

SGVDS Explorer

The Official Publication of the San Gabriel Valley Dental Society



Dental Economics

- **Surviving & Succeeding Through Economic Uncertainty**
- **Not Paying Overtime Can Be A Costly Mistake**

UPCOMING SGVDS EVENTS!

General Meetings

March 18, 2014

**'Medicine for Dentistry:
Common Issues & What
to do about Them'**

Presented by:
Steven Ganzberg, DMD, MS
4:30-8:45 PM 3 CEU
Almanson Court, Alhambra

April 15, 2014

**'Navigating the Murky Waters
of Clear Aligner Therapy'**

Presented by:
Brian Bergh, DDS, MS
4:30-8:45 PM 3 CEU
Almanson Court, Alhambra

May 20, 2014

**'Health Care Reform: What
Every Dental Professional
Should Know'**

Presented by:
Nicette Short, CDA
6:00-8:30 PM 2 CEU
Almanson Court, Alhambra

CPR Renewal Courses

Wednesday, March 5, 2014

Wednesday, April 9, 2014

Wednesday, May 7, 2014

5:30-8:30, 4 CEU

Society Office

CDA CARES

April 25-26, 2014

Solano, CA

VOLUNTEERS NEEDED!



Save The Date

Pomona November 21-22, 2014

This is a great opportunity to provide dental health care services to those with limited or no access to care. Bring your staff and sign up to volunteer alongside your colleagues.

We need community volunteers to assist with various duties (service club members, church members, family, friends, and co-workers)



CDA Presents: May 15-17, 2014 • Anaheim, CA

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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.

Editor: Sunjay Lad, DDS

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Executive Director

Design and Production:

Mike Serrano for Casa Graphics Inc.

Printing: Mike Serrano - 626.437.0248

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PRESIDENT'S MESSAGE



DONNA KLAUSER, DDS, DABP

Moving Forward, Together.

It is an honor to serve as your President of the San Gabriel Valley Dental Society for 2014. The SGVDS is very fortunate to have members that reflect the growing diversity of the San Gabriel Valley, and a common thread in that fabric of diversity is a spirit of service. A spirit of service that connects and unites all of us together in the San Gabriel Valley Dental Society. The past Presidents of our society have left an indelible legacy that I hope to carry on with the invaluable support of our exceptional Board and dedicated Executive Director, Lee Adishian. By way of introduction, I have a periodontal practice in Arcadia and have had the honor to serve on the SGVDS's board for almost 10 years.

One of my many interests stemmed from being Chair of Ethics for the SGVDS which led to an opportunity to serve on the CDA's Judicial Council's subcommittee on Ethics Education.

Over the past 10 years the SGVDS members have worked hard to improve our society and some of those accomplishments are as follows: We updated our website creating a more professional and user-friendly website (additional interactive enhancements coming soon), we grew our outstanding program of Continuing Educational courses, we engaged new and established dentists at our fun Meet and Greet meetings, and we provided free dental care to children in need, and we are looking forward to providing free dental care for our community along with the CDA Cares Program in Pomona, this coming November 2014.

Your SGVDS board is actively improving our organization with leadership conferences and strategic planning workshops. This is a very exciting time to be part of the San Gabriel Valley Dental Society, we are fortunate to have a wealth of leadership experience from our previous presidents who remain active and passionate about service and the many members that are actively involved and working diligently for our organization. It is a pleasure to serve alongside our members who are so enthusiastic and dedicated to our profession.

I was very inspired after hearing Dr. Arthur A. Dugoni's vision of a leader at the CDA presidential installation of Dr. James Stephens last year. Dr. Dugoni created the 5 B's in leadership- "Be there, Be there on time, Be involved, Be disciplined and Be balanced in your life." Thank you for continuing to support SGVDS and we hope that you may consider taking on Dr. Dugoni's challenge and hope to see more involvement by our members in our society this year.

All the best,
Donna K. Klauser, DDS, DABP

SGVDS 2014 Officers and Directors

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2014 STANDING COMMITTEE CHAIRS

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AD HOC COMMITTEES - CHAIRS

ASSETS MANAGEMENT
(PRESIDENT, P. PRES, PRES-ELECT & TREASURER)

CDA Delegates- New Terms (3-year term)

Craig Cheung, DDS
Patricia Donnelly, DDS
Ralph Hansen, DMD

Continuing Terms

Donna Arase, DDS
Paula Elmi, DMD
Donna Klauser, DDS, DABP
R. Jerry Smith
Amy Tran, DDS

Alternate Delegates

Emad Ammar, DDS
Tony Crivello, DMD, MS, FRCD
Andy Kau, DDS
Irvin Kaw, DMD
John Khalaf, DDS
Sunjay Lad, DDS
Arminda Robles, DDS
Ashish Vashi, DDS

Press On SGVDS!

Message from the Executive Director



Lee Adishian

Ten plus years ago, I closed the autoclave door on my gracey currettes one last time due to tendinitis in my right hand. I loved my profession. It afforded me the opportunity to make invaluable relationships with patients, practice a skill I found challenging and have an impact on the health of my patients. Fast forward to today, and I have been the Executive Director of SGVDS for the past five years. Equally a good fit for me, I have been able to continue my passion for relationship building, keep my 'hand' in dentistry and work alongside many wonderful volunteers.

What have we accomplished over the past five years?

Our Membership numbers are STRONG. Membership numbers have increased while maintaining a 97% retention rate.

We are fiscally sound. Keeping an eye on our finances, operating expenses have remained constant.

Continuing Education programs are relevant, engaging and well attended. Meeting attendance numbers average 120 participants, and our sponsors and exhibitors are at an all-time high.

Young professionals have gained insight and assistance with the business practices of dentistry. Our New Dentist Committee has consistently offered socials and educational programs for our new dentists.

The Board of Directors and Committee Chairs have provided direction and leadership. Operating under the guidance of our Strategic Plan, the Board of Directors focused their efforts on moving SGVDS forward.

Strong ties with the tripartite. The 'power of three', we couldn't thrive without the partnership we have with California Dental Association and the American Dental Association.

What's ahead for San Gabriel Valley Dental Society?

