

2020 CALIFORNIA DENTAL PRACTICE ACT

Diane Arns

SUPERIOR OFFICE SAFETY - OSHASOS

1 CALIFORNIA DENTAL PRACTICE ACT – CDPA - CCR TITLE 16, DIV. 10, SEC 1016 - 1017

Course description adheres to content for CDPA, acts in violation, and other statutory mandates relating to dentistry.

Course includes information on:

- Structure of the DBC, DHCC, CDC, OSHA & Cal/OSHA,
- Utilization and Scope of Practice for Dentists and Auxiliaries.
- License Renewal, changes, etc.
- Laws governing prescriptions and controlled medications & CURES
- Mandated Reporting
- Citations, Fines, Violations

2 DEPARTMENT OF CONSUMER AFFAIRS – DCA www.dca.ca.gov www.BreEZe@dca.ca.gov

DCA was established to ensure that public health, safety, and welfare of the people of CA are adequately regulated.

DCA regulates all professional boards including DBC and DHBC.

3 DENTAL BOARD OF CALIFORNIA – DBC www.dbc.ca.gov

Mission statement of DBC, “Protection of the public shall be the highest priority in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.”

- DBC is enhancing and monitoring educational programs for CA licensees,
- DBC issues licenses to eligible applicants,
- DBC has the responsibility for setting the duties and functions of unlicensed dental assistants,
- DBC investigates complaints against licensees and disciplines licensees for violation of the DPA,
- DBC monitors licensees whose licenses have been placed on probation,
- DBC manages the Enforcement/Diversion Program with Disciplinary Guidelines and Uniform Standards for Substance-Abusing licensees, **
- DBC maintains a Historical File of names of all persons who hold a license, certificate, to provide an informational record for each licensee with respect to the following information:

- Any conviction of a crime in this or any other state that constitutes unprofessional conduct,
- Any judgment or settlement requiring the licensee or his or her insurer to pay any amount of damages more than \$3,000 for any claim that injury or death was proximately caused by the licensee’s negligence, error or omission in practice, or by rendering unauthorized professional services,
- Any public complaints for which provision is made pursuant to subdivision (b).
- Disciplinary information including any additional exculpatory or explanatory statements submitted by the licensee.

DBC has jurisdiction to revoke/suspend licenses for conviction of crimes such as:

- Possession of Controlled Substance,
- Sexual Battery,
- Driving under the Influence
- Acts of Physical Violence.

DBC amended CCR “to require the revocation of a license” if engaged in any act of sexual contact with a patient, client, or customer or has been convicted of or committed a sex offense.

DBC may inspect the books, records, and premises of any licensed dentist in response to a complaint that a license has violated any law or regulation that constitutes grounds for disciplinary action by the board. Failure to allow an inspection or any part thereof shall be grounds for suspension or revocation of the license.

**DBC Diversion Program is a confidential program to protect the public for Dentists, RDAs, RDAEFs whose ability to practice may be impaired due to alcohol and/or drug abuse. This program offers a means of recovery w/o the loss of license through intervention programs and treatment services. Diversion program is a voluntary alternative approach to traditional disciplinary actions.

DBC Diversion Program 1-800-522-9198

4 DENTAL HYGIENE BOARD OF CALIFORNIA – DHBC www.dhbc.ca.gov

DHBC Mission Statement – “To protect the public and meet the oral hygiene needs of all Californians.

DHBC is responsible for licensing three categories of primary oral health care professionals in dental hygiene:

RDH, RDHEF, RDHAP.

DHBC promulgates regulations,

DHBC establish and maintain fees, oversight and approval of dental hygiene educational programs, and continuing education requirements for all hygiene licensure categories.

Dental Hygiene Duties outlined CCR Title 16, Div. 10, Business & Professionals Code Sec 1900-1966

5 CONTINUING EDUCATION REQUIREMENTS

CURRENT CE REQUIREMENTS CA DENTAL PROFESSIONALS	
Dental Board of California <ul style="list-style-type: none">• Biennial Infection Control Title 16, Sec. 1005• Biennial California Dental Practice Act Title 16, Sec. 1016-1017• Biennial CPR Basic Life Support from American Heart Assoc. or American Red Cross	Cal/OSHA <ul style="list-style-type: none">• Annual Bloodborne Pathogen Training, Title 8, Sec 5193• Initial, Ongoing Hazard Communication Training Title 8, Sec 5194• Annual Injury Illness Prevention Plan Training Title 8, Sec 3203 & SB198• Annual Ergonomics Training Title 8, Sec 5110 <small>(Only applies to office personnel after more than one identical injuries from the identical work activity)</small>

6 SCOPE OF DENTISTRY AND PRACTICE IN CALIFORNIA

Dentistry is: "The diagnosis or treatment, by surgery or other method, of diseases and lesions. The correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures. Such diagnosis or treatment may include all necessary related procedures including: use of drugs, use of anesthetic agents, and physical evaluation.

