Humboldt Del-Norte Dental Society

FORUM

DECEMBER 2015

For Doctors, Staff and Allied Dental Health Personnel

What a great year 2015 was! Thank you for our hard-working board that have volunteered their time. Please check the calendar for upcoming dinner and CE classes. We are also looking for a Treasurer for 2016, I encourage you to join us! Merry Christmas and Happy New Year– Dani

In this issue:

Dental board urges immediate action on license renewal

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The Dental Board of California and the Department of Consumer Affairs have launched a campaign to reach dentists and registered dental assistants whose licenses expire in January 2016, and urge them to renew their professional licenses as soon as possible. This comes as a result of the transition to a new online licensure renewal system known as BreEZe.

The BreEZe system, which has been in development for more than two years, will allow dental professionals to apply for or renew their licenses online, pay with a credit card, track the status of an application or licensing request, submit address changes and obtain proof of license status. BreEZe also enables consumers to verify a professional license and file consumer complaints.

The Dental Board of California anticipates a transition period during which licensure renewals will be interrupted when BreEZe is activated ("goes live"). This means that the board will be unable to process any licensing requests for approximately five days prior to the "go live" date. As a precaution, the board urges dentists and registered dental assistants whose licenses expire in December 2015 or January 2016 to mail in their renewals as soon as they receive notification. Renewal notices are mailed 90 days prior to licensure expiration, so licensure renewal notifications for December renewals should have been received in October and January renewal notices should have been received in November.

BreEZe became available for physicians, nurses and a limited number of other California licensed

professionals in 2013, at which time numerous issues were identified for correction. DCA has been working to address these concerns prior to the second phase launch, which has resulted in a delayed timeline and significant budget overruns. As the licensing boards are responsible for the costs associated with the BreEZe system, CDA has urged DCA and the Legislature to work to find a solution to funding and finishing this project to minimize the impact on licensees, especially in the wake of the significant rise in dental licensure fees that just occurred.

CDA recommends dentists and dental assistants read the CDA Update and visit cda.org for the latest information on BreEZe implementation and more details on using the new online renewal system when those become available.

For more information on CDA's advocacy on licensure and fees, visit cda.org. For more information on BreEZe, visit dca.ca.gov

FCC: Dentists must get consent to make billing calls

Dental practices now must obtain authorization from a patient to call him or her on his or her cellphone to discuss account and insurance information, according to a recent ruling. A July 10 order by the Federal Communications Commission, interpreting a rule it promulgated in 2013, is cause for CDA to advise dental practices to ensure their policies and procedures for communications using patients' cellphone numbers is in compliance with the law.

The FCC issued its recent order under the Telephone Consumer Protection Act of 1991 (TCPA). The FCC's order addressed several issues and includes an exemption for health care treatment communications. TCPA rules require a business to obtain an individual's consent prior to calling or sending a text to an individual's cellphone number. The health care exemption applies if the communication:

- Is sent only to the cellphone number provided by the patient to the health care provider;
- States the name and contact information of the health care provider (information must be at the beginning of a voice call);
- Does not include telemarketing, solicitation, advertising, billing or financial content (including insurance information requests);
- Complies with the HIPAA Privacy Rule; and
- Is short (one minute or less for voice calls and 160 characters or less for text messages).

A health care provider must:

- Limit communication to one per day and three per week for each individual;
- Provide individuals with a simple method to opt out of receiving communications; and
- Immediately honor the opt-out requests.

CDA recommends dental practices take the following steps:

- Review procedures to determine if the practice uses patient cellphone numbers for communications related to dental benefits, financial arrangements or marketing/solicitation. Review patient forms to determine if required consents, obtained after Oct. 16, 2013 (effective date of original rule), are included. Update forms as needed.
- Ensure that the practice's HIPAA business associates who communicate on behalf of the practice are in compliance with TCPA rules.

Below is language CDA recommends dental practices use to obtain consent for communications using a cell phone number. It can be added to patient intake forms (it does not need to be on a separate form).

Cell Phone:

❑ I consent to the dental practice using my cell phone number to (choose one or both) ❑ call or ❑ text regarding appointments and to call regarding treatment, insurance, and my account. I understand that I can withdraw my consent at any time. My cell phone number is (include area code)

_____
_____(initial)

Other federal and state rules govern telemarketing and commercial email messages. A summary of these laws is available on the website of the Office of the Attorney General at oag.ca.gov/privacy/privacy-laws.

New Patient Forms Bundle now available

Proper patient communication is key for a dental practice, and that begins when the person first becomes a patient. Communicating all of the practice's policies and expectations is vital and that is why CDA has created a member-only New Patient Forms Bundle, which is available at cda.org/practicesupport. The bundle is a comprehensive resource pertaining to the gathering of information from the new patient. Dentists can implement the seven forms included in the bundle collectively or utilize them in an "a la carte" fashion if the practice has some, but not all, of the forms already in place.

The following are descriptions and instructions for each of the forms.

Confidential Health History Form

This form provides the practice a comprehensive report of a patient's health history, including essential dental health history information. The form can be completed at the start of a patient's appointment or prior to the appointment as long as the information is still current when the patient presents. Each health care provider should review the form prior to treating the patient. Be certain to allow time in your schedule for this review. Each new patient or a new patient's legal guardian should complete this form. Additionally, it should be reviewed at least every six months and completed every two years by active patients.

Certain areas of medical information bear 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 without patient authorization 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 of that status.
- Pregnancy of a minor cannot be released to the parent or guardian without the minor's permission.

Dental Health History Form

This form is designed for the provider who wishes to collect more in-depth dental health history that is not covered on the Confidential Health History Form, as well as assess the patient's oral health and/or cosmetic concerns. This form helps assess the patient's interest in learning about specific oral health issues and aids the provider in offering educational resources on various dental health topics. This form can be completed prior to the patient's appointment or at the beginning of the initial appointment. This form should be reviewed by all providers working with the patient with the goal of addressing specific concerns expressed on the form with the patient. If this form is completed and received by the practice prior to the day of the patient's first appointment, relevant information completed on the form about the new patient should be shared in the practice's morning meeting.

New Patient Information Collection

This is a list of information a dental practice should include when creating a new patient form. Staff should check with patients annually to determine if any information on the form has changed, such as employer (which may indicate a change in dental benefit plan), address and contact numbers.

Patient Acknowledgments and Authorization

This document provides sample language for obtaining a patient's acknowledgment of responsibilities and receipt of information, obtaining a patient's affirmation that the provided information is correct and the patient agrees to treatment and payment terms, and for requesting a patient's authorization on communications. (Consent to treatment and to payment terms should be included in the treatment plan and financial agreement, respectively.) Ideally, these items should be added to the new patient form or at least completed at the same time the patient is filling in a new patient form.

Patient Personal Information Form

This form is designed for internal office use only. It should not be shared with the patient and is intended to provide the practice with a way to document personal information about the patient to help refresh