

Summer 2010  
Volume XXI Issue 3

# Filling You In...

The Official Publication of the San Gabriel Valley Dental Society



## PRESIDENT'S MESSAGE



Michael Tanaka, D.D.S.

**“In dentistry  
your best patient is  
not the one who  
keeps his mouth  
shut. It is the one  
who keeps his  
mouth wide open.”  
Assemblyman Mike Eng**

Greeting SGVDS members,

**O**n Friday, May 21<sup>st</sup> Assemblyman Mike Eng of the 49<sup>th</sup> District joined members of our SGVDS Board for an informal breakfast meeting at our Society office. It was a very informative and purposeful meeting. Mr. Eng, who initiated the breakfast meeting, solicited our questions and concerns.

One question in particular was: “Medical adult services have been cancelled in the State of California. Have there been any opportunities to generate a bill or monies for handicap and special needs services?” Unfortunately, Mr. Eng did not know the answer; but he promised to give us a reply soon.

Mr. Eng encouraged us to have an ongoing dialogue with him. In fact he said, “In dentistry your best patient is not the one who keeps his mouth shut. It is the one who keeps his mouth wide open.” In other words, silence does not achieve very much—while

communication does! In several months there will be an encore breakfast meeting to build a stronger relationship with our elected representative.

On May 11<sup>th</sup> the SGVDS Board of Directors agreed to form a new working committee. It is called the **Leadership Development Committee**. President-elect Dr. Ashish Vashi and Immediate Past President Dr. Saleh Kholaki will chair this new committee. Its primary purpose is to identify and develop our SGVDS members who will be our future Society leaders.

Our Society continues to grow. Our officers, zone directors, and committee chairs covet our members’ ideas and participation as we learn to serve the needs of our membership and our community.

I am writing my *FYI* message on the eve of Memorial Day. Many people think of it as the beginning of summer. This is true. But let us not forget the sacrifices of our fallen veterans. Throughout the world there are many military cemeteries where American veterans are buried. I am told that some of the cemeteries have this inscription, “When you tell them of us, say, ‘for your tomorrow, we gave our today.’” How very true this is. ▲

### “Work Hard and Play Hard”

Summer brings a hiatus to our Society’s CE Dinner meetings. So how will our members be able to brag about their great summer trips and adventures?

Our SGVDS staff will be proud to show your best vacation photo at our fall CE meetings. Just email your photo with

your name and vacation location as captions to our Executive Director Lee Adishian at [director@sgvds.org](mailto:director@sgvds.org). They will be included in our power point presentation shown at our CE meetings. What FUN it will be to see your summer excursions.

# To Document or Not to Document That Is the Question

by **Robyn Thomason**

*Risk Management Analyst, TDIC*

**R**isk management presenters repeatedly instruct dentists about the importance of proper documentation. At the end of most seminars, the final words of wisdom are typically: document, document, document. There are some things, however, that do not belong in the patient's chart. So how does a dentist know what details are essential and what details could be damaging?

Appropriate documentation provides treatment continuity. Any health care provider should be able to pick up a patient's chart and know what dental treatment the patient has undergone and be able to continue with remaining treatment. However, not all information obtained from the patient is treatment related and if documented in the patient's chart could pose a problem. Patients and their attorneys can obtain a patient's record; therefore, all information in the chart is discoverable and not privileged. Some of those items that do not belong in the patient's chart include:

- **Financial information.** The cost of treatment and the patient's payment history can influence how care is perceived. References to cost may have the appearance that the dentist is more concerned with finances than treatment. Dollar figures can encourage a plaintiff's counsel to focus on cost instead of care. Therefore, financial records should be kept in a file separate from the treatment record.
- **Documentation regarding any discussion with your attorney or liability carrier regarding a particular situation.** These discussions may be interpreted as defensive rather than a desire to do the right thing for the patient. Plaintiff's attorneys could use such entries to suggest that dentists knew they had done something wrong and contacted their malpractice carrier for protection. While these types of conversations are important and should be documented, keep them in a separate file. They are privileged and confidential unless they are put in the treatment records.
- **Critical or subjective comments about the patient.** The chart should only include relevant, factual comments regarding the patient's health and treatment. When documenting a negative conversation or comment from the patient, be sure to directly quote the patient.

The information in a patient's chart is the first line of defense when facing allegations of negligence. However, you do not want to keep information that distracts from clinical decision-making in the treatment record. Ask yourself, "would I be comfortable with this entry being enlarged and projected on a screen in front of a jury?" While it may be important, it is best to keep it separate from the record maintained for your attorney or insurance carrier. ▲

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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.*

# Prescription Liability

by **Carla Christensen**

*Risk Management Analyst, TDIC*

**M**any dentists treat their dental teams like an extension of their families; so when an office manager has a sinus infection or a hygienist has trouble sleeping, the dentist may feel compelled to help them. Unfortunately, attempts to assist staff, relatives or friends with non-dental ailments may result in discipline with the dental licensing board and may even cost the

## **Practicing medicine without a license is a presumption of negligent care.**

dentist his or her dental license, as well as, place the person taking the medication at risk. Practicing medicine without a license is a presumption of negligent care.

For example, a dental assistant's husband strains his back while repairing his car. The assistant asks the dentist to prescribe her husband a few prescription painkiller tablets until he can see his physician. This is a valued employee so the dentist decides to write the prescription. Two days later, her husband is involved in a work-related accident. Drug testing by his employer reveals the presence of the painkiller, which is in violation of the company's vehicle operation policy. He admits he failed to contact his doctor after he obtained the medication from his wife's employer. The dentist is charged with practicing medicine without a license and the dental

## **Prescribing medication for an employee, friend or family who is not a patient of record places a dentist's reputation and license at risk.**

board and Drug Enforcement Agency (DEA) initiates investigations. State licensing boards give particular scrutiny to prescribing narcotic pain medications such as VICODIN® because of the potential for misuse.

Even if the treatment involves a condition of dental origin, a dentist is at risk if he or she writes a prescription without first performing a dental exam, obtaining a healthy history and documenting indications for prescribing the medication. Asking if the employee,

relative or friend has any known allergies prior to prescribing is not sufficient. The individual may be taking another medication that could result in a serious drug interaction.

Be aware of staff that have access to your DEA number. It is illegal for an employee to use your DEA number to call in a prescription or to order additional medication through an established vendor without your authorization. Access to your DEA number does not entitle a member of your staff to prescribe or obtain prescription medications without your knowledge and approval.