In March the Board of Directors will be assessing the current strategic plan for future direction. This process will help to focus our efforts on how to best keep our members engaged. Additionally, I am very excited to announce in the spring SGVDS will be launching a new dynamic website. Together we press on, grateful for our strong legacy and confident of a robust future.

Lee

Message from the Editor



Sunjay Lad, DDS

Balancing the Business and Patient Care

With 2014 well under way, I hope the New Year has started off well for all of you. As dentists & practice owners, most of us wear several different hats in our offices. At times we must be the CEO, at other times we must be the HR department, and between all this, we must remember that we are healthcare professionals, entrusted with the privilege of caring for our patients' health. It can be a challenge to find the right balance between these many roles. In this issue of the SGVDS Explorer, we have featured a number of articles that we hope will help you manage the different economic aspects of running a busy dental practice.

The past few years have certainly been challenging economically. Many of us have felt the effects of a sluggish economy and have made changes

accordingly. As we continue to work through the new economic realities of practicing dentistry, it is important that we allow ourselves to be adaptable to change while still maintaining the standards that have gotten us where we are. Amy Morgan, CEO of the Pride Institute, has written an excellent article on this subject for us, and I encourage you all to explore it in this issue. Mari Bradford of the California Employers Association has also provided us some helpful tips on HR-related issues that you will certainly find to be useful in your practice.

So as 2014 rolls along and we work to understand the changing economy of dentistry, keep in mind that our San Gabriel Valley Dental Society provides us a community and network, so that we can tackle these challenges together.

Claiming Small Business Health Care Tax Credit

Section 45R was added to the Internal Revenue Code by section 1421 of the Patient Protection and Affordable Care Act (PPACA), commonly called the “Obamacare”. Section 45R offers a tax credit to small businesses and small tax-exempt organizations that provide health insurance coverage for their employees. The credit is specifically targeted for those with low- and moderate income workers.

In order to be an eligible small employer, the employer must:

Have fewer than 25 full-time equivalent employees (FTEs) for the taxable year;

The average annual wages of its employees for the year must be less than \$50,000 per FTE; and

The employer must maintain a “qualifying arrangement”.

A qualified arrangement is an arrangement under which the employer pays premiums for each employee enrolled in health insurance coverage offered by the employer for at least 50% of the premium cost for single coverage.

Sole proprietors, partners in a partnership, shareholders owning more than two percent of an S corporation, and any owners of more than five percent of other businesses are not taken into account as employees for purposes of the credit. Family members of these owners and partners are also not taken as employees.

A family member is defined as a child (or descendant of a child); a sibling or step-sibling; a parent (or ancestor of a parent); a step-parent; a niece or nephew; an aunt or uncle; or a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law. Also, any other member of the household of these owners and partners who qualifies as a dependent under section 152(d)(2)(H) is not taken into account as an employee.

Seasonal workers, business owners and partners, and their family members and dependent members of their household are disregarded in determining FTEs and average annual wages.

Under Section 414(b), (c), (m) or (o), all employees of a controlled group or an affiliated service group are treated as a single employer.

The credit is available for a maximum of two years. Employers are also required to obtain the insurance through the Small Business Health Options Program (SHOP), a feature of the health benefit exchanges, or “marketplaces,” that states and the federal government have established under the Obamacare.

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

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Success Through Diligence

Surviving & Succeeding through economic uncertainty

By Amy Morgan
CEO, Pride Institute

It's a dirty job, but someone's got to do it! Let's talk about the economy and its effect on dentistry in general. It never fails to amaze me that in times of economic uncertainty, dentists almost always panic and blame the economy for all that's wrong, and even more recklessly, start to look for silver-bullet solutions to address any and all real or perceived obstacles. For example, let's say you live in Michigan, and while you've heard a boatload of bad news about the woes of Ford and GM, you have a magnificent treatment plan to present to a new patient who you are confident will immediately say yes to it. Lo and behold, the patient actually hesitates and asks if there is a way to postpone some of the work. She even mentions that she's a little concerned about the financial obligation. But instead of analyzing the situation, your reaction is to blame the economy, decide all patients must be feeling the pinch, and immediately hit the panic button by signing up for more insurance plans, tripling the marketing budget, or even downsizing.

So, are the concerns about the economy valid at all? My answer is a resounding yes, no and maybe. How can I say that? It's because every day at the Pride Institute, we get phone calls from doctors all across the country who report the highest levels of productivity ever— and also the lowest. In fact, sometimes the conflicting reports come from the very same neighborhood! Some dentists insist that the economy is to blame for their inability to reach their statistical goals, and other dentists are saying, "Help me, I am so busy! What can I do to slow down the patient flow?"

The conclusion we draw from these often conflicting calls is that dentistry continues to be financially secure (relatively speaking), because both functional and esthetic dentistry will always be wanted and needed by many people. Patients who desire either maintenance health care or ideal esthetic function and health will find the wherewithal to pay for their desires. We are also still dealing with a peak generation (the baby boomers) that is growing older, requires more dentistry — either for cosmetic relief, function, or health reasons — and will still, once again, find a way to pay for it. So, are the economic issues valid? Yes, to some degree, and I contend that dentists can protect

themselves from economic uncertainty based on their ability to embrace and endorse certain systems basics that always lead to success.

Five to survive

There are five basic secrets to dental practice success that, if applied completely, will prove that dentists who actively engage in their business can survive and — I dare say — prosper during any and all economic twists and turns. Are the secrets easy to apply? Not necessarily. Is it worth it? Absolutely! I know that any practice struggling in a downward trend is misapplying, or not applying, one of them. Let's review the secrets.

Secret No. 1: It is absolutely essential that you know the real signs of practice health. If you've been in practice for a while, it can be a challenge to not get lazy with your numbers. It is easy to focus on a few numbers that may or may not represent your practice health today, because it could have represented your practice health five years ago. Focusing on certain key statistics during times of economic upheaval is essential for a practice to prevent downward trends. The most important statistics to monitor are the following:

- New patient numbers
- New patient value
- Case acceptance percentages
- Production per hour
- Collections

Exit monitors (i.e., how many patients are leaving or how many patients are asking about insurance who haven't asked before?) When you don't know your numbers, you focus on solutions that don't necessarily address the real problems of your practice. Shame on you if you don't have an understanding of your active patient base, a utilization analysis, a base breakdown from adults to children, and continuing-care compliance — before you ever consider investing in a "silver bullet" marketing solution that triples your promotional budget in the hope of 30 additional patients a month! Any new solutions you implement should be the result of knowing the real signs of your practice health and must always include a healthy return on investment. To invest in a new financial tool or a new piece of technology without having a significant ROI is basically fiddling while Rome is burning. Once you know the real signs of practice health, then you are ready for secret No. 2.