Scope of Practice: Laws and regulations specifically define the duties that a dentist and each category of auxiliary are allowed to perform. Regulations also define the level of dentist supervision required.

Direct supervision - After instructions, licensed dentist is physically present in treatment facility during procedure.

General supervision – After instructions, licensed dentist is not required to be physically present in treatment facility.

Scope of Practice for Registered Dental Hygienist: "Oral prophylaxis" means preventive and therapeutic dental procedures that include bacterial debridements with complete removal, supra and subgingivally, of calculus, soft deposits, plaque, and stains, and the smoothing of tooth surfaces. The objective of this treatment is to create an environment in which the patient can maintain healthy hard and soft tissues.

Important Changes to the Dental Board's Acceptance of the WREB Examination:

Assembly Bill (AB) 1519 (Low, Chapter 865, Statutes of 2019) revised licensure eligibility requirements for dentists qualifying through an examination beginning January 1, 2020. Beginning January 1, 2020, Business and Professions Code Section 1630 requires examinations of applicants to practice dentistry in California to assess competencies in the areas of diagnosis, treatment planning, and restorative, endodontic, periodontic, and prosthetic dentistry.

Applications for licensure eligibility through the WREB examination must meet all legal requirements in place at the time the application decision is made, not when the application is filed. Candidates who take the WREB examination on or after January 1, 2020 will be required to take and pass all competencies listed in Business and Professions Code Section 1630, regardless of whether the candidate submitted an application for licensure eligibility to the Board on or before December 31, 2019.

Applications for candidates who take the WREB examination on or before December 31, 2019 and who have not completed all sections required by Business and Professions Code Section 1630 effective January 1, 2020, must meet all requirements to have the application deemed approved on or before December 31, 2019. Applications received on or before December 31, 2019 deemed deficient and those deficiencies are not cleared and the application approved by 5 p.m. on December 31, 2019, will be required to meet all licensure requirements in effect beginning January 1, 2020.

Additionally, effective January 1, 2020, the WREB examination must be successfully completed within five (5) years prior to the date of application for licensure eligibility.

Important Changes to the Board's Licensure by Residency Pathway:

Assembly Bill (AB) 1519 (Low, Chapter 865, Statutes of 2019) revised licensure eligibility requirements for dentists qualifying through Licensure by Residency beginning January 1, 2020. Specifically, the certification of clinical residency program completion approved by the Board will be required to be within two (2) years prior to the date of the resident's application for licensure under this pathway. Additionally, completion of the program will be required to be within two (2) years prior to the date of application for a license through this pathway.

Important Changes to the Board's Approval of Foreign Dental Schools:

Assembly Bill (AB) 1519 (Low, Chapter 865, Statutes of 2019) revised requirements for the Board's approval of foreign dental schools beginning January 1, 2020. Beginning January 1, 2020, the Board will not accept new applications for schools seeking approval as a foreign dental school and will instead require the applicant school to successfully complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association or a comparable accrediting body approved by the Board. An application for foreign dental school approval must be deemed a complete application pursuant to the rules promulgated by the Board prior to January 1, 2020 in order to be accepted.

Current Board-approved foreign dental schools required to submit a renewal application after January 1, 2020, are not required to submit that application and are deemed approved until January 1, 2024, subject to the continued compliance of the school.

By January 1, 2024, in order to remain an approved foreign dental school in California, all schools previously approved by the Board must complete the international consultative and accreditation process with the Commission on Dental Accreditation of the ADA or a comparable accrediting body approved by the Board.

Graduates of a foreign dental school whose programs were approved at the time of graduation are eligible for licensure.

Acceptance of the ADEX Examination:

On November 15, 2019, the Dental Board of California (Board) voted to accept the ADEX Examination for the purpose of establishing eligibility for dental licensure in California. Candidates who initiate and successfully pass the ADEX examination on or after November 15, 2019 may use those results to apply for licensure in California. Examination results received prior to November 15, 2019 will not be accepted by the Board; this includes results of any component of the examination that was initiated prior to November 15, 2019. Prior to acceptance of applications for this new pathway to licensure, the Board must update its licensing system and develop application forms. The Board anticipates acceptance of applications beginning in Spring 2020. Please check DBC web site periodically for updates.

7 DENTAL AUXILIARIES

DA	Dental Assistant
RDA	Registered Dental Assistant
RDAEF (2)	Registered Dental Assistant in Extended Functions
RDH	Registered Dental Hygienist
RDHEF	Registered Dental Hygienist with Extend Functions
RDHAP	Registered Dental Hygienist in Alternative Practice

Supervising dentist is responsible for determining the competency of auxiliary to perform allowable functions

Each auxiliary is responsible to know his/her scope of practice. Criminal offense to perform illegal functions.

Grounds for license discipline of both the person performing the illegal function and persons who aids or abets such illegal activity

DENTAL ASSISTING TABLE OF PERMITTED DUTIES (rev 9/26/2018)

Employer/Supervisor responsible for ensuring as complete specific coursework. 8 hr. IC, CDPA, CPR

Dental Assistant (Unlicensed)

May perform basic supportive dental procedures, authorized by law, under the supervision of licensed dentist only after dentist determines competency of DA.

