. (30+) years of Goodwill. **NEW**

**D&M SERVICES:**

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- Expert Witness Court Testimony
- Practice Search & Matching Services
- Medical/Dental Bldg. Sales & Leasing
- Practice & Equipment Financing
- Pre-Death and Disability Planning
- Locate & Negotiate Dental Lease Space
- Pre-Sale Planning

**ORANGE COUNTY**

**NEWPORT BEACH** - (5) op comput. G.P. 4 ops eqt'd/5th op plumbed. Located in a low rise, high end, prof. bldg overlooking the marina. Cash/Ins/PPO & a small % of cap (approx \$1,000/mos). 2011 Collections ~ \$450K on (2) days/wk. Dentrrix s/w, digital x-rays & intral oral camera. 25+ yrs of Goodwill. 30-35 new pts/mos. Seller has a second office in northern CA & is tired of the commute.

**SAN BERNARDINO COUNTY**

**UPLAND #3** - (5) op comput. G.P. & Speciality Pract. located in a free stand bldg. Cash/Ins/PPO/HMO/Denti-Cal pt base. \$2K+/mos in Cap Ck. 2 days/wk G.P. 1-2 days/wk Endo. 1-2 days/mos O. S. and 1-2 days/mos Pedo. Excell situation for G.P. who likes to do Endo. Annual Gross Collect \$525K-\$625K. **Back on the Market.**

**SANTA BARBARA COUNTY**

**SANTA BARBARA #3** - (3) op comput. G.P. located in a dental/medical/prof. bldg. complex on the 1st floor w easy access to parking. Dr. retiring after 40 years. Significant goodwill available in the charts. Does little Pedo even tho many kids are attracted to the complex. Refers all specialities. 8-10 new pts/mos. 6-8 pts/day. Ave. Annual Gross Collect. \$250K on a 4 day wk. Cash/Ins/PPO pts. Digital X-rays. Support during transition. Very attractive price.

**TULARE COUNTY**

**So. TULARE COUNTY - PORTERVILLE AREA** - (6) op comput. G.P. in a major shop. ctr. w exposure & visibility. Cash/Ins/PPO/Kids Denti-Cal pt. base. Annual Gross Collect. \$500K+ on a (4) day wk.

**VENTURA COUNTY**

**OXNARD #6** - High End Office. (4) op comput. turnkey w some charts. (3) ops eqt'd with newer eqt./4th op plumbed. Digital x-rays. Located in a prestigious, landmark, class "A" high rise bldg. on a main thoroughfare. Great starter, second office, or speciality location. **NEW**

**PORT HUENEME #1** - (3) op comput. G.P. in a strip ctr. On a heavily traveled thoroughfare. Exposure/visibility/signage. Cash/Ins/PPO & some Cap. Very low rent & overhead. Gross Collect. \$220K/yr on 2 1/2 days/wk. Does no advertising. Office is Associate run (2) days/wk. Seller works 2 days/mos. Seller attends speciality program, is graduating, & is buying a speciality pract. **SOLD**

**PORT HUENEME #2** - turnkey office w charts. (3) ops eqt'd. In a strip ctr w exposure, visibility, & signage. In an upscale beach area. Easy Dental s/w, digital tomograph, & digital x-ray. 2011 Goss Collect. \$200K+ first 6 mos. 2010 Gross Collect \$369K+ on an Associate run three day wk. Associate left July, 2011. Owner decided to fold pract. into his Camarillo office. Most pts did not transfer. Many are now waiting for a new practitioner at this office. What an opportunity! **NEW**

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# MEMBER NETWORK

**Resumes** One of the member services your San Gabriel Valley Dental Society office provides is employment resumes. Our office will keep on file resumes for back office, front office, dental hygiene and dental associate positions for three (3) months. If at that time you would like your resume extended, please call our office and we would be happy to do that. Let us know if you are looking for full or part time positions.

**Renting/Selling?** Do you have operatory space to rent in your office, looking to retire or would like to sell your practice, we would be happy to post that in our quarterly publication.