Secret No. 2: Create clear, compelling goals that address potential challenges and reinforce success. For example, any dentist who goes to his or her office staff meeting and says to the team, "Folks, we need to be busier and more productive," is violating the basic tenets of clear, compelling goals.



The SMART method of goal setting applies very well in this situation. A SMART goal must be Specific. You don't just say, "I want to be busier." What is the production per hour, per day? The goal must be Measurable. Goals such as "I want to be happier, more successful and balanced, and I want more patients saying yes" will get you nowhere. In this case, measurable means looking for a statistical interpretation of success that would result in balance, happiness and patients saying yes. A SMART goal must be Achievable. You might have been able to produce \$1.2 million two years ago, but if your situation and method of operation have changed, the worst thing you could ever give your team is unachievable goals. Your team, knowing the goal is unattainable, will be demotivated instantly. Next, ensure the goal is Relevant. Set goals that support your vision, values and strategies. If no-shows and cancellations are not a problem in your practice, and you don't see them ever being problems in the future, then you don't need goals that address no-shows and cancellations. In more sophisticated offices, I often see so many statistics that the intention of the goals and statistics get lost. Finally, a SMART goal must be Timely. Are your goals set to address the actual issues of the moment, or are you two days too late to do something about a systems failure that has already happened? If you are a SMART goal setter, then you are able to accomplish this secret.

Secret No. 3: Know your patients. Most of us didn't get into dentistry to be the richest person on earth. We got into dentistry because a) we really like to help people, b) we love to tinker with the clinical stuff and c) we want to provide services that are valued, needed and wanted. Even when the economy becomes a negative factor, don't lose sight that we are good people who want to help others. The more dental teams help others, the more likely they will continue to ride through the downturn successfully. So, what do I mean by "know your patients?" We all know the saying: "Don't assume anything because it makes a donkey out of you and me." If you assume that every patient has a pocketbook issue because news reports scream about an economic upheaval somewhere, then you are not hearing each individual patient's questions and concerns and, more important, you are not customizing your approach to meet their unique desires. The only way dentists can find out what motivates and concerns their patients is by asking questions, exhibiting empathy and ultimately creating treatment plans that accommodate what they've just heard.

Secret No. 4: Adapt your management systems. In an economic downturn, the systems that usually require the most tweaking are marketing, financial arrangements, and insurance. Yes, you may need to market your practice more aggressively if you notice a decline in the number of new patients. You may have to get out there more. Don't expect that asking for referrals is the only way to make you successful. I don't mean that you market in a way that doesn't represent your vision and values; I mean that marketing is a system where I see a lot of inertia and procrastination, because it's an area of minimal expertise for the dentist and the dental profession as a whole. The relationship your practice has with insurance may need to be viewed in a new light, because it is a gift that can be applied to the dental model and help with affordability. You may need to look at your financial arrangements. Could you be more flexible? Should you be looking at CareCredit in a new way? You need to look at solutions you may not have considered before.



Secret No. 5: Stay the course. For example, while a restaurant or retail store may truly fail — actually go out of business — when the economy downshifts, dentists will always flourish and prosper when they do the right thing for the right patients, with the right staff and right systems in place. This doesn't mean that you might not have a bad day, bad month or even a bad year, but for every patient who says no to treatment because of economic concerns, there's another patient out there who will say yes, because you have exceeded that patient's expectations. Your goals and strategies that have worked in the past can work again. My kindest advice is: Don't hit the panic button, reengage with your business proactively and respond to outside influences. If you do these things, you can continue to be successful and never fear an economic downshift again.

Use of Botox in Dentistry is a Fine Line

By: Risk Management Staff

As questions increase about the use of Botox in dentistry, The Dentists Insurance Company advises California dentists that the use of preparations such as Botox and Dysport must be within the scope of dental practice.

"If doctors are practicing legally within the scope of their dental license, there is coverage under TDIC's professional liability policy," said TDIC Underwriting Director Dora Earls. However, Earls noted that if the Dental Board of California determines that use of Botox or similar drugs is not within the scope of dental practice, there is no TDIC coverage.

In California, dentistry is defined by the California Business and Professions Code section 1625. The dental board lists the pertinent language of the code as, "diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents and physical evaluation ..." The board states that a dentist may use any legally prescribed drugs to treat pa-

tients as long as the treatment is within this specified scope of practice.

Additionally, in California dentists may not use Botox cosmetically without an Elective Facial Cosmetic Surgery permit issued by the dental board. Licensed dentists who have completed residencies in oral and maxillofacial surgery and additional criteria outlined by the dental board can apply for an Elective Facial Cosmetic Surgery permit. There are two categories for these permits. Category I relates to cosmetic facial surgery, such as contouring of the osteocartilaginous facial structure, and Category II relates to cosmetic soft tissue contouring or rejuvenation. The details of this system can be found in the California Business and Professions Code section 1638.1.

Currently, there are 26 dentists in California with these permits, according to the dental board. The dental board also states, "Some permit holders may not be authorized to perform all cosmetic surgery procedures within the scope of the Elective Facial Cosmetic Surgery permit." Additionally, the dental board notes that all procedures authorized under the Elective Facial Cosmetic Surgery

permit must be performed in an acute care hospital or a certified surgical center as defined in California Business and Professions Code section 1638.1(f).

Botox and Dysport are commercial preparations of botulinum toxin derived from the bacterium *Clostridium botulinum*, a nerve "blocker" that binds to the nerves and prevents the release of acetylcholine, a neurotransmitter. The result is muscle paralysis, according to the National Center for Biotechnology Information. Botulinum toxin is approved by the FDA, and its most common use is in applications to minimize fine facial wrinkles.