Definitions of DA include duties that include: Extraoral tasks including, Charting/Clinical recordkeeping procedures, Infection control duties, Operatory Breakdown, Instrument Processing for Sterilization.

Employers of DAs hired after 1/1/2010, who have been in continuous employed for 120 days or more, must successfully complete, all the following within a year of the date of employment:

DBC approved course in the California Dental Practice Act

DBC approved 8-hour course in Infection Control

DA maintain a current CPR Basic Life Support (BLS) by the American Red Cross or American Heart Association.

Registered Dental Assistant – Submit written evidence to the DBC of either:

Graduation from an approved educational program

Or 15 months of “Satisfactory Work Experience” as a Dental Assistant. “Satisfactory work experience” means performance of the duties of a DA in a competent manner as determined by the employing dentist, who shall certify to such satisfactory work experience in the application.

Provide written evidence of successful completion within 5 years PRIOR to the application of all the following:

DBC approved course in the California Dental Practice Act

DBC approved course in Infection Control (8-hour)

Basic Life Support (BLS) offered by the American Red Cross or American Heart Association

Applicants must Demonstrate Satisfactory Performance on All Exams:

Law and Ethics Examination,

Written examination

Practical examinations. – Currently Practical Exams are suspended and under review. AB 1707, signed on 8/7/2017 authorizes

DBC to resume issuing new RDA licenses without the Practical Exam and to extend the suspension of the RDA practice exam 7/1/2020

RDA's licensed on and after 1/1/2010 shall provide evidence of successful completion of Board-approved course in the application of Pit and Fissure Sealants prior to the first expiration of their license.

Registered Dental Assistant in Extended Functions (2) – On and after January 1, 2010, the board may license as a Registered Dental

Assistant in Extended Functions a person who submits written evidence, satisfactory to DBC, of all following eligibility requirements:

Current licensure as a Registered Dental Assistant or completion of the requirements for licensure as an RDA.

Successful completion of a board-approved course in the application of pit and fissure sealants.

Successful completion of either of the following:

An extended functions postsecondary program approved by the board

An extended functions postsecondary program approved by the board to teach the duties that Registered Dental

Assistants in extended functions were allowed to perform pursuant to board regulations prior to January 1, 2010, and a course approved by the board

Passage of a written examination and a clinical or practical examination administered approved by the board.

RDAEF may apply for an Orthodontic Assistant Permit or a Dental Sedation Assistant Permit, or both, by providing written evidence of the following:

Successful completion of a board-approved Orthodontic Assistant or Dental Sedation Assistant course

Passage of a written examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the permit.

RDAEF Licensed on and after 1/1/2010 is authorized to perform all duties and procedures that a RDA is authorized to perform.

RDAEF licensed on or after 1/1/2010 may perform additional procedures under DIRECT supervision, control, and full professional responsibility of a licensed dentist.

Supervising Dentist must check and approve all direct supervision procedures performed by RDAEF prior to patient's dismissal.

Dentist may utilize no more than 3 Dental Auxiliaries in Extended Functions in their practice.

Specialty Assistant permits: Two "add-on" permits are available to all categories of dental auxiliaries as of 1/1/2010

Orthodontic Assistant Permit (OAP) – allows new duties specific to Orthodontic practices

Dental Sedation Assistant Permit (DSAP) – allows new duties specific to assisting in the dentist's administration of sedation to a patient and in the monitoring of patients under sedation.

Registered Dental Hygienist – The practice of dental hygiene includes dental hygiene assessment, development, planning, and implementation of a dental hygiene care plan, oral health education, nutritional counseling, and oral health screenings. Graduation from a board approved and Accredited Dental Hygiene Program.

Successfully complete the WREB Dental Hygiene Clinical Examination.

Complete approved courses in the administration of local anesthesia, soft tissue curettage, and nitrous oxide

Successful completion of the National Dental Hygiene Written Examination. S

Successful completion of Law and Ethics exam

RDH's licensed in a state other than California for 5 years or more to achieve "licensure by Credential" rather through examination.

All persons holding RDH, RDHEF or RDHAP license **as of 12/31/2005** are authorized to perform the duties of a RDA.

All persons issued RDH, RDHEF, or RDHAP license **on or after 1/1/2006** shall qualify and receive a RDA license prior to performance of the duties of a RDA.

All persons in the practice of dental hygiene shall display in a conspicuous place in his or her office, his or her license and DHCC Notice to Consumers (Attached)

Registered Dental Hygienist in Alternative Practice –

Applicants for RDHAP licensure are required to hold a current RDH license,

Engaged in clinical practice as a dental hygienist for a minimum of 2,000 hours during the immediately preceding 36 months (in CA or another state),

Bachelor's degree or its equivalent, 150 hours of an approved educational program,

Pass a written examination prescribed by the DBC.