**Need CPR?** CPR is taught at the Society office on the first Wednesday of the months (Jan-June & Sept-Nov) at 5:30 PM. This is a re-certification class only. Cost is \$45 members/\$65 non-members. A current textbook is mandatory, and may be purchased for \$12 at the time of the class.

**Change of address and/or email?** Keep your office and email address with the Society office up to date. This will ensure that you receive our communication in a timely manner.



## Frequently Called Numbers:

**American Dental Association**  
(800) 621-8099 (Members only)  
(312) 440-2500  
[www.ada.org](http://www.ada.org)

**California Dental Association**  
(800) 736-8702 (Operator)  
(800) 736-7071 (Voicemail)  
(866) 232-6362 (Member Contact Center)  
[www.cda.org](http://www.cda.org)

**Cal/OSHA Consultation**  
(800) 963-9424

**California Poison Control System**  
The Poison Action Line  
(800) 876-4766;  
[www.calpoison.org](http://www.calpoison.org)

**(DEA)U.S. Drug Enforcement Administration**  
(213) 621-6700  
[www.dea.gov](http://www.dea.gov)

**Dental Board of California (New Contact information as of 3/2/2008)**  
2005 Evergreen St., Suite 1550  
Sacramento, CA 95815  
(877) 729-7789 (916) 263-2300  
Lic Renewals: ext 2304  
Complaints (877) 729-7789, [www.dbc.ca.gov/](http://www.dbc.ca.gov/)  
FNP (Fictitious Name Permits): David ext 2332

**EPA – Environmental Protection Agency**  
(800) 618-8942

**Federal Trade Commission/Western Region**  
(777) 382-4357

**(TDIC) (The) Dentists Insurance Company**  
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Personal Life & Health: David Jacobsen:  
(866) 691-0309

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**Editor:** Sunjay Lad, DDS

**Managing Editor:** Lee Adishian, RDH  
Executive Director

**Design and Production:**  
Mike Serrano for Casa Graphics Inc.  
**Printing:** Mike Serrano - 626.437.0248

The opinions expressed in this newsletter are those of the author(s) and are not regarded as expressing the view of the San Gabriel Valley Dental Society unless such statements or opinions have been otherwise decided upon by special resolution of the Board of Directors. All editorial contributions are subject to space and/or content editing at the Editor's discretion. Acceptance of advertising in no way constitutes professional approval or endorsement.

# NEW MEMBERS—UPDATES & MORE

## NEW MEMBERS

**Nissim M. Benbassat, D.D.S.**  
Prosthodontist - USC June 2012  
Interviewing

**Ginalyn Garcia, D.D.S.**  
GP- U of East 1995  
817 S. Glendora Ave., West Covina  
91790  
(626) 338-7092

**Raymond Hoyt, D.D.S.**  
GP- UCLA 1984  
380 S. San Dimas Ave. Ste 200;  
San Dimas 91773  
(909) 599-5590  
\*Transfer Exception

**Diya Talwar, D.D.S.**  
GP- UCLA 2005  
Interviewing

## TRANSFERRED MEMBERS

**Lilian Hung, D.D.S.**  
GP – USC 2008  
Transferred from KCDS  
Interviewing

**David Kao, D.D.S.**  
Periodontist – U of Connecticut  
2007; UCLA 2004  
Transferred from OCDS  
\*Independent Contractor

**Hoa Ly, D.D.S.**  
GP- UCLA 1999  
Transferred from LADS  
Interviewing

**Daniel Ruffolo, D.D.S.**  
Orthodontist- U of Colorado 2010;  
USC 2007  
Transferred from SCCDS  
130 W. Route 66, Ste. 316;  
Glendora 91740  
(626) 335-7727

**Sameeh Tadros, D.D.S.**  
GP – U of De La Salle 2010  
Transferred from NSDS  
14880 Whittier Blvd., Whittier  
90605  
(562) 693-7730

## DIRECTORY UPDATES - ADDRESS CHANGES

**Chun-Leon Chen, D.M.D.**  
3007 Huntington Dr., Ste. 201;  
Pasadena;  
(626) 304-2625

**Altina Karimyan, D.D.S.**  
800 S. Fairmont Ave., Ste. 100;  
Pasadena;  
(626) 304-3004

**Antoine S. Sayegh, D.D.S**  
707 W Route 66, Ste. 102;  
Glendora; (626) 963-7581

## Summer 2012 Obituaries

### Dr. William Houston

Dr. William Houston passed away on March 17, 2012. Dr. Houston graduated from USC School of Dentistry in 1978. He practiced in Arcadia and was a Life Member of CDA.