Concerning professional liability coverage and training or certification for dentists to use Botox or similar drugs, TDIC's endorsement states: "Before performing the alleged injection(s), you must have obtained any license, permit, certification or training required by the state dental licensing authority where you practice."

For more information or if you have questions regarding this topic, contact the TDIC Risk Management Advice Line at 800.733.0634.

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- Workers' Compensation

Discounts apply to individual policies and are not cumulative. To obtain the Professional Liability premium five (5) percent, two-year discount, California dentists must complete the current TDIC Risk Management seminar. Call 800.733.0634 for current deadlines and seminar details.

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Better

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Optimum

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Bonus

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Looking for Supplies- for a mission trip to El Salvador, Please call Dr. Singh at (626) 442-6115

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.



CONTACTS AT YOUR FINGERTIPS

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)
www.cdacompass.com
(866) 232-6362 (Practice Support Center)
www.cda.org

CDA Peer Review Dept. (Complaints)

(800) 232-7645

Cal/OSHA Consultation

(800) 963-9424
San Fernando Valley Office
(818) 901-5754

California Poison Control System

The Poison Action Line
(800) 876-4766; www.calpoison.org

CEA Hotline – California Employer Assoc.

Mari Bradford: (800) 399-5331

Consumer Hotlines:

Dept. of Insurance (800)-927-4357;
Insurance Commissioner: (616)-445-5544

(DEA)U.S. Drug Enforcement Administration

Los Angeles Office
(213) 621-6700
www.dea.gov

Dental Board of California

Lic Renewals: ext 2304
Complaints (877) 729-7789; www.dbc.ca.gov/
FNP (Fictitious Name Permits): David x2332

Dept of Public Health

Radiologic Health Section
(916) 322-2073 (Equipment Registration)
EPA – Environmental Protection Agency
(800) 618-8942

NPI-National Provider Identifier

1-(800)-465-3203; www.nnppes.cms.hhs.gov

INSURANCE

(TDIC) (The) Dentists Insurance Company
www.thedentists.com

Sales Reps for SGVDS:

Commercial: (Prof. Liability):

Samson Landeros: (800)-733-0633 ext. 5994

Personal Life & Health Ins:

Jonathan Ingalls (800)733-0633 ext. 5966

CPR: Recertification/4 CE's via SGVDS

Firstlink CPR Suzanne Dean: (714) 357-0428

CPR: 1st time (8 hr) class: (888) 244-9921-Ultimate CPR

X-ray certification + coronal polishing and RDA prep courses: Hacienda/La Puente: (626) 934-2890

Compromised patient health warrants medical clearance

By: Risk Management Staff

Dental offices routinely send medical clearance forms to physicians before beginning treatment on medically compromised patients, and The Dentists Insurance Company receives a number of questions on its Advice Line about this practice.

When it comes to medical clearance, the big issue is whether dental treatment could substantially affect a patient's physical condition or the reverse, whether a physical condition could affect dental care, said Steven Barrabee, a San Francisco-area attorney working with TDIC who specializes in professional liability and business law. "It's a judgment call dentists must make, and it's best to err on the side of seeking the medical guidance of a patient's health care provider."

To understand their patients' medical conditions, dentists must ensure each patient's health history is detailed and current. This crucial step alerts dentists to diseases, disorders, allergies and medications that could affect dental treatment. "Know all of the medications a patient is taking," Barrabee said. "This is essential to avoiding adverse interactions." He said patients with complicated medical conditions such as cancer may not even be sure of all the medications they are taking, but he advised dentists to seek clarification. "I know it's difficult because doctors are busy, but it's incumbent upon dentists to ensure their treatment will not adversely affect the patient."

Barrabee also advised paying special attention to the American Heart Association's updated guidelines for antibiotic prophylaxis and to patients taking bisphosphonates for treatment of osteoporosis and other bone diseases. "There can be huge issues with medications, and I have seen a number of cases related to this," he said.

When requesting medical clearance from a patient's physician, TDIC recommends that dentists describe the dental treatment plan and include all prescription and over-the-counter medications that could be used during treatment. Also, indicate why the patient's condition warrants special concerns. TDIC provides fax transmission forms for medical clearance on its website at thedentists.com. Risk management experts recommend that medical clearance forms include an area for physicians to comment on the patient's overall health, which alerts dentists to potential issues.

In cases where the patient's health is severely compromised, a conversation with the treating physician is recommended before beginning dental treatment or prescribing medication of any kind. However, a conversation with the physician is not a substitute for a signed medical clearance form. "Medical clearance in writing is necessary to provide clear documentation," Barrabee said.

A medical clearance form signed by a nurse practitioner rather than a physician is generally acceptable, according to TDIC risk management analysts. Nurse practitioners are registered nurses with advanced training in diagnosing and treating illnesses. Among other things, nurse practitioners can obtain medical histories, perform medical examinations, identify, treat and manage chronic diseases, order and interpret diagnostic tests, prescribe medications and refer patients to other health care providers. The scope of allowable duties may vary from state to state. For more information, please contact the American Association of Nurse Practitioners at aanp.org.

If dentists have any questions about the qualifications of the personnel signing the medical clearance form, they should call the physician for verification. Barrabee specified that nurse practitioners or physician assistants can only sign off on what is within their scope of practice. "If in doubt, follow up."

For more information or if you have questions regarding this topic, contact the TDIC Risk Management Advice Line at 800.733.0634.