Prior to establishment of an independent practice, an RDHAP shall provide documentation to DHCC of an existing relationship with at least one licensed dentist for referral, consultation, and emergency services.

RDHAP may provide services to patient without obtaining written verification that the patient has been examined by dentist, physician or surgeon licensed to practice in CA within 18 months. After 18 months after the first date of services, patient shall obtain written verification of exam by dentist, physician or surgeon licensed in CA.

Effective January 1, 2010, Registered Dental Hygienist in Alternative Practice (RDHAP) can apply for a Fictitious Name Permit issued and maintained by the DHCC.

RDHAP may perform the duties authorized in the following settings:

Residences of the homebound, Schools, Residential facilities, and other institutions, Dental health professional shortage areas, as certified by the Office of Statewide Health Planning and Development in accordance with existing office guidelines.

RDHAP may operate one mobile dental hygiene clinic registered as a dental hygiene office or facility.

RDHAP may hire other RDHAPs to assist in practice.

RDHAP may hire and supervise dental assistants to perform intraoral retraction, suctioning, infection control, sterilization, etc.

8 LICENSES & PERMITS WEBSITE www.breEZe.ca.gov

Website for Renewals, permits, changes, etc. www.breEZe.ca.gov

License Verification <https://search.dca.ca.gov/>

A DHCP who practices after the expiration date without renewing is practicing without a License and Liability Insurance.

Every applicant and Licensee who has an electronic mail address shall report to the Board that electronic mail address

Dental Licenses expire on the last day of the birth month of the licensee. No Grace Period!

New fees for initial and renewal of DBC licenses and permits (Attached)

Beginning 2018, the Board will begin collecting an application fee for the Dentistry Law and Ethics Examination in the amount of \$125.

The Dentistry Law and Ethics Examination is required for dental licensure via the Portfolio, WREB, and Licensure by Residency pathways and for special permits.

Applicants who submit a complete Dentistry Law and Ethics Examination Application, with the required fee, will be issued eligibility to register for the written examination with PSI.

Additional requirements to renew:

Conscious Sedation permit – to renew shall complete 7 hours or study related to Conscious Sedation

Oral Conscious Sedation permit – to renew complete 7 hours of study related to Oral Conscious Sedation

Oral Conscious Sedation Permit for Pediatric Patients – to renew complete 7 hours of study related to Oral Conscious Sedation for Pediatric Patients.

General Anesthesia permit – to renew shall complete 24 hours of study related to General Anesthesia

General Anesthesia Permit information:

Every physician and surgeon issued a permit shall have an onsite inspection and evaluation at least once every six years. Refusal to submit to an inspection shall result in automatic denial or revocation.

Prior to issuance or renewal of a permit the Dental Board of California may, at its discretion, require an onsite inspection and evaluation of the facility, equipment, personnel, including, but not limited to, the physician and surgeon and procedures utilized. The permit of a physician and surgeon who has failed an onsite inspection and evaluation shall be automatically suspended 30 days after the date on which the board notifies the physician and surgeon of the failure unless within that time the physician and surgeon has retaken and passed an onsite inspection and evaluation.

As a condition of renewal of licensure for licensees prior to 1/1/99 or if fingerprints on file do not exist, applicant for license renewal shall furnish fingerprints to DOJ for conducting a criminal history record, undergoing a background check on state & federal levels for criminal offender record info search. Applicant pays all related costs for fingerprints and background check.

Fingerprint Requirement is waived in licensee is on inactive status or is actively serving in the military outside of USA.

Must maintain receipt/proof of fingerprints as a condition of renewal for a minimum of 3 years.

DBC -Dentists, RDA's, RDAEFs - Live Scan form at www.dbc.ca.gov/applicants/fingerprinting.html

DHCC – RDH, RDHEF, RDHAP Livescan Forms: <http://www.dhcc.ca.gov/formspubs/index.shtml#forms>

California Livescan Locations: <http://ag.ca.gov/fingerprints/publications/contact.php>

Every person who is now or hereafter licensed to practice dentistry in this state shall register on forms prescribed by the board, his or her place of practice with the Executive Officer of the State Board of Dental Examiners, or, if he or she has more than one place of practice, all the places of practice, or, if he or she has no place of practice, to so notify the executive officer of the board.

Any dentist who moves his place of practice shall register each change made by him within one month after making said change. In the event, any licensed dentist fails to notify the Board of any change in the address of place of practice within the time prescribed by this section, the board shall not renew such person's license until the penalty is paid.

Any licensed person who shall change his or her name per law shall, within 10 days after that change, reregister with the DBC or DHBC

Health care practitioner shall disclose, while working, his or her name and practitioner's license status, as granted by this state, on a name tag in at least 18-point type. A health care practitioner in a practice or an office, whose license is prominently displayed, does NOT need to wear a name tag.

The practice owner, "other than the state of CA" has the discretion to make an exception for an individual employee from the name tag requirement for individual safety concerns.