**SAN GABRIEL VALLEY  
DENTAL ASSISTANTS SOCIETY**  
[www.sgvdas.org](http://www.sgvdas.org)  
LeAnna Martin, President  
email: [sgvdas14@hotmail.com](mailto:sgvdas14@hotmail.com)

**SAN GABRIEL VALLEY  
DENTAL HYGIENIST SOCIETY**  
[www.cdha.org/sgvdhs](http://www.cdha.org/sgvdhs)  
Liz Lopez, R.D.H., President  
email: [lizlopezrdh@yahoo.com](mailto:lizlopezrdh@yahoo.com)  
626-353-4352  
Employment & Referral:  
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Rancho Cucamonga Campus	
Start Date	App Deadline
June 4, 2012	March 15, 2012
February 11, 2013	November 15, 2012

Visalia Campus	
Start Date	App Deadline
October 1, 2012	July 15, 2012
June 10, 2013	Mar 15, 2013

Visit [consumerinfo.sjvc.edu](http://consumerinfo.sjvc.edu) for important information on program outcomes.

**RANCHO CUCAMONGA** 10641 Church Street

**VISALIA** 8400 W. Mineral King

# Important News Bits

## Employer's Take Note!

### Supreme Court's Brinker Decision Provides Key Guidance on Employers' Meal and Rest Period Obligations

*California Employer's Association*

On Thursday, April 12, 2012, the California Supreme Court issued its long awaited decision on key issues confronting California's employers – the extent of the obligation to provide nonexempt employees a duty free meal period, when such meal periods are required, and when rest periods must be allowed.

In a unanimous decision authored by Justice Kathryn M. Werdegar, the Court held that an employer's duty under Labor Code Section 512 is to "provide" a duty-free meal break every five hours. This obligation is satisfied if the employer relieves employees of all duty, relinquishes control over their activities and permits them a reasonable opportunity to take an uninterrupted 30 minute break. This means that although employers cannot impede or discourage employees from taking meal period breaks, employers are not required to compel employees to take them.

Not all employers are subject to Labor Code 512, which expressly excludes employees in specified industries and those subject to certain collective bargaining agreements. However, the holding is a critical one for the majority of California's employers because of the prior uncertainty regarding the extent of the meal period obligation. The open questions which have increased litigation in the past several years – with each side gambling on an interpretation in its favor – are now resolved.

The Court also addressed the required timing of meal breaks – another unsettled issue which has increased employment-related litigation. The Court held that an employer must provide a meal period no later than the start of an employee's sixth hour of work. A second meal period must be provided before the start of the 11th hour of work. Plaintiffs had argued that the five hour rule was a rolling requirement such that employers are required to provide a meal period no later than five hours after the end of the first meal period. Under that interpretation, if an employee takes a meal break, he or she would be entitled to another meal period five hours later, even if the total hours worked were less than ten hours. The Court rejected this interpretation, ruling unequivocally that an employer's obligation is simply to provide a first meal period after no more than five hours of work and a second meal period after no more than ten hours of work.

Today's comprehensive opinion also addressed rest break obligations. The court ruled that an employer must permit a rest period of ten minutes for every four hours worked or major fraction thereof. An exception applies where an employee is scheduled to work a shift of three and a half hours or less. No rest period is required for shifts of three and a half hours or less.

On a practical basis this means that an employee working an eight hour day is entitled to two ten minute rest periods. An employee working a six hour day is entitled to one rest period. An

employee working a seven hour day is entitled to two rest periods because he or she has worked one four hour period and a major fraction, i.e., more than half, of a second four hour period. The Court also resolved an open question about the precise timing of the rest breaks. The Court held that employers should make a good faith effort to permit rest periods in the middle of each four hour work period, but are not required to do so where practical considerations make that infeasible. In addition, although as a general matter in an eight hour day one rest break should fall on either side of a meal break, this is not mandatory. Factors that render such scheduling impracticable may alter this rule.