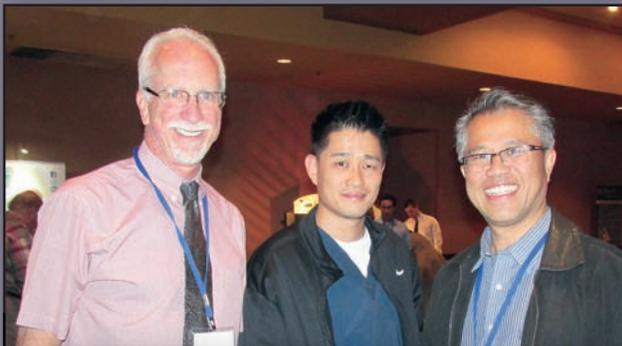
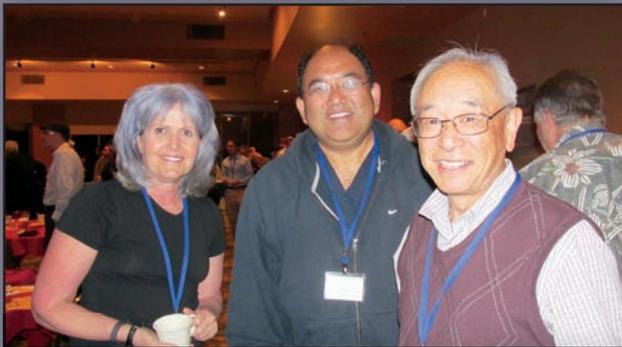
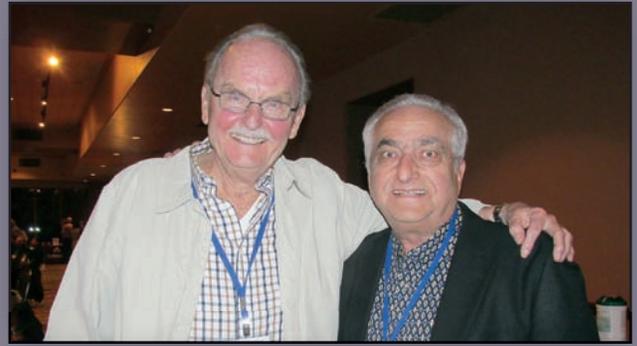


Meet & Greet

— Carmine's South Pasadena —



SGVDS Members at CE Meetings



'Brush Up On Your Business Acumen'

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On February 23rd, the SGVDS New Dentist Committee presented a panel discussion for young professionals. Business experts in their field of interest offered tips and answered participant's questions equipping them with information on how to manage their practice. SGVDS would like to thank TDIC along with our panelists: Matthew Christie, Vice President Bank of America Practice Solutions, Jonathan Miller, Assistant Vice President Bank of America Practice Solutions, Katie Fornelli, CDA Practice Support Center, Samson Landeros, TDIC, Sherry Mostofi, Esq. and Art Wiederman, CPA, CFP





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Thank you to our New Dentist Committee

Dr: Chair Paula Elmi, Andy Kau, Sunjay Lad, Amy Tian and Ashish Vashi



Not Paying Overtime Can Be A Costly Mistake

By Mari Bradford – California Employers Association

Has this happened to you? Your office normally closes at 6, but you have an emergency case that keeps you and your RDA in the office until 6:45. You tell your RDA, "I know you worked 45 minutes of overtime today, how about I let you go an hour earlier tomorrow to make up for it?" Sounds like a good deal, doesn't? Well, it may sound like a great deal to you and I, but in the eyes of the law, you have just committed a violation of the Labor Code and it can cost you.

Rules and rule breakers

Nonexempt employees must be paid one-and-one-half times their regular straight-time hourly rate of pay for all time worked in excess of eight hours (up to and including 12 hours) in any one workday, all time worked in excess of 40 hours in any one workweek, and for the first eight hours worked on the seventh consecutive workday in any one workweek. You can not offer 'comp time' to employees as a trade off for working overtime. Your best practice is to pay all nonexempt employees for every minute they are working for you.

What do you do when an employee continually turns in their timecards and there is 10 minutes of overtime on one day, 15 minutes of overtime on another day and you did not know they were working any overtime? You can require that employees have prior approval before working any overtime. But if an employee works overtime, even if they did not have your permission, they must be compensated following the overtime pay requirements. You can, however, discipline employees for working unauthorized hours. Employers are also allowed to require their employees to work overtime if business conditions require overtime. An employee refusing to work mandatory overtime can also be grounds for discipline.

	IN	OUT	TOTAL DAILY HOURS	B
11 M	9a	5p	8.0	
12 T	9a	6p	8.0	
13 W	9a	5p	8.0	
14 T	9a	5p	8.0	
15 F	9a	5p	8.0	X
			40.1hrs	X

Often employers end up paying too much overtime because they will pyramid or pay duplicate overtime pay for hours that have already been paid. Overtime is paid only for hours worked, not paid – that means you do not need to use vacation, PTO, personal or sick hours as part of their weekly working hours calculation.

My employees love me; they don't mind that I don't pay overtime...

You may be wondering, what will this really cost me if I don't pay overtime, can't I risk it? Well, you can but here is a quick example of what not paying overtime will cost you....

Your RDA makes \$25 per hour. She worked two hours of overtime each week and was given comp time off in lieu of being paid. This arrangement went on for one year before she voluntarily resigned. About six months later, you receive a notice for the Labor Commissioner that a complaint has been filed and your former employee is now seeking \$9,750 worth of past wages! Yikes, what?!? This is how it can break down....

Overtime owed - \$3750 (two hours of OT for 50 weeks)

Penalties - \$6,000 (waiting time penalty)

What in the world is a 'waiting time penalty'? When an employee is not paid wages that are due to them upon termination, the Labor Commission can issue a penalty of one day of pay being due for each day the final pay is late, up to 30 calendar days – that can add up very fast!

It may be tempting to skip paying a few minutes of overtime here or there or to offer employee's "comp time" in lieu of paying overtime, but beware, either of those choices put you in violation of California law. Follow these guidelines when it comes to calculating your employees overtime hours and you will be on the path to overtime compliance!

What about Alternative Workweeks?

Unless your employees are covered under an alternative workweek schedule (AWS), they must be paid using the overtime calculations we have discussed. Are you wondering what an AWS is? Did you inherit an AWS from the previous owner or started your AWS so long ago you are not sure if it's legitimate?

Employers are required to follow many steps in order to properly implement an AWS. Here's a quick summary;

- Step 1 - Propose a schedule in writing to your employees
- Step 2 - Distribute a written disclosure and hold at least one meeting prior to the election
- Step 3 - Hold a secret ballot election
- Step 4 - File election results with the Division of Labor Statistics and Research
- Step 5 - Create the schedule
- Step 6 - Review meal and rest periods and paying overtime policies

If you are now worried that you have done your AWS all wrong, don't panic, that is why we are here to help!