Dental Professional with outstanding tax debt to FTB or BOE over \$100,000 have potential license denial or suspension until either satisfaction of all outstanding tax obligations or enter a payment installment program.

9 CE REQUIREMENTS

DENTIST 50 units/two years

RDA 25 units/two years

RDAEF 25 units/two years

RDH 25 units/two years

RDHEF 25 units/two years

RDHAP 35 units/two years

Continuing Education 50/50 rule – Home study vs. Interactive instruction

Make sure CE providers are DBC approved for mandatory training – IC & CDPA

All other CE providers should be PACE or CERP recognized

10 ETHICS IN DENTISTRY

Accepting patients into the dental practice and Patient confidentiality

False, fraudulent or misleading statements

Violation of State and Federal Laws

False advertising or solicitation of patients

Lack of "fully informed consent"

Unprofessional conduct

11 PRESCRIBING/ DISPENSING CONTROLLED SUBSTANCES

Must have DEA number and renew every 3 years.

Controlled Substance Utilization Review and Evaluation System (cures update sheet attached)

As of October 10/02/2018, dentists must check a patient's history in CURES when prescribing, ordering, administering, furnishing, or dispensing a controlled substance to a patient as part of the patient's treatment for a surgical procedure, if the quantity of the controlled substance exceeds a five-day supply of the controlled substance to be used in accordance with the directions for use and when prescribing a refill.

Dispensing controlled substances must be packaged in child-proof containers with required labeling

Administration of Schedule II controlled substances does not have to be reported to Cures, however dentists who prescribe or administer a

Schedule II controlled substance must maintain a record of the transaction that includes all the following:

Name and address of patient, Date of transaction, Character including name, strength, and quantity of Schedule II involved,

Pathology and purpose for which the Schedule II controlled substance is prescribed,

Recording this info in patient's chart is sufficient.

CA State Board of Pharmacy (Pharmacy Board) requires compliant Rx forms with check-off boxes for ordering refills a required element under the security forms requirements in H&S Sec. 11162.1

Schedule II RXs must be written.

Schedule III, IV, or V controlled substances can be prescribed by phone or fax. Prescribers can authorize representative to call or fax prescriptions. Record must show name of person acting for prescriber.

Maintain prescription logbooks containing copies of prescriptions for 3 years.

Lock all controlled substances and Rx pads stored in the office, only authorized personnel have access.

Log all drugs dispensed and document in patient chart

Records must be kept for 3 years and retrievable within 48-72 hours

Keep stock/records open for inspection by DEA or DOJ

Don't over prescribe and try prescribing less addicting drugs

Most abused drugs today in dentistry, Opioids: Oxycontin, Vicodin, and Percocet.

Best Practices to offset abuse by patients is to perform and record a thorough exam, copy picture ID or SS# for chart, call previous DDS or MD to confirm patient's story, and write prescriptions for limited quantities.

12 DRUG VIOLATIONS

You must never prescribe, administer, or furnish a controlled substance for yourself.

It is illegal to prescribe a controlled substance not issued in the usual course of treatment or for a Dentist to prescribe to an addict or habitual user to keep His/her comfortable. Fine – max 1 year in prison and/or \$20,000

It is illegal to issue a prescription that is false or fictitious in any respect AND cannot antedate or postdate a prescription.

It is illegal to fill a prescription for controlled substance more than six months after it was written.

13 DENTAL MATERIALS FACT SHEET - DMFS

The DMFS set forth by Sec. 1648.10 shall be provided by a Dentist to every new patient and to "Patients of Record" prior to the performance of Dental Restorative work. An acknowledgement of the receipt of the fact sheet by the patient shall be signed by the patient and a copy of it shall be placed in the patient's dental record. If updates to the DMFS are made by the Board, the updated fact sheet shall be given to patients in the manner provide above. A Dentist shall also provide the fact sheet upon patient request.

14 PATIENT RECORDS

Patient of Record is one who the Dentist has:

Medical Record and Health History

Completed Examination

Diagnosis and Treatment Plan

Exception for Emergencies – Upon Dentist's directions the patient may have emergency x-rays and a mouth mirror inspection and any extra-oral duties and functions.

Safety and integrity of all patients' records, hard copy or electronic must be ensured.

Electronic records must have offsite backup, Image mechanism to copy signature documents. Mechanism must ensure that once the record is imputed it is unalterable.

Original hard copies of records must be destroyed once the record has been electronically stored. Printout of the computerized version shall be the original.

Patient Treatment Entries:

Every dental professional treating the patient must document on the chart, date, procedure, and sign with initials or ID#.

If records need to be corrected, use only a single line strikeout and date of correction. No whiteout or erasing.

Do not skip lines – single line strikeout unused lines

Always use ink

Do not write in the margins or at the bottom of the page.

If Dentist reviews patient records after procedure and makes changes, needs to sign and date record.

Patient Access to Records

Dentist owns original records - legal document

Patient can inspect records during business hours within 5 days of presenting written request.