To avoid potential exposure for prescription liability follow these guidelines:

- Do not write a prescription for anyone who is not a patient of record.
- Do not provide medication or prescriptions for non-dental issues.
- Examine the patient, obtain a health history and document the diagnosis related to treatment recommendations and prescriptions.
- Keep all narcotics in a locked location; you should maintain possession of the only key.
- Perform frequent, random stock checks and audits.
- Secure prescription pads and closely monitor quantity.
- When possible do not delegate pharmacy prescriptions calls to staff.

Prescribing medication for an employee, friend or family who is not a patient of record places a dentist's reputation and license at risk. The best of intentions may result in the worst outcome for you. The best practice is to treat family members and friends the same as all other patients, without exception. Avoid liability exposure by refusing to write prescriptions for non-patients and for non-dental reasons. If you have any questions regarding the information presented in this article or you need to discuss another risk management issue affecting your practice, please call the TDIC Risk Management Advice Line at 800.733.0634. ▲

# Ethics Review

“Whenever possible, it is preferable to educate and guide member dentists into conformity with the *Code of Ethics* rather than to discipline them for violation.”  
CDA *Ethics Handbook*.

CDA’s Judicial Council *Ethics Handbook* provides component dental societies with guidelines for reviewing membership applications and investigating allegations of unethical conduct involving members.

The purpose of our ethics committee is to investigate alleged violations, provide interpretations and educate members and the public regarding the CDA *Code of Ethics*. It is our responsibility to conduct unbiased and objective investigations to ensure member compliance with the *Code of Ethics*.

Our ethics committee also serves as a resource to members inquiring about provisions contained in the Dental Practice Act. We are fortunate to have Judicial Council with the assistance of legal counsel at our Ethics Committee disposal to assist us with complicated situations.

Our executive director, Lee Adishian, RDH, and I attended the 2010 CDA Component Ethics Seminar in April 16, 2010. We will be featuring ethics case reports reviewed at our seminar to help guide your business/professional decisions.

Our ethics committee is dedicated to serve our member dentists in matters of ethics with confidentiality. I have gladly accepted the assigned Ethics Chairperson 3 year term from our SGVDS President, Mike Tanaka, DDS. We also welcome, Dr. Jerry Smith, as our new committee ethics member.

On behalf of the committee, it is our privilege to serve.  
Donna Klauser, DDS, DABP, Chair  
Questions are welcomed: 626-577-8880

## Case Study

A member of your component, Dr. Plack, contacts your office because he is having a dispute with another member, Dr. Root.

Dr. Plack, who is a general dentist, says he recently received a very nice, large gift basket from Dr. Root, a new endodontist in the area, with a flyer explaining her new patient referral bonus program. Later that day, Dr. Plack saw a patient, Dennis Tofys, and determined that he needed a root canal. Because Mr. Tofys’s root canal would be an especially difficult case, Dr. Plack referred him to Dr. Root for the treatment.

When Mr. Tofys returned to Dr. Plack’s office for his next appointment, Dr. Plack was outraged to discover that, instead of performing the root canal as indicated on the referral slip, Dr. Root

extracted the tooth in question. Dr. Plack wants to file a formal complaint against Dr. Root for taking such liberties with his patient without consulting him.

## Questions:

1. What kinds of ethics issues does Dr. Plack’s complaint raise?
2. Which section(s) of the CDA Code of Ethics and/or state law could Dr. Root have potentially violated? Which ethical principles are implicated?
3. What, if any steps, can the ethics committee take to further investigate Dr. Plack’s complaint? What is the committee’s ultimate goal in determining an appropriate resolution?

## Answers:

- Issue 1: Unlawful compensation for referrals
  - Review Business & Professions Code §650.  
Note: It was unlawful both for Dr. Root to deliver the gift basket AND for Dr. Plack to accept it.
  - Review CDA Code of Ethics, Section 11-“Other fee arrangements between dentists or other persons of the healing arts which are not disclosed to the patient are unethical.”
  - Review Ethical Principles of Autonomy and Veracity
- Issue 2: Specialist’s obligation in a referral situation
  - Review CDA Code of Ethics, Section 9-“In the interest of preserving the continuity of care, a specialist or consulting dentist has the obligation to inform the patient of the need to continue care with the referring dentist, unless the patient expressly reveals a different preference.”
  - Review Ethical Principles of Competence and Integrity
- Issue 3: The ethics committee may recommend that the referring general dentist no longer refer to the specialist. The ethics committee may also remind the specialist that they are obligated to have the patient return to the referring dentist, unless the patient decides not to return to the referring dentist. ▲

## TAX CORNER

### Work Opportunity Tax Credit (WOTC)

The Work Opportunity Tax Credit is a Federal tax credit incentive that the Congress provides to employers who hire one of the target group members with barriers to employment.

#### PURPOSE OF THE WOTC

**The main objective of the WOTC is to enable targeted recipients to gradually move from economic dependency into self-sufficiency as they earn a steady income and become contributing taxpayers. At the same time participating employers are compensated by being able to reduce their federal income tax liability.**

#### TARGET GROUPS THAT QUALIFY FOR THE WOTC

1. A CalWorks recipient that has received Temporary Assistance to Needy Families (TANF) cash benefits for at least nine of the last 18 months.
2. A veteran who has received SNAP (Supplement Nutrition Assistance Program) formerly known as Food Stamps for at least three consecutive months in the last 15 months.
3. An ex-felon who is hired no later than one year after conviction or release from prison
4. An 18- to 39- year-old who lives in a federally designated Empowerment Zone, Enterprise Community, or Renewal Community.
5. A person with a disability who is participating in the Vocational Rehabilitation and Ticket to Work†Employment Network referrals.
6. A Summer youth, aged 16-17, who lives in a federally designated Empowerment Zone, Enterprise Community, or Renewal Community and have not previously worked for the employer.
7. A recipient of Food Stamp aged 18 but not 40 on the hiring date.
8. A recipient of†Supplemental Security IncomeI (SSI).
9. A recipient of long term family assistance (AFDC / TANF).
10. A Hurricane Katrina employee.
11. An unemployed veteran discharged on/after September 1, 2001, but prior to December 31, 2010; and the veteran has received unemployment compensation for at least 4 or more weeks within a year from the hire date.
12. A “Disconnected Youth” who is 16, but not yet 25 on the hire date, not regularly attending a secondary, technical, or post-secondary school during the 6 months prior to the hire date, is not regularly employed during the 6 months prior to the hire date and is not readily employable by reason of lacking a sufficient number of basic skills.

#### How much is the tax credit amount?

The maximum tax credit for disabled veterans is \$4,800 for a one year period.

Summer youth maximum tax credit is a \$1,200 for a one year period. 40 percent tax credit on qualified first year

Long term AFDC / TANF family assistance maximum tax credit for a two year period is \$9,000.