This decision provides much needed guidance to employers who have been forced to guess their meal and rest period obligations. Fortunately, guesswork is no longer necessary. Given the concrete guidelines articulated by the Supreme Court, employers can now determine whether their meal and rest period practices and policies are legally compliant. Where such policies and practices are deficient, they now have specific instructions on appropriate revisions.

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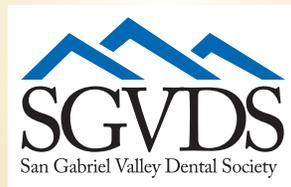
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*Speaker: Mari Bradford, California Employer's Association*

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**Hosted by the San Gabriel Valley Dental Society**



**Sunday, October 7, 2012**

**9:00-1:00 PM**

**Brunch will be served**

Almanson Court

Salon I&II

700 South Almanson Street

Alhambra

*RSVP to San Gabriel Valley Dental Society*

*626-285-1174 (Martha or Lee)*

*[martha@sgvds.org](mailto:martha@sgvds.org)*

## San Gabriel Valley Dental Society

A component of the California and American Dental Associations

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## Tuesday, September 18, 2012 (3 CE Units)

### George A. Bruder, DMD

4:30-8:45pm

Dinner Included

Almanson Court, Alhambra

### “Latest Advancement in Endodontics”

#### ABOUT THE SPEAKER:

Dr. Bruder is Assistant Dean for Education and Information Technologies and Director of Endodontics at Stony Brook University School of Dental Medicine.

Dr. Bruder is a Diplomate of the American Board of Endodontics and the Coordinator of Micro-Endodontics and Endodontic Technologies in the Advanced Graduate Program in Endodontics at Harvard School of Dental Medicine. He is also Treasurer of the New York State Association of Endodontists, and he is Associate Editor of the Journal of Endodontics Online.

#### ABOUT THE COURSE:

This course is designed for the dental clinician who desires to stay at the forefront of the latest scientific advancements, endodontic techniques and schools of thought. Discussion will include NiTi metallurgy and irrigation technologies that are cutting edge and changing endodontic therapy.

The course will cover:

- The Science & Physics of Instrumentation
- Efficiency with Fewer Files
- Energized Irrigation Protocols
- Obturation



## Tuesday, October 9, 2012 (3 CE Units)

### Tom Lenhart, DDS

4:30-8:45pm

Dinner Included

Almanson Court, Alhambra

### “Medical Emergencies in the Dental Office”

#### ABOUT THE SPEAKER:

Dr. Thomas Lenhart is a Dentist Anesthesiologist and Diplomate of the American Dental Board of Anesthesiology. He has been in private practice as a Dentist Anesthesiologist providing ambulatory office-based anesthesia for “special-needs” children and adult patients throughout the Bay Area for over 18 years.

Dr. Lenhart received his Doctorate in Dental Medicine from Boston University School of Dental Medicine and completed a two year post graduate residency program in Anesthesiology at Loma Linda University Dental School, Medical Center and Affiliate Hospitals.

Dr. Lenhart has been involved in academics since receiving his doctorate in Dental Medicine. He is currently a Trustee of the CDA and serves on the Finance Committee at the California Dental Association. Dr. Lenhart holds professional memberships in numerous associations, and will be inducted as a Fellow into the American College of Dentists this October.

#### ABOUT THE COURSE:

The entire dental office team must be prepared to handle medical emergencies. Every dental office must have an emergency plan that outlines the steps it takes in the event of an emergency. This lecture covers the most common types of medical emergencies seen in the dental office, from fainting to a heart attack. Upon completion of this course, participants should be able to do the following: Describe the importance of a dental office emergency plan. Describe the best way to prevent medical emergencies. Review basic life support principles. Identify & describe specific types of emergencies. Describe specific treatment protocols for common medical emergencies.