Dentist must provide summary within 10 days of written request, 30 days for extraordinarily long records or if the patient has been discharged from a licensed health facility within the last 10 days.

Any patient or patient's representative shall be entitled to copies of all or any portion of the patient records that he or she has a right to inspect, upon presenting a written request to the health care provider specifying the records to be copied, together with a fee to defray the cost of copying, that shall not exceed \$0.25 per page or \$0.50 per page for records that are copied from microfilm and any additional reasonable clerical costs incurred in making the records available.

The health care provider shall ensure that the copies are transmitted within 15 days after receiving the written request.

Copies of X-rays charges at "reasonable costs", not exceeding actual costs, incurred by a health care provider in providing copies pursuant to this subdivision may be charged to the patient or representative requesting the copies within 15 days of written request.

Fines for holding records from patients @ \$250 per day up to \$5,000

Parent or Guardian Access to Records

Parent needs to provide written demand for records for minors or elderly patients

Records are given only to custodian or parent that is financially responsible
Records can be given to both parents if both are financially responsible
Certain areas of medical information bear special confidentiality restrictions:
The release of mental health information requires the written authorization of both the patient and the physician or other professional person in charge of the patient.
The release of drug and alcohol abuse records may only be released pursuant to a court order (not a subpoena).
The release of HIV/AIDS status requires the written authorization of the patient that specifically authorizes disclosure that status.
Pregnancy of a minor cannot be released to the parent or guardian without the minor's permission

Record Retention

No applicable laws for record retention
Recommended by CDA, TDIC: Hard copies of patient's record should be kept a minimum of 7 years
Pediatric dentist recommendation to keep records until patient is 25 years old
Deceased patient – recommendation to keep records for 5 years.

15 PATIENT ABANDONMENT AND PATIENT DISCHARGE

Written notice must be given to the patient that the treatment will be discontinued. Certified letter recommended. Giving the patient ample opportunity to secure the services of another dentist provided the oral health of the patient is not jeopardized.
Complete treatment plan if possible.
Treat patients on emergency basis for 30 days following letter.

16 MANDATED REPORTERS

Mandated reporters in dentistry are all licensed personnel. Mandated reporters are required to report suspicions or knowledge of abuse or neglect. An observation or statement that raises your concern or suspicions as a mandated reporter should be evaluated as an office team effort.
If you have reasonable suspicion or knowledge that this individual (child, elder, or dependent adult) is being abused or neglected, make report.
If you have reasonable suspicion or knowledge that this individual (adults between 18-65) has been physically assaulted due to domestic violence, make a report.
Patient/Provider Privilege - Confidentiality. Immunity,

17 ADVERTISING

Advertising cannot contain false, misleading, deceptive or fraudulent statements.
An advertisement cannot contain a misrepresentation of facts, likely to mislead or deceive, or create false or unjustified expectations of favorable results

18 VIOLATIONS OF THE DENTAL PRACTICE ACT

Practicing with an expired license or employing directly or indirectly of any DHCP whose license has expired, suspended or revoked.
Acting beyond scope of licensure
Using improperly licensed personnel for extended functions
Unprofessional Conduct
Failure to identify yourself in the patient record,
Failure to notify DBC or DHCC of a name change within 10 days,
Failure to notify DBC or DHCC of a change in address (including email address) within 30 days.
Insurance fraud – Knowingly prepare, make, or subscribe any writing, with intent to present or use the same, or to allow it to be presented or used in support of any false or fraudulent claim.
Obtaining of any fee by fraud or misrepresentation.

19 UNPROFESSIONAL CONDUCT

Conviction of a charge of violating any federal statute or rules, or any statute or rule of this state, regulating controlled substances, or any dangerous drug, conviction > one misdemeanor, or any felony, involving the use or consumption of alcohol or drugs,
Conviction of Court with any findings or fact that the licensee engaged in any act of sexual contact with a patient, client, or customer or has been convicted of or committed a sex offense.
Licensee to engage in, aid, or abet prostitution or pandering conduct on the premises controlled by the licensee.
The use of any false, assumed, or fictitious name, either as an individual, firm, corporation, or otherwise, or any name other than the name under which he or she is licensed to practice,
Knowingly fail to protect patients and employees by failing to follow DBC and CDC infection control guidelines and Minimum Standards of IC.
Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities.
Requiring or permitting care that discourages necessary treatment, or permits excessive, incompetent, or negligent treatment.
Altering a record with intent to deceive
Permitting and/or performing unlicensed taking of radiographs
Repeated failure to sign name and ID# and date of treatment record.

Having >1 general anesthesia or conscious sedation patient w/o continuous 1:1 monitoring for each patient by licensed personnel.