The remaining target groups maximum tax credit is \$2,400 for a one year period.

#### Minimum employment requirements

To claim for the tax credit, the employee must work at least 120 hours within one year for your business to qualify for a 25 percent tax credit on qualified first year wages. If the employee works 400 hours or more, your business can qualify for a 40 percent tax credit on qualified first year wages..

#### Certification Process

To qualify for the tax credit, the employer must first determine if the prospective employee is willing to provide information of this sort to the employer.

ON or BEFORE the day employment is offered, the Pre-Screening Notice (IRS Form 8850) and an Individual Characteristics (ETA Form 9061) must be completed and signed by both the employer and the employee. The forms must be submitted to the Employment Development Department’s WOTC Center within 28 days after the employee’s first day of work. ▲

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# Data Breach

## Will it Happen to You?

by Taiba Solaiman

Risk Management Analyst, TDIC

**D**entists have an ethical and legal responsibility to safeguard the confidentiality of patient information which includes name, date of birth, address, driver's license number, Social Security number, credit card numbers, in addition to health and other personal information. The practice owner is responsible to ensure the information is accessible to those authorized and is restricted from generalized use. Keeping current on privacy requirements under state and federal laws will help dentists and the dental team protect their patients. Compliance can also help protect the dental practice from claims of improper disclosure or use of a patient's information.

Any business that stores personal information can be the victim of a data breach. Networks can be hacked, a laptop computer stolen

**A thief steals a patient's dental identity to get free dental services, prescriptions or to file false claims with insurance companies.**

or personal information inadvertently revealed in an e-mail or on a web site. The thief can use a patient's Social Security number and birth date to create a false identity and utilize it to commit fraud. According to a 2006 survey by the Federal Trade Commission (FTC), three percent of identity thefts involve a person's healthcare information. A thief steals a patient's dental identity to get free dental services, prescriptions or to file false claims with insurance companies.

Establish the following protocols to protect from data breach:

- Develop a secure password system and train staff to understand why your security procedures are important.
- Encrypt sensitive data, such as Social Security numbers. Encryption provides better protection than passwords alone. It is the most effective way to achieve data security. To read and encrypted file, one must have access to a secret key or password that enables you to decrypt it. These protocols must be applied to all forms of data storage

that contain patient information including computer hard drives, lap tops, thumb drives, CDs and back up tapes.

- Physically destroy or electronically remove data from hard drives before disposing of computers.
- All internet connections must have secure firewalls and anti spy/spam/virus programs.
- Disable computer jacks, such as USB ports, to make it difficult to copy information onto portable media.

In the event your office sustains a data breach, follow your state laws to find out how to respond. Reporting identity theft to local law enforcement will enable a more effective response.

The Health Insurance Portability and Accountability act (HIPAA) has provisions regarding data security breach notifications. The provisions were amended by the Health Information Technology for Economic and Clinical Health act of 2009 (HITECH). As of September 23, 2009, patients must be notified any time their unsecured personal health information (PHI) may have been compromised through unauthorized acquisitions, access, use or disclosure. HITECH's security breach notification requirements apply to covered entities.

TDIC developed a sample letter for dentists to send to patients as notification of a data breach. This letter can be accessed at [thedentists.com](http://thedentists.com) in the recordkeeping and forms section of the Risk Management link.

The impact of losing electronic data is expensive, time consuming, and can be damaging to the operations and reputation of a dental practice. Often, office property insurance provides coverage for physical loss or damage to electronic data processing hardware, software and media. This does not usually cover costs associated with data being lost, stolen or damaged. TDIC offers Data Compromise Coverage to help dentists respond to loss or theft of patient information as an optional piece of the office property policy. Contact your TDIC broker to inquire about Data Compromise Coverage. If you don't have TDIC, contact your existing carrier to determine coverage and limits in the event of a data breach. ▲

# The Dental Professional's Community Service Obligation

The Preamble to the ADA *Principles of Ethics and Code of Conduct* suggests that the qualities of compassion, kindness, and charity are part of the ethical practice of dentistry and help to define the true professional. Section 3.A of the ADA Code provides that dentists “have an obligation to use their skills, knowledge and experience for the improvement of the dental health of the public and are encouraged to be leaders in their community.”

Many dentists find it rewarding and enjoyable to volunteer at one of the many clinics providing access to care to the underserved. What if you want to help, but time and other constraints do not permit you to address the access problem by volunteering outside of the office? There are many other ways to fulfill your ethical obligation as a dental professional. You might consider:

- Donating time or financial support to programs such as school dental health screenings or Give Kids a Smile;
- Donating time or financial support to organizations that work to increase access to care, such as the *Foundation of San Gabriel Valley Dental Society*.
- Accepting patients enrolled in Medicaid;
- Helping to educate your government representatives about the need to fund programs such as community health clinics or community water fluoridation;
- Helping to educate your local school board about the damage caused by soft drinks in schools; or
- Contacting the *San Gabriel Valley Dental Society* and volunteering to serve on a committee.

If you are already contributing your time, treasure and/or talent to make a positive impact on the world around you, please know that you are greatly appreciated. If you aren't yet, but you are ready to begin making a difference, today is a great day to start.

## 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!

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## CDA Answers Concerns Regarding Payment for DA Coursework

This information is offered as a follow-up to a discussion at a Component Exchange meeting regarding payment for educational coursework including the eight-hour infection control, California Dental Practice Act (CDPA) and basic life support (BLS) for dental assistants. The laws governing an employer's duty to pay for an employee's time spent attending a course as well as paying for the course itself are complex and vary according to the situation. There is no black and white answer that covers every situation. The criteria related to payment for courses centers around whether course attendance is mandatory or voluntary for the employee and there are nuances around the terms mandatory and voluntary.

In the specific context of dental assistant training for the eight-hour infection control, CDPA and BLS, Business and Professions Code section 1750 places the responsibility on the dentist to ensure that a dental assistant has successfully completed the coursework and maintains appropriate certification. While the Dental Board of

California has enforcement authority over the licensing of dentists and regulation of dental offices related to the dental assistant coursework, it is not the governing body for the employment-related/wage and hour issues that arise regarding employee training. Rather, these issues are under the jurisdiction of the Department of Labor's Wage and Hour Division.

At this time, we do not know how the Labor Commissioner would interpret Section 1750, but we intend to seek such clarification. In the meantime, we recommend that dentists take the safest approach and pay for the courses and the hourly wages for the time the dental assistant is attending the courses.

Dentists can always contact the Department of Labor directly to discuss their specific situation and requirements or they may contact [Robyn Thomason](#) Practice Analyst with the Practice Support Center.