Making sense of it all

We know how confusing all of these laws can be, and that is where we come in. We are CEA, the California Employers Association and we power the SGVDS HR Hotline. CEA is a not-for-profit human resource employers association that serves over 9,000 businesses throughout California. CEA is committed to providing you with the support you need to be a better employer. Questions on this article or any HR issues? Call the SGVDS HR Hotline at 800-399-5331 and we will help you get in compliance.

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Justifiable Criticism

By Robert D. Kiger, DDS
Chair, Tri-County Dental Society Ethics Committee

In order for the profession of dentistry to meet its obligation to serve the public and protect the best interests of patients, it may be necessary from time to time to inform a patient that the quality of work provided in another dental office is below the standard of care. How to inform a patient that their dental care has been faulty while attempting to maintain their confidence in the dental profession is a challenge that demands tact and thoughtfulness.

Criticizing the work of another dentist requires that we balance the ethical principles of patient autonomy, veracity and non-maleficence. Patient autonomy cannot exist without the patient being informed of the condition of their dentition and of the quality of the restorations present. Veracity requires that we be truthful in our assessment of the patient's dental condition. Non-maleficence suggests that we provide this information in a way that minimizes the harm to the patient with respect to their trust and confidence in the dental profession. Making unjustified harsh or critical comments about a colleague not only undermines the patient's confidence in that colleague, but also casts you in a poor light because you appear judgmental and self-serving.

Section 1.F. of the CDA Code of Ethics states, "*A dentist has the obligation to inform patients of their present oral health status.*" The advisory opinion coupled with that section continues by saying, "*It is the duty of a dentist to report instances of gross and/or continual faulty treatment. When informing patients of the status of their oral health, the dentist shall exercise care that the comments made are justifiable. This would include finding out from the previous treating dentist under what circumstances and conditions the treatment was performed. A difference of opinion as to preferred treatment shall not be communicated to the patient in a disparaging manner which implies mistreatment.*"

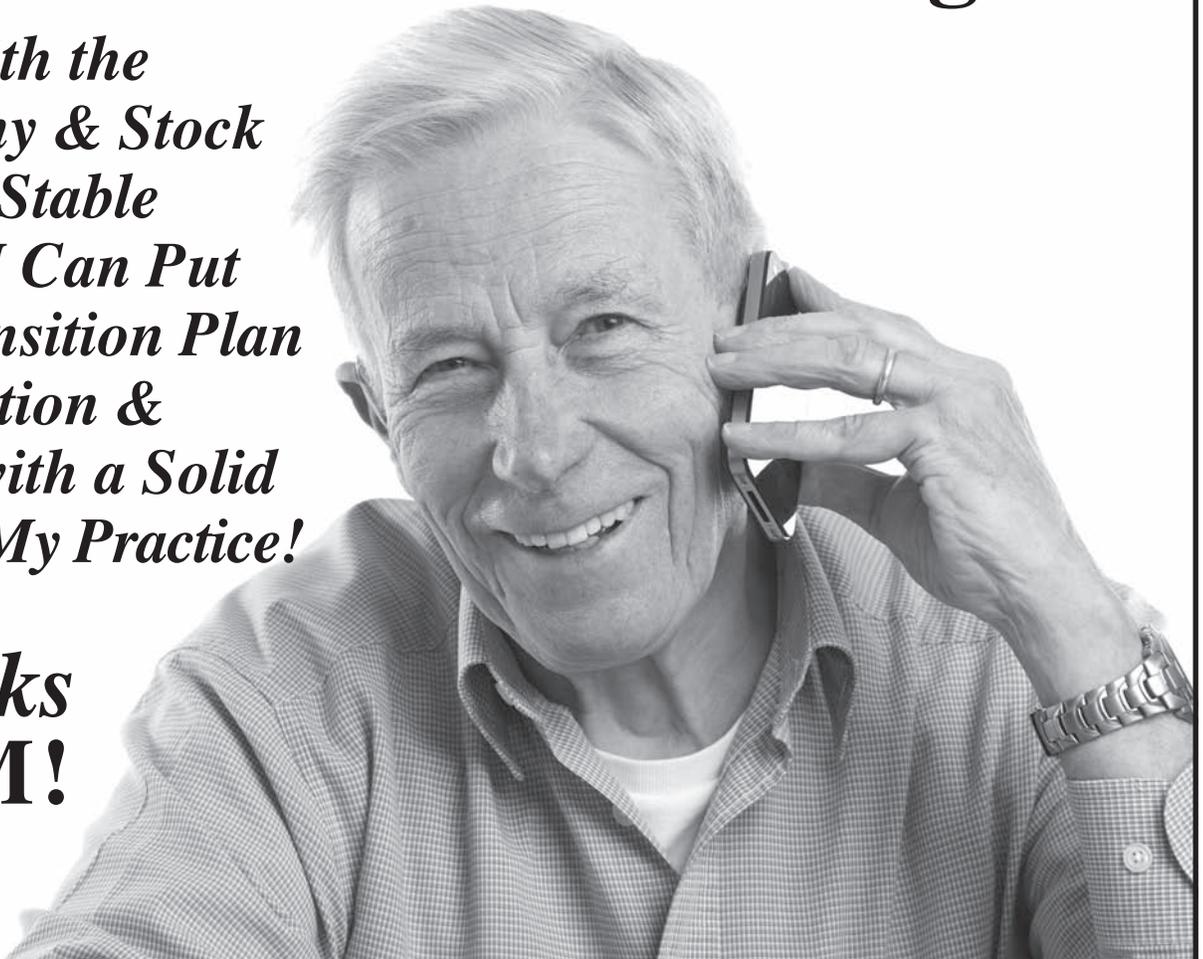
The Judicial Council recommends that you always be open and honest in your discussions with patients. Remain unbiased in your conversation with the patient and avoid language that would be critical of your colleagues when it concerns merely a difference of opinion. Contact the previous dentist to make sure that you have all the facts, not just the patient's perspective, when forming opinions about previous care. Making disparaging comments about another practitioner may also expose you to the possibility of a libel suit. Focus on the condition of the patient's dental work and not on the person who provided it. Offer to contact the previous dentist on behalf of the patient and let them know that you will work together to correct any problems that exist. The end result will always be better if the working relationship between you, your patient and the previous dentist are cooperative rather than adversarial.