Direct or supervise the performance of acupuncture who is not licensed pursuant to the Acupuncture Licensure

A physician, surgeon and/or dentist shall refund any amount that a patient has paid for services rendered that has subsequently been paid to the physician and surgeon or dentist by a third-party. Third-party payor and that constitutes a duplicate payment. The refund shall be made as follows: If the patient requests a refund, within 30 days following the request from that patient for a refund if the duplicate payment has been received, or within 30 days of receipt of the duplicate payment if the duplicate payment has not been received. If the patient does not request a refund, within 90 days of the date the physician and surgeon or dentist knows, or should have known, of the receipt of the duplicate payment, the physician and surgeon or dentist shall notify the patient of the duplicate payment, and the duplicate payment shall be refunded within 30 days unless the patient requests that a credit balance be retained.

The failure to report to the board in writing within seven days any of the following:

The death of his or her patient during the performance of any dental or dental hygiene procedure;

The discovery of the death of a patient whose death is related to a dental or dental hygiene procedure performed by them; except for a scheduled hospitalization, This information may be submitted using the "Courtesy Reporting Form"

The removal to a hospital or emergency center for medical treatment for a period exceeding 24 hours of any patient to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, or any patient as a result of dental or dental hygiene treatment.

The use of threats or harassment against any patient or licensee for providing evidence in any possible or actual disciplinary action, or other legal action; or the discharge of an employee primarily based on the employee's attempt to comply with the provisions of CDPA.

The practice of accepting or receiving any commission or the rebating in any form or manner of fees for professional services, radiograms, prescriptions, or referrals of services or articles supplied to patients.

20 AVOIDING MALPRACTICE SUITS

Select and supervise your staff very carefully.

Provide Board-approved continuing education and training for your staff.

Provide in-office, site-specific training for all staff on up-to-date topics and maintain training records.

Keep proper emergency equipment in good order and train staff how to use it.

Provide continuous office coverage for emergencies.

Proper record keeping can be your most important defense in litigation. Make your chart entries as if a jury was reviewing them.

Keep detailed, defensive records. Record all phone conversations in chart, sign and date.

With each visit, take proper medical history, signed by patient and treating professional.

Establish good baseline info on new patients from thorough exam, recording existing conditions.

Informed consent is an educational process provided by the Dentist. Document consent in patient record.

Radiographs should be appropriate in number and of good diagnostic quality.

Do not assume the patient cannot afford the ideal treatment. Never let a patient, employer, or third party dictate unacceptable treatment.

Make sure the patient understands the treatment plan and fees. Document treatment and payment plan in full.

Care for patient without unnecessary criticism of previous dentist.

Don't guarantee results or be overly optimistic regarding treatments.

Judiciously advise patient of problems that arise in treatment. Don't try to conceal problems.

If adverse incident occurs, care for patient properly, but guard against damaging remarks by yourself or staff.

Refer patients to qualified specialists with adequate background info. Keep copy of all referral info.

Consider using the "Peer Review" System for unhappy cases

CURES 2.0 UPDATE

Notice: All California-licensed health care practitioners authorized to prescribe Schedule II-IV controlled substance, and all pharmacists with an active license must be registered to use CURES before July 1, 2016. You must register for CURES access if you meet these criteria, even if you do not actively prescribe or dispense.

On January 8, 2016, the Department of Justice (DOJ) will release the upgraded Controlled Substances Utilization Review and Evaluation System, also referred to as **CURES 2.0**. In order to utilize CURES 2.0, a user must access the system through a secure browser. The following browsers are considered secure:

- Microsoft Internet Explorer version 11 or greater
- Google Chrome
- Mozilla Firefox □
- Safari
-

CURES 2.0 offers a significantly improved user experience and increased functionality, including:

Allowing approved delegates to run patient report queries that prescribers and dispensers can access, □ Sending peer-to-peer communications; and □, Receiving patient alerts.

For those without a secure browser, access to CURES 1.0 will continue; however, none of the new CURES 2.0 performance or functionality features will be available in CURES 1.0.

In order to access CURES 2.0, a new streamlined registration process is being implemented. This new process will allow prescribers and dispensers to request and receive approval to access CURES entirely online.

For new users (those who have never accessed the CURES system):

- Regardless of the browser you utilize, you must register for CURES access via a secure browser.
- To register, visit <http://www.oag.ca.gov/cures>, click on the registration link, and follow the instructions.
- Only California-licensed prescribers and dispensers can register. You will need your state license information and prescribers must provide federal DEA license information to register. You must provide your information for CURES access specifically as directed by DOJ. This information will be verified with the Drug Enforcement Agency and the regulatory board issuing your license. Failure to provide accurate information may result in a delay of approval for accessing CURES.
- Once you have been approved for CURES access by DOJ, you can access CURES 1.0 or 2.0 depending on which browser you utilize to query the system.

For existing CURES users:

- If you do not utilize a secure browser, you can continue accessing CURES 1.0 on your current browser.
- Regardless of what browser you will utilize, you will need to confirm your account with DOJ and update security information the first time you access CURES on January 8.