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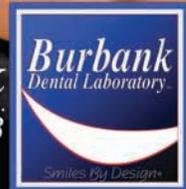
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- Part I - Wednesday, July 14, 2010 5:30pm - 8:30pm - 3 CE Credits - \$179
- Part II - Wednesday, September 15, 2010 5:30 - 8:30pm - 3 CE Credits - \$179
- Part III - Saturday, November 20, 2010 8:00am - 5:00pm - 8 CE Credits - \$795

**Jose-Luis Ruiz DDS Smile Design: A Team Driven Approach Using the Dento-Facial Esthetic Diagnosis System**

To consistently achieve outstanding esthetic results, it is imperative to thoroughly understand Dento-facial Esthetic Diagnosis, which includes dento-facial and gingival esthetics, and the position of the dental structures in relation to facial features. Consistent satisfaction also requires excellent communication to help each patient understand their situation and goals; and implementing a system to record this information and blend it with our own esthetic preferences and goals. In this highly practical course, Dr. Ruiz presents the "Dento-facial Esthetic Diagnosis System." Principles of esthetic diagnosis, treatment planning, patient education & motivation will be presented. This course provides practical strategies and techniques that are easy to implement, and will improve treatment acceptance and patient satisfaction.

Friday - July 30, 2010 - Dentist: \$499 each - Auxiliary: \$299 each - 7 CE Credits



**Sandy Pardue, Lecturer Consultant - Accelerating Your Practice in a Slow Economy**

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# Message from the Executive Director



Lee Adishian

*Taking a leadership position is a great way to shape the future profession of organized dentistry, to have your voice heard and to work along side other members for the common goal of advancing our profession.*

## Survey says. . .

I can almost hear the Family Feud music playing in the background. I know a few of our members are able to recollect the old game show with Richard Dawson. *Family Feud* first debuted in 1976. On the show, two families would compete for prizes and money. Richard Dawson would ask a question and the contestants would try to guess the top five answers in that category. His “call out” before revealing the answer would always be. . . . Survey says!

It is now time for our members to fulfill our Board of Directors plea for Survey says, and win a chance for cash prizes. By now you should have received a copy of our survey in the mail. It is the Board of Directors and SGVDS staff’s desire to ask our members to tell us what you think we are doing well and what we could possibly improve upon. If you have not taken the time to complete the survey and return it to the society office, please do so by the August 1, 2010 deadline. We are so committed to your response that we are offering to put your name into a raffle to win one of the ten—\$50 cash prizes.

Along with the mailed survey, you also received our “Open Positions” for Board and Committee members for 2011. I hope you will consider thoughtfully who you would like to see represent SGVDS on the Board of Directors. This is your membership organization. This is your opportunity to bring forth your name and names of colleagues you believe have leadership and organizational skills that will serve well on the SGVDS Board. Taking a leadership position is a great way to shape the future profession of organized dentistry, have your voice heard and to work along side other members for the common goal of advancing our profession.

So now it’s up to you, our member! Will you take the time to complete and return both the survey and leadership positions form for 2011? The Board of Directors is giving you two opportunities to participate in the direction of our component. In response to the question, “How many of our members returned their surveys?” I hope to respond, Survey says. . .100 percent!

Enjoy your summer and see you in September. ▲



**San Gabriel Valley Dental Society**  
*wishes to thank this year’s  
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for their generous support.*

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# Spotlight on Members

## Assemblymember Mike Eng Honors Dr. Irvin Kaw in Recognition of California Small Business Day

On May 25, 2010, Assemblymember Mike Eng presented Dr. Irvin Kaw with an award for his contributions to the 49<sup>th</sup> Assembly District as both a business and community leader during the California Small Business Day celebration held at the Sacramento Convention Center.

“As our state continues to struggle with a depressed economy, it is of great importance that we recognize the contributions and the significant role of our most outstanding entrepreneurs,” said Assemblymember Eng. “Dr. Irvin Kaw is an exceptional business leader who transformed his passion as a dentist into his work in the community.”

Dr. Kaw is a General Dentistry specialist in Monterey Park and has served on several dental and community organizations like the San Gabriel Valley Dental Society Board of Directors, Southern California Burmese Chinese Association, and the Burmese American Dental Association.

California Small Business Day is a day dedicated to recognizing the contributions of small business to the state of California, and

provides the California State Assembly and Senate an opportunity to honor small businesses from their districts.

Dr. Kaw remarked, “I’m so honored to be recognized, especially because of the pride my parents feel. I stand on the shoulders of my parents who are hard working first-generation immigrants. We are also blessed to be in America where opportunity exists as long as one works for it.”



Sandi Kaw, Assemblymember Mike Eng, Dr. Irvin Kaw, Jenny Kaw

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# New Member Social

## *Meet & Greet*

A wonderful evening to host our newer members was held at the Society office in late April. Introductions, networking and laughter were on the agenda. SGVDS continues to hold our “Meet & Greets” throughout the year. Look for our next

social to take place on September 16th at Paco’s Restaurant in Arcadia. Don’t hesitate to get involved with this energetic and growing group of members.

**Ashish Vashi, Robert Lytle,  
Tejpal Johl, Saleh Kholaki,  
Patricia Donnelly**



**Gilda Torossian, Shannon Lazarian,  
D.T. Fields, Ashish Vashi**

# New Member Social—*Meet & Greet* cont.

**Andy Kau, Richard Shin,  
Saleh Kholaki, James Jun**



**Mark Moya, Edgar Mendiata,  
Michael Tanaka, Paula Elmi,  
Tejpaul Johl, Daniel Tang**

**Victor Ho, Gary Niu,  
John Khalaf, Ashish Vashi**



# Assemblymember Michael Eng

## Breakfast at San Gabriel Valley Dental Society

On May 21 several members from our board met for a breakfast meeting with Assembly Member Michael Eng. In addressing several of our questions, Mr. Eng discussed topics ranging from funding for the Denti-cal program to various issues regarding the dental board.

In general, Mr. Eng spoke on topics including the economic challenges facing our State, the challenges facing dentists as small business owners, as well as discussing the challenges due to lack of funding for dental services for the under-served. Mr. Eng welcomed

our dental society members to voice our concerns to him so that he can better understand our profession. Throughout this year, we will follow up with Mr. Eng to have a continued dialog.

The 49th State Assembly District includes 4.45% of Los Angeles County and includes all of Alhambra, East San Gabriel, El Monte, Monterey Park, North El Monte, Rosemead, San Gabriel, San Marino, and South El Monte, 72.71% of South San Gabriel, and 5.9% of Los Angeles (Wikipedia).



Breakfast Meeting with Michael Eng, Assemblymember 49th District.