Additional resources about justifiable criticism are available at cda.org by clicking the Practice Support tab. For further guidance, consult with a member of your local ethics committee.

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PGM student @ USC 2014

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Transfer from LADS
Interviewing

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USC 2010
Transfer from LADS
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Obituary

Dr. William Snaer

Dr. Snaer passed away on November 9, 2013. He graduated from USC in 1958 and had a pediatric dental practice in Arcadia until retiring in 2010. Dr. Snaer served in many capacities on the SGVDS Board and was President in 1971-72. He is survived by his wife Mary and sons Dr. Brian Snaer and Dr. Kevin Snaer and daughter, Catherine and their families.

Dr. Richard Helffrich

Dr. Helffrich known to his family and friends as 'Smiley' passed away on October 24, 2013. He graduated from USC in 1954 and practiced in Pasadena for over 56 years. He was a clinical professor at his beloved USC for 34 years. He is survived by his three children and their families.

Dr. Ernest (Ernie) Follico

Dr. Follico passed away on September 27, 2013. He is survived by his wife Gloria, four children and their families. He graduated from University of Chicago Loyola, and established an orthodontic practice in Montebello. Dr. Follico retired from dentistry at the age of 40, which left him many years to pursue his numerous hobbies.

Dr. Gordon Oshita

Dr. Oshita passed away on January 14, 2014. He is survived by his wife Naomi and son Dr. Patrick Oshita, also a dentist. He graduated from Loma Linda University in 1968. Dr. Oshita practiced in Montebello, volunteered in the community and was active in his church.

Dr. Milton Valois

Dr. Valois passed away on February 13, 2014 at the age of 96. He had just returned from a two week vacation snorkeling in Belize. After a weekend sailing in Long Beach Harbor, he fell hitting his head. Dr. Valois graduated from USC in 1943, and practiced in Sierra Madre. He was a member of SGVDS for seventy years, and served in numerous leadership capacities as well as President of SGVDS in 1974-75.

In honor of each deceased member, SGVDS donates \$100 to the Foundation of SGVDS

Dentists who recruit a new CDA member, can get \$200

Dentists who refer a new member to CDA now can receive a \$100 check from CDA and a \$100 American Express gift card from the ADA.

The \$200 total reward is part of the Member Get a Member campaign, which provides incentives for every CDA dentist who refers a new member to the tripartite membership (for a total of \$1,000 maximum per referring member).

The combined campaign lasts through Sept. 30, after which time members will still receive \$100 from CDA.

A growing ADA and CDA means greater recognition for the dental profession, more resources and support for members and a stronger voice in the policy arena in Washington D.C. and Sacramento. The incentive program is a result of CDA leadership reaching out to members for input on the program.

To receive credit for a referral, an applicant must add the name of the member who referred them to membership on a CDA membership application. The referring member may also enter the name of the dentist they referred on the recruiter's form at ada.org/MGAM. Once the referred member pays their dues, the referral incentives are mailed to the referring dentist.

There are many advantages to being a part of organized dentistry, but here are a few key benefits:

- Legislative advocacy;
- CDA Presents continuing education – free admission for the San Francisco and Anaheim meetings;
- TDIC insurance – member-only access and risk management hotline;
- Practice support services – cda.org/compass; and
- CDA publications.

Here are some tips on recruiting a new member:

Seek any colleague who is not currently a tripartite member.

Share the benefits and services of the ADA, CDA and local dental societies.

Ask a colleague to include your name on the membership application or, better yet, give them an application with your name on it. Applications are available online at cda.org/mgm.

To find out if a dentist is a current tripartite member, visit cda.org under "Find a CDA Dentist." In addition, updated nonmember lists are available through local component offices.

For more information on Member Get a Member, visit cda.org/mgm.

Bring in a new member, get \$200.



Refer a new member to CDA and receive double the reward, a \$100 check from CDA and a \$100 American Express gift card from the ADA for every referral. Simply share with your peers why you love being part of the 25,000 dentists who are working to make the profession stronger.

For details visit cda.org/mgm

Dr. Rockwell referred a new CDA member.

ADA campaign ends September 30. The total awards possible per calendar year are: \$500 from CDA, and \$500 in gift cards from the ADA. Members may decline the gift card and the ADA will contribute \$100 to the ADA Foundation.

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*First year TDIC Professional Liability coverage rate depicted is for newly licensed and never practiced dentists in the state of CA and is valid for \$1M/\$3M coverage amount. Rates subject to increase per schedule in years two through eight until they reach maturity.

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There has been a lot of speculation around the use of Windows XP as it relates to HIPAA violations. Many IT consultants are saying if dentists' information systems are operating on Windows XP after April 8, 2014, they are in violation of HIPAA.

The HIPAA Security Rule does not specifically require the use of operating systems that are manufacturer-supported so continuing to use Windows XP after April 8 is not in itself a HIPAA violation. What dentists need to know is when and under what circumstances operating on Windows XP can become a HIPAA violation.

Here is what is happening.

Microsoft announced that it will no longer provide support (including security patches) for Windows XP after April 8. According to Microsoft, "Unsupported and unpatched environments are vulnerable to security risks. This may result in an officially recognized control failure by an internal or external audit body, leading to suspension of certifications, and/or public notification of the organization's inability to maintain its systems and customer information." Although Microsoft later announced it would provide some updates, the original, this announcement, combined with IT consultants' awareness of HIPAA, has led to dire warnings for small health care providers who face potentially thousands of dollars in computer and software upgrades and data migration. Covered entities should take a little comfort in what the HIPAA enforcer has to say about operating systems. The U.S. Department of Health and Human Services (HHS) has the following question and answer on its website.

Does the Security Rule mandate minimum operating system requirements for the personal computer systems used by a covered entity?

No. The Security Rule was written to allow flexibility for covered entities to implement security measures that best fit their organizational needs. The Security Rule does not specify minimum requirements for personal computer operating systems, but it does mandate requirements for information systems that contain electronic protected health information (e-PHI). Therefore, as part of the information system, the security capabilities of the operating system may be used to comply with technical safeguards standards and implementation specifications such as audit controls, unique user identification, integrity, person or entity authentication, or transmission security. Additionally, any known security vulnerabilities of an operating system should be considered in the covered entity's risk analysis (e.g., does an operating system include known vulnerabilities for which a security patch is unavailable, e.g., because the operating system is no longer supported by its manufacturer).