For those who have submitted a paper application to DOJ:

- You can either apply for CURES access on a secure browser as a new user or continue to wait for processing and approval from DOJ for access to CURES, at which point, you can utilize either CURES 1.0 or 2.0 depending on your browser. To learn more, visit <http://oag.ca.gov/cures-pdmp/faqs>. For assistance, contact the CURES helpdesk at (916) 227-3843 cures@doj.ca.gov

NOTICE

**Dentists are
Licensed and
Regulated by the
Dental Board of
California**

877-729-7789

www.dbc.ca.gov

NOTICE

**Dental Hygienists
are Licensed and
Regulated by the
Dental Hygiene
Board of California**

916-263-1978

www.dhbc.ca.gov

Renewal of Dental License	\$525.00 (\$12.00 CURES fee)	\$650.00 (\$12.00 CURES fee)
Renewal of Dental License - Delinquent Fee	\$150.00	\$325.00
Renewal of Dental License (Retired Status)	\$262.50 (\$12.00 CURES fee)	\$325.00 (\$12.00 CURES fee)
Renewal of Dental License (Disabled Status)	\$262.50	\$325.00
Renewal of Dental License (Retired or Disabled Status) - Delinquent Fee	\$131.25	\$162.50
Renewal of Additional Office Permit	\$100.00	\$250.00
Renewal of Additional Office Permit - Delinquent Fee	\$25.00	\$125.00
Renewal of Fictitious Name Permit	\$150.00	\$325.00
Renewal of Fictitious Name Permit - Delinquent Fee	\$75.00	\$162.50
Renewal of General Anesthesia Permit	\$200.00	\$325.00
Renewal of General Anesthesia Permit - Delinquent Fee	\$100.00	\$162.50
Renewal of Medical General Anesthesia Permit	\$200.00	\$325.00
Renewal of Medical General Anesthesia Permit - Delinquent Fee	\$100.00	\$162.50
Renewal of Conscious Sedation Permit	\$200.00	\$325.00
Renewal of Special Permit (Annual)	\$100.00 (\$6.00 CURES fee)	\$125.00 (\$6.00 CURES fee)
Renewal of Special Permit (Annual) - Delinquent Fee	\$50.00	\$62.50
Renewal of Oral Conscious Sedation Permit	\$75.00	\$168.00
Renewal of Elective Facial Cosmetic Surgery Permit	\$200.00	\$800.00
Renewal of Oral and Maxillofacial Surgery Permit	\$525.00	\$650.00
Renewal of Oral and Maxillofacial Surgery Permit - Delinquent Fee	\$150.00	\$325.00
Renewal of Registered Dental Assistant License	\$75.00	\$100.00
Renewal of Registered Dental Assistant License - Delinquent Fee	\$35.00	\$50.00
Renewal of Registered Dental Assistant in Extended Functions License	\$70.00	\$100.00
Renewal of Registered Dental Assistant in Extended Functions License - Delinquent Fee	\$35.00	\$50.00
Renewal of Continuing Education Registered Provider Permit	\$250.00	\$325.00
Renewal of Orthodontic Assistant Permit	\$70.00	\$100.00

Renewal of Orthodontic Assistant Permit - Delinquent Fee	\$35.00	\$50.00
Renewal of Dental Sedation Assistant Permit	\$70.00	\$100.00
Renewal of Dental Sedation Assistant Permit - Delinquent Fee	\$35.00	\$50.00
Application for Dental Licensure by WREB Examination	\$100.00	\$400.00
Application for Dental Licensure by Residency	\$100.00	\$800.00
Application for Dental Licensure by Portfolio Examination	\$350.00	\$400.00
Application for Dental Licensure by Credential	\$283.00	\$525.00
Application for Additional Office Permit	\$100.00	\$350.00
Application for Fictitious Name Permit	\$525.00	\$650.00
Application for Fictitious Name Permit (½ year)	\$262.50	\$325.00
Application for General Anesthesia Permit	\$200.00	\$500.00
Application for Onsite Inspection and Evaluation for General Anesthesia and Conscious Sedation Permit Holders	\$250.00	\$2,000.00
Application for Request for Letter of Certification (letter of good standing)	\$2.00 (dental) / \$25.00 (auxiliaries)	\$50.00
Application for Conscious Sedation Permit	\$200.00	\$500.00
Application for Special Permit	\$300.00	\$1,000.00
Application for Adult or Minor Oral Conscious Sedation Permit	\$200.00	\$368.00
Application for Elective Facial Cosmetic Surgery Permit	\$500.00	\$850.00
Application for Oral and Maxillofacial Surgery	\$150.00	\$500.00
Application for Continuing Education Registered Provider	\$250.00	\$410.00
Application for Registered Dental Assistant in Extended Functions Examination	\$250.00	\$500.00
Application for Registered Dental Assistant Licensure	\$20.00	\$120.00
Application for Registered Dental Assistant in Extended Functions Licensure	\$20.00	\$120.00
Application for Orthodontic Assistant Permit	\$20.00	\$120.00
Application for Dental Sedation Assistant Permit	\$20.00	\$120.00
Application for Request for Duplicate Wall / Pocket License	\$50.00 (dental) / \$25.00 (auxiliaries)	\$50.00