Photo Left to Right: Drs: Irvin Kaw, Donna Klauser, Donna Arase, Saleh Kholaki, Gene Sekiguchi, Assembly member, Michael Eng, Michael Tanaka, Lee Adishian, Stephen Lojeski and Ashish Vashi

## SGVDS Members Volunteer at “CDA Presents”

SGVDS members volunteered as Table Clinic judges at “CDA Presents” in Anaheim this past May. Table clinics give students a chance to compete for scholarships, cash prizes and bragging rites.

The table clinics are an excellent way to exhibit innovative ideas and talents in the field of dentistry.



Volunteerrrs Left to Right: Doctors Donna Klauser, Jerry Smith, CDA President Ron Stewart, SGVDS President Michael Tanaka, Gary Niu and John Chao

# ADA New Dentists Conference

On June 24-26th, members from SGVDS attended the ADA New Dentist Conference held in San Diego this year. The Conference provided numerous opportunities to network with colleagues, attend informative classes and enjoy a Friday evening luau celebration. Course topics included, “How to Get Involved and Stay Involved,” “The Grand Slam Early Years of Private Practice,” “Recession-

Proof Strategies” and “Reaching Out to Dental Students—The Next Generation.” The ADA provided a forum for dental professionals to gain knowledge that benefited their career path as well as key information on how to involve members and how to be involved with their ever changing profession.



New Dentist Conference Friday Night Luau

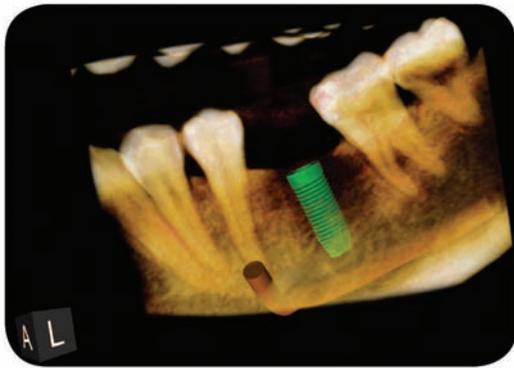


**Drs: Andy Kau, Irvin Kaw, Executive Director, Lee Adishian, CDA Leadership Development Committee Chair, Gary Dougan, Paula Elmi**



**Drs: Andy Kau, Paula Elmi Executive Director, Lee Adishian, Sunjay Lad, Irvin Kaw Wilson Leung**

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\*Gakenheimer, David C. "The Efficacy of a Computerized Detector in Intraoral Digital Radiography." Journal of the American Dental Association. 2002;133:883-890.  
3406 12/16/09

# SGVDS 2010 Calendar

## JULY & AUGUST 2010 NO BOARD MEETINGS OR CE PROGRAMS

### SEPT. 2010

- Wed., 9/1 CPR Certification, SGVDS office  
5:30-9:30pm
- Mon. 9/6 Labor Day Holiday (SGVDS office closed)
- Thur.-Sun. 9-12 CDA Presents: "The Art and Science of Dentistry"  
All day
- Tues., 9/21 CE Program/General Membership Meeting  
Almansor Court, Alhambra  
4:30-8:45pm  
"Occlusion—the Solution to the Confusion"  
Dr. Mark Yamamoto

### OCT. 2010

- Wed., 10/6 CPR Certification, SGVDS office  
5:30-9:30pm
- Sat.-Tues. 9-12 ADA Annual Session  
All day
- Tues., 10/19 CE Program/General Membership Meeting  
Almansor Court, Alhambra  
4:30-8:45pm  
"Cone Beam Technology"  
Dr. Kottal and Kodak

### NOV. 2010

- Tues., 11/2 Election Day
- Wed., 11/3 CPR Certification, SGVDS office  
5:30-9:30pm
- Fri.-Sun.. 12-14 CDA House of Delegates  
Beverly Hills, CA  
All day
- Tues., 11/16 CE Program/General Membership Meeting  
Almansor Court, Alhambra  
4:30-8:45pm  
"Head and Neck Pathology"  
Dr. Parish Sedghizadeh
- Thur.-Fri., 25-26 Thanksgiving Holidays, SGVDS office closed

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## SGVDS 2010 OFFICERS AND DIRECTORS

**President**—Michael Tanaka, DDS  
**President-Elect**—Ashish Vashi, DDS  
**Vice President**—Vickie Greenberg, DDS  
**Secretary**—Irvin Kaw, DMD  
**Treasurer**—Vance Okamoto, DDS (*Ex Officio/Presidential Appointment*)  
**Past President**—Saleh Kholaki, DDS  
**Trustee**—Scott Adishian, DDS  
**Trustee**—Ron Robin, DDS  
**Director, Zone I**—John Khalaf, DDS  
**Director, Zone II**—Lynn Mutch, DDS  
**Director, Zone III**—Paula Elmi, DMD  
**Director, Zone IV**—Donna Arase, DDS  
**Director, Zone V**—Saeda Basta DDS  
**Editor**—John DiGiulio, DDS, MS (*Ex Officio/Presidential Appt./Continuing*)