Note the italicized phrase. If dentists need to continue using Windows XP past April 8, the minimum requirement for HIPAA compliance is that they address the risks in their risk analysis. Addressing the risks means the dentist knows what can happen and that they have a plan to minimize the risk (they must describe the plan in the risk analysis). That plan also can include a timeline for making the switch away from Windows XP because dentists cannot continue to use that operating system indefinitely.

So when does using Windows XP past April 8 become a HIPAA violation? When a dentist's written risk analysis does not address the risks associated with using an unsupported operating system. As the risks increase over time, dentists are obligated to keep the risk analysis updated. For additional information on risk analysis, risk management, and other HIPAA Security rule guidance material, visit this HHS website.

For more information and resources on HIPAA from CDA, visit cda.org/privacy-hipaa or call CDA Practice Analyst Teresa Pichay at 916.554.5990.

NEED TO KNOW

Name Tags, Licenses, and Academic Degrees

Confused about whether you need to post licenses or to wear name tags or to post a list of licensed staff? Are you aware of the new requirement to inform patients of the highest academic degree earned by each person licensed by the Dental Board? Read on to find out what the laws require you to do.

A "health care practitioner" must wear a name tag that discloses in at least 18 pt type his or her name and license type, unless the license or certificate is prominently displayed at the facility. Furthermore, the Dental Board includes a person holding only a radiation certificate as a "health care practitioner." A practice owner has the discretion to make an exception from the name tag requirement for individual safety concerns.

A dental practice owner who does not conspicuously display the name of each person "employed there in the practice of dentistry" can be found to be in violation of the Dental Practice Act. A list of individual names and licenses typically fulfilled this requirement. However, there are now new requirements to inform patients about practitioner's academic degrees.

A health care practitioner must communicate to a patient his or her name, license type, and highest level of academic degree by one or both of the following methods:

(1) in writing at the patient's initial office visit or

(2) in a prominent display in an area visible to patients in his or her place of practice.

If method #1 is chosen, the required information must be presented in 24 pt type in the following format: HEALTH CARE PRACTITIONER INFORMATION

1. Name and license type

2. Highest level of academic degree

This same information must also be prominently displayed on a Web site that is directly controlled or administered by the licensee or his or her staff. The academic degree notification requirement does not apply to an individual working in a facility licensed under Section 1250 of the Health and Safety Code (includes hospitals and skilled nursing facilities).

Therefore, patient notification of clinical staff names, licenses, and academic degrees boils down to three requirements: (1) clinical staff wear name tag or have license or certificate posted;

(2) prominently post the name, license type, and highest level of academic degree of each licensed individual, or provide the information in writing in 24 pt type to the patient at the initial visit; and

(3) prominently display the name, license type, and highest level of academic degree of each licensed individual on the practice Web site.

Volunteers can register for CDA Cares Solano County

The California Dental Association Foundation is recruiting volunteers for CDA Cares, April 25-26 at the Solano County Fairgrounds in Vallejo. CDA Cares is a program that allows volunteer dentists, with the assistance of other dental professionals and community volunteers, to provide dental services at no charge to patients who experience barriers to care.

The main goal of the clinic is to relieve pain and eliminate infection by providing cleanings, fillings, extractions and oral health education to more than 2,000 people during the two-day event.

To help provide oral health care services to the large number of expected patients, the CDA Foundation needs volunteer dentists, dental and health professionals, lab technicians, nurses and pharmacists. Additionally, CDA Cares is recruiting community volunteers to escort patients, translate/interpret, dispense medication, set up and tear down the clinic, register patients and volunteers, conduct exit interviews, enter data and provide oral health education.

To date, the CDA Foundation and CDA have hosted four clinics that provided \$6 million in dental care to 8,081 patients thanks to the generosity of volunteers.

Volunteers are needed in shifts during the following times:

Thursday, April 24, 2014: clinic setup from 8 a.m. to 6 p.m. (no patients)

Friday, April 25, 2014: dental clinic opens at 5:00 a.m.

Saturday, April 26, 2014: dental clinic opens at 5:00 a.m.

Sunday, April 27, 2014: clinic teardown from 8 a.m. to 2 p.m. (no patients)

Help make CDA Cares Solano County a success! To learn how you can get involved and to register, go to cdfoundation.org/cda-cares/solano.

Be sure to mark your calendar for CDA Cares in Pomona, Nov. 21-22



San Gabriel Valley Dental Society

A component of the California and American Dental Associations

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SGVDS 2014 CALENDAR

MARCH 2014

Wed., 5 CPR Certification, SGVDS office
5:30-9:30 p.m.

Tues., 18 **"Medicine for Dentistry:
Common Issues & What to
do about Them"**
Steven Ganzberg, DMD, MS
Almanson Court, Alhambra

SGVDS LIFE MEMBERS HONORED STAFF APPRECIATION MONTH

APRIL 2014

Wed., 9 CPR Certification, SGVDS office
5:30-9:30 p.m.

Tues., 15 **"Navigating the Murky Waters
of Clear Aligner Therapy"**
Brian Bergh, DDS, MS
4:30-8:45 p.m.
Almanson Court, Alhambra
SCHOLARSHIP PRESENTATIONS

Thurs.-Fri., 24-25 CDA Cares, Vallejo, CA

MAY 2014

Wed., 7 CPR Certification, SGVDS office
5:30-9:30 p.m.

Thurs.-Sat., 15-17 **CDA Presents: The Art and
Science of Dentistry**
All day
Anaheim Convention center

Tues., 20 **"Health Care Reform: What
Every Dental Professional
Should Know"**
6:00-8:30 p.m.
Nicette Short, CDA Manager of
Legislative Affairs
Almanson Court, Alhambra

Mon. 26 MEMORIAL DAY OBSERVED
SGVDS office closed

JUNE 2014 NO C.E. PROGRAM THIS MONTH

Wed., 4 CPR Certification, SGVDS office
5:30-9:30 p.m.