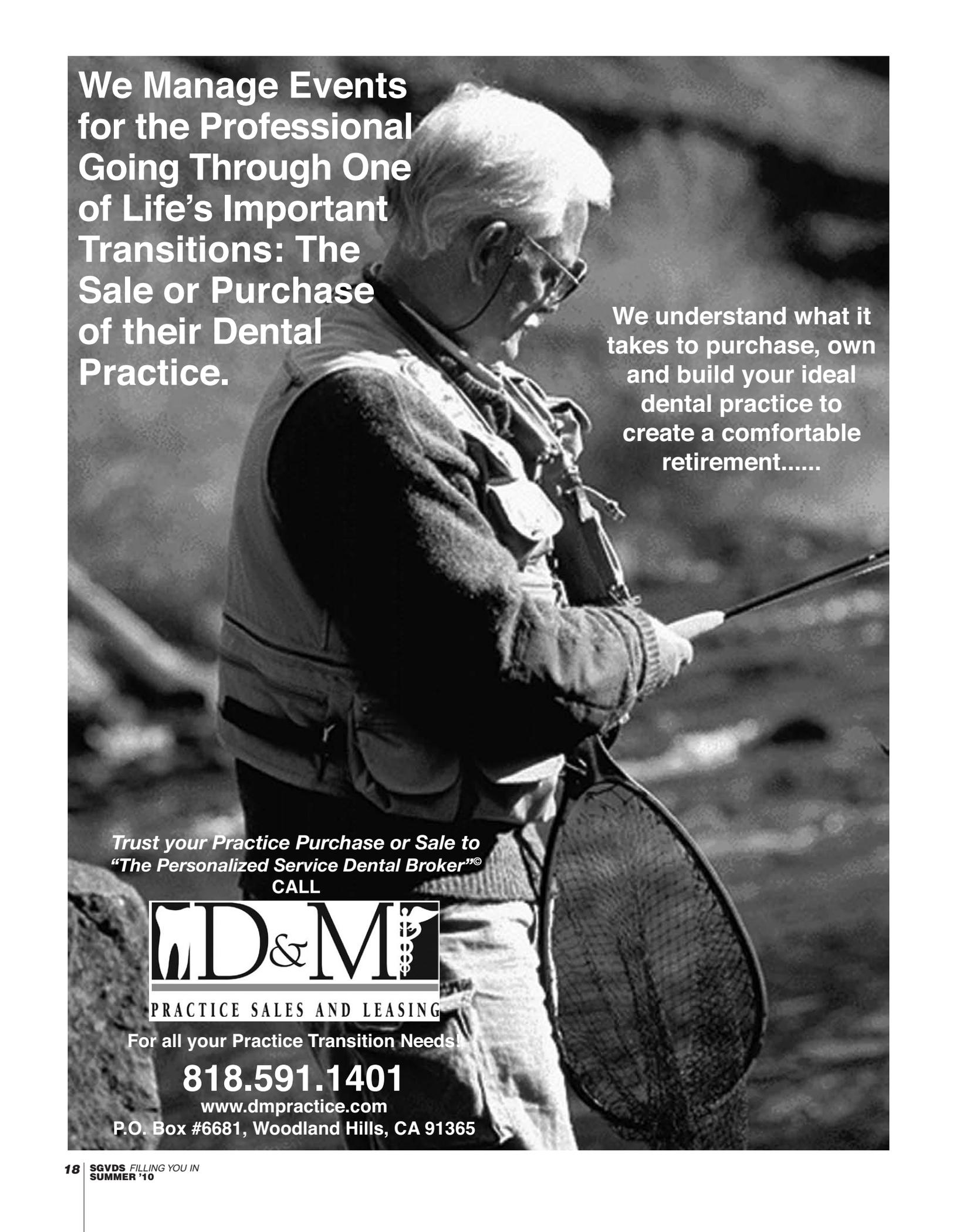
**CDA Delegates—New Terms (3-year term)**  
 —Irvin Kaw, DDS  
 —Donna Klauser, DDS, DAPB  
 —Ashish Vashi, DDS  
**Continuing Terms**  
 —Donna Arase, DDS  
 —Vivanne Haber, DDS  
 —Saleh Kholaki, DDS  
 —Steve Lojeski, DDS  
 —Michael Tanaka, DDS  
**Alternate Delegates—1 year term-alphabetical**  
 —Saeda Basta, DDS  
 —Leshin Chen, DDS  
 —George Chew, DDS  
 —Patricia Donnelly, DDS  
 —John Khalaf, DDS  
 —Peter Lam, DDS  
 —Gary Niu, DDS  
 —John Sudick, DDS

## 2010 STANDING COMMITTEE CHAIRS

Allied Dental Health  
 Professionals Ron Robin, DDS  
 Bylaws Stephen Flanders, DDS  
 Community Health Vickie Greenberg, DDS  
 Children's Dental Health  
 & Education Vickie Greenberg, DDS  
 DA/Hygiene Liaison Saleh Kholaki, DDS  
 Ethics Donna Klauser, DDS, DAPB  
 Legislation/CalDPac Ron Robin, DDS  
 Co-Chair Kit Neacy, DDS  
 Membership Gary Niu, DMD  
 Mutual Office  
 Coverage (MOC) Michael Tanaka, DDS  
 Peer Review Patricia Donnelly, DDS  
 Programs Ralph Hansen, DMD  
 Publications John DiGiulio, DDS  
 Well Being Robert Shimasaki, DDS

## AD-HOC COMMITTEE CHAIRS

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



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# MEMBER NETWORK

**For Lease—1000 sq. ft. medical or dental office space** for \$1500/month. Call 626-287-4094.

**Beverly Hills Family Dental Practice 4 Sale.** 4 operatories, 1100 square feet, ground floor corner, no HMO, all PPO's. dentist@dslextreme.com.

**Cerec '07 4 Sale.** Latest MCXL Milling unit, Acquisition System, Ivoclar furnace. Sale by original owner. Lightly used. Call 626-552-8844. cerec4sale@gmail.com.

**Dent-X 810 Basic x-ray processor free.** Call 626-793-4185 or Fax 626-793-8904.

**Professional Office for Lease in San Gabriel on Las Tunas Drive.** (Cross streets: Del Mar and New). 1060 sq. ft. ideal for Dental Specialist. Building currently has three separate dental offices. (626) 319-5713.

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Blvd. SG. Convenient location from FWY10, 60 & 210. (626) 688-0321 or (626) 309-0066.

**Practice Update**—Do you have an associate position, space to share or a practice for sale? Let SGVDS staff know and they can assist you and your practice. — Let us know if you are looking for a full or part-time associate and what days per week. Also, if you have a space to share if a dentist wishes to set up his/her practice within your office. Advise us how they can contact you, either by phone or email. Call Lee at the Society office at 626-285-1174 or email director@sgvds.org.

**For Rent or Sharing—G.P. or Specialist**—Newly constructed dental office, excellent location and beautiful building at 2630 San Gabriel Blvd. in Rosemead. (626) 675-5005.

**Optimist Youth Homes & Family Services** is looking for dentists to adopt or sponsor a patient annually to provide general &/or orthodontic services. Please contact Crystal Brackin, (323) 443-3021 if you are willing to do this. (Tax exempt letter provided.) ▲

## Frequently Called Numbers:

**American Dental Association**  
(800) 621-8099 (Members only)  
(312) 440-2500  
www.ada.org

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

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

**California Poison Control System**  
The Poison Action Line  
(800) 876-4766;  
www.calpoison.org

**(DEA)U.S. Drug Enforcement Administration**  
(213) 621-6700  
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/  
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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Commercial (Prof. Liability):  
Samson Landeros: (877) 393-9384  
Personal Life & Health: David Jacobsen:  
(866) 691-0309

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

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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

### **Maria Antonia Balce, D.D.S.**

GP- Centro Escolar U 1988  
1010 S. Hacienda Blvd.,  
Hacienda Hgts. 91745  
(626) 336-7567

### **Rita Chen, D.D.S.**

GP- UCLA 2008  
5850 S Main Street, Los Angeles 90003

### **Victor Ho, D.M.D.**

Oral/Maxo Surgery- NY Montereiore Med  
Center 1998; Tufts 1993  
1725 Nogales Street, Ste. 106  
Rowland Heights 91748  
(626) 913-5700

### **James Jun, D.M.D.**

Periodontist-Tufts U 2009; 2006  
514 W. Badillo St., Covina 91722  
(626) 339-5418

### **Laura Lynn Matsunaga, D.D.S. (Dual)**

Anesthesiologist- LLU 1997; USC 1992  
Primary member w/ LADS  
1810 Foothill Blvd.,  
South Pasadena 91030  
(310) 433-3558

### **Edgar Mendieta, D.D.S.**

Orthodontist- UNLV 2009; UOP 2004  
Interviewing

### **Stephanie Morphis, D.D.S.**

Pediatric- USC June 2010; UCLA 2008  
1235 W. Huntington Dr. Ste. A  
Arcadia 91010  
(626) 449-8963

### **Rex Parado, D.D.S.**

GP – International 1986  
275 S. Rosemead Blvd. Pasadena 91107  
(626) 577-5624

### **Weizhong Su, D.D.S.**

GP – China Med U 1989 (also PHD)  
5567 N. Azusa Ave., Azusa 91702  
(626) 969-7717

### **Wah-Yung Tsang, D.D.S.**

GP- USC 2009  
Interviewing

## REINSTATED MEMBERS

### **Robert Lytle, D.D.S.**

Oral/Maxo Surgery – LSU 2003  
USC 1998  
500 N. Central Ave., Ste. 710  
Glendale 91203; (818) 240-1805  
Dropped 2007; Reinstated 2010

## TRANSFERRED MEMBERS

### **Krutav Patel, D.D.S.**

GP- UOP 2009  
Transfer from SFDS  
4977 Huntington Dr. N  
Los Angeles 90032  
(323) 222-7198

### **Ossama Safar, D.M.D.**

Pediatric-NOVA U 2005; 2002  
Transfer from TCDS  
641 W. Route 66 # E; Glendora 91740  
(626) 914-7645

### **Audrey Sheu, D.D.S.**

Pediatric-LLU 2008; 2003  
Transfer from TCDS  
1850 S. Azusa Ave., Ste. 202  
Hacienda Hgts. 91745  
(626) 964-0129

### **Chong Y. Shin (Richard) D.D.S.**

Orthodontist–Vanderbilt U  
Med Center 2008  
U of Maryland 2005  
Transfer from OCDS  
730 E. Valley Blvd., San Gabriel 91776  
(626) 288-6050

### **Jae Min Yoon, D.D.S.**

GP – USC 1989  
Transfer from SFVDS  
16388 Colima Rd., Ste. 201  
Hacienda Hgts 91745  
(626) 937-6453

## DIRECTORY UPDATES ADDRESS CHANGES

### **Jian Cao, D.D.S.**

249 Beverly Blvd., Montebello  
(562) 981-1000

### **Chris Chen, D.D.S.**

1850 S. Azusa Ave., Ste. 202  
Hacienda Hgts.; (626) 854-9530

### **Kimberly Foon, D.D.S.**

696 E. Colorado Blvd., Ste. 224  
Pasadena; (626) 449-5420

### **Nyi Nyi Win, D.D.S.**

8038 Garvey Ave., Ste. B, Rosemead  
(626) 571-7000

## In Memory

### **RICHARD ADAMS**

Dr. Adams passed away in March of 2010. Dr. Adams graduated from USC in 1954. He later returned to USC for his orthodontic residency and graduated in 1958. Dr. Adams practiced in both Whittier and Norwalk.

### **EDWARD MC CLEAN**

Dr. McClean passed away on August 1, 2009. Dr. McClean was a graduate from the class of 1942 at USC. He had an active practice in Whittier until he retired in 1986.

### **JOHN NICHOLLS**

Dr. Nicholls passed away in December of 2009. Dr. Nicholls graduated from Case Western University in 1951. He served on numerous committees for the dental society. Dr. Nicholls maintained a private practice in Whittier.

### **JOSHUA LIAO**

Dr. Liao passed away on April 3, 2010. He graduated from USC in 1988, and had an active practice in San Gabriel.

## SAN GABRIEL VALLEY

### **DENTAL ASSISTANTS SOCIETY**

[www.sgvdas.org](http://www.sgvdas.org) Elena Gaeta, DA,  
President  
email: [sgvdas14@hotmail.com](mailto:sgvdas14@hotmail.com)  
626-840-2098

## 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)  
626-285-7412  
Employment & Referral:  
[RDHPolishers@aol.com](mailto:RDHPolishers@aol.com)  
Mobile Dental Hygiene Services:  
[debbiehartmanrdh@yahoo.com](mailto:debbiehartmanrdh@yahoo.com)



Adelle R. Tan

# DEFINED BENEFIT PENSION PLANS MAKING A COMEBACK

By Adelle R. Tan

Remember your father's pension plan? Before the days of restrictive government regulation, many companies offered one basic variety of pension plans—the defined benefit plan. With these plans, employers were responsible for pension plan contributions and employees could count on a fixed retirement income.

Enter the 1980s. Government began to strangle defined benefit plans, while defined contribution plans, such as 401(k)s, exploded onto the retirement benefits scene. They were simpler to understand, slightly less expensive to administer and employee driven. And, unlike with defined benefit plans, the onus on saving for retirement fell on employees' shoulders. Defined benefit plans were terminated at a record pace.

Now, three factors are renewing interest in defined benefit plans: Less-than-expected retirement benefits, a higher tax rate structure and an increasingly older population.

Recent studies show that Americans, particularly higher income workers and business owners, may face a retirement income shortfall. Higher taxes on Social Security benefits, more active retirement lifestyles (and resulting expenses) and a lack of savings discipline are a few of the factors that may contribute to this shortfall.

The latter may be exacerbated by defined contribution plans. When employees lack the discipline to save or the savvy to make their investment choices pay, it is their retirement savings that suffer. With 401(k) plans, the onus on saving can fall squarely on employees. Contrast how this differs from defined benefit plans, using the help of a theoretical bucket.

With some defined contributions such as 401(k) plans, employees have individual buckets with their names on them. Each employee contributes—or doesn't contribute—to his or her bucket and, depending on the performance of the investment, the employee takes from that individual bucket at retirement.

With defined benefit plans, everybody's share comes from the same bucket. The plan has a built-in discipline and a benefit—typically 60 to 75 percent of the average of an employee's last three years' salary—that are dependable. This bucket is filled as needed to cover retirement liabilities. Defined benefit plans are fully paid by the employer.

While defined benefit plans may be attractive to employees who have a hard time saving on their own, they are also more attractive to employers these days. First, contributions to the plan and administrative expenses are tax-deductible. Secondly, defined benefit plans offer advantages for older owners and key employees.

Annual contributions to a defined contribution plan are limited by law to \$49,000 (2010 limits). Not so with defined benefit plans—you can pay what is needed for retirement. For older owners and employees, this element is key because they've had less time to save than younger individuals. This also is particularly effective for higher paid individuals, who can occupy an effective tax rate tier as high as 50 percent during their working years. If these people expect a lower tax rate during retirement, today's tax-sheltered savings can equal added retirement dollars tomorrow.

Remember, defined benefit plans aren't for everyone. Candidates typically are companies with owners at least in their 40s, with a good stable profit history and the capability of meeting plan contributions that can vary from year to year. Additionally, these plans' restrictions and regulations still exist. Overfunding and termination of these plans present special challenges, but a retirement plan advisor can suggest flexible options in these instances—more flexible than you might think.

And, contrary to popular belief, defined benefit plans are not only for the largest companies. When business owners need to contribute more to a pension than defined contribution plans allow, or they want another vehicle in which to lessen today's increased tax burden, defined benefit plans are an increasingly attractive alternative.

Adelle Tan is a Registered Representative and Investment Adviser Representative of Equity Services, Inc. Securities and investment advisory services are offered solely by Equity Services, Inc., Member FINRA/SIPC, 655 N. Central Ave, Suite 1550, Glendale, CA 91203 818-551-6600.

The views and information contained herein have been prepared independently of the presenting Representative. It has been presented for informational purposes only and should not be construed as investment advice.

# Important News Bits

## Red Flag Rules Enforcement Delayed For Dental Practices

The Federal Trade Commission announced in late May that it would further delay enforcing the Red Flags identity theft rules through December 31, 2010. The FTC's decision to delay enforcement was made after several members of Congress requested an extension to consider legislation that would exempt some small businesses including dental practices.

The Red Flags Rule was adopted to protect consumers from identity theft by requiring businesses that provide lines of credit to implement written identity theft programs. The FTC classified dental practices as creditors because patients normally do not pay in full at the time services are delivered. Numerous organizations, including the American Dental Association, have urged Congress to limit the scope of businesses covered by the rule.

This is the third enforcement deadline delay since the Red Flags Rule became law in January of 2008.

Go to [cda.org](http://cda.org) for more information and a link to the FTC ruling.

## Patient Records-Requirements and Best Practices

The management of patient records and the information contained therein is regulated by both state and federal law. The federal Health Information Technology for Clinical Health (HITECH) Act, enacted in 2009, amended the Health Insurance Portability and Accountability Act (HIPAA) and added new requirements for healthcare providers. New requirements are noted in an article that can be found on [www.cdacompass.com](http://www.cdacompass.com) under Practice Management. Highlights from this article are:

**Patient Access to Records**  
**Access to Records by Other Entities**  
**Patient's Right to Know About Disclosures**  
**Data Breach Notification Requirement**  
**Retention & Disposal of Records**

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## You Haven't Tried *CDA Compass*?

CDA Compass is the online extension of the CDA Practice Support Center and resource designed for dental professionals practicing in California. Join over 4,300 colleagues on the CDA Compass. A one-time registration on the CDA Compass allow members access to the Practice Support Center Web site and the vast array of resources to help with the day-to-day business of running a dental practice.

A direct result of member feedback, the CDA Practice Support Center is the primary resource you need to assist with managing the business side of your practice. And with the CDA Compass, you're one click closer to that help. Just go to [www.cdacompass.com](http://www.cdacompass.com). We'll be here with you during the natural transitions and challenges you might experience throughout your career-whatever your path.

At [www.cdacompass.com](http://www.cdacompass.com), you will have access to practice management, employment practices, dental benefit plans, regulatory compliance and forums.

You will have access to over 500 resources online. Give it a try.▲

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## Keep Us Updated!

*New email address?*  
*Moving?*  
*Opening another office?*  
*Offering new services?*  
*Share the information*  
*with the Society.*

We can only refer you if we know where you are; and we rely on having your current information on file to keep you informed of valuable member events. Give us a call at 626-285-1174. The more accurate information we have, the better we can serve you.

**The Los Angeles Dodgers &  
The 5 Los Angeles County Dental  
Societies Invite You, Your Staff, Families  
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**All Component Baseball Caucus  
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VS.



**Friday, July 23<sup>rd</sup>, 2010, at 7:10 PM**  
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**Harbor, Los Angeles, San Fernando Valley,**  
**San Gabriel Valley, West Los Angeles**

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## San Gabriel Valley Dental Society

A component of the California and American Dental Associations

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**Tuesday, Sept. 21, 2010** (3 CE units)

### “Occlusion—the Solution to the Confusion”

**Mark Yamamoto**  
**DDS, GAGD, PFA**

4:30-8:45pm

Dinner Included

Almanson Court, Alhambra



#### ABOUT THE LECTURE:

This lecture will discuss occlusion in general and in relation to TMJ diagnosis and treatment. There will be an emphasis on the practical aspects of occlusion for everyday dental applications as well as occlusal adjustments. Helpful hints for the occlusion of crown delivery and implant crowns will be discussed.

#### ABOUT THE SPEAKER:

Dr. Yamamoto is a 1969 graduate of Loyola University of Chicago School of Dentistry. He has lectured internationally and has authored articles on TMJ and Occlusion. As a 38 year member of the Stuart Gnathological Study Group of LA, he has been a student of occlusion and occlusal concepts. Dr. Yamamoto is on the faculty of the Herman Ostrow, School of Dentistry of University of Southern California.

**Tuesday, Oct. 19, 2010** (3 CE units)

### “Applications of Cone Beam Technology”

**Shailesh Kottal, DDS**

4:30-8:45pm

Dinner Included

Almanson Court, Alhambra

#### ABOUT THE LECTURE:

Cone Beam (BCCT) technology systems are designed to allow for high resolution imaging of the hard tissues of the maxillofacial region. This seminar will review cone beam technology and how it differs from traditional scanning technology with a focus on the Kodak system. A quick review of some 3<sup>rd</sup> party software applications with a focus on Nobel Biocare’s “Nobel-Guide” and Materialise’s Simplant systems will be presented.

#### ABOUT THE SPEAKER:

Dr. Kottal is an Oral and maxillofacial radiologist. He received his training at the University of Missouri-Kansas City. Dr. Kottal currently is a clinical assistant professor at New York University-College of Dentistry and operates all the advanced imaging services. Dr. Kottal is well published and has spoken at numerous national and international arenas on different facets of 3D imaging. He actively maintains research and is involved in numerous projects. He has served on consulting boards for various CBCT manufacturers and has extensive knowledge on the systems available in the market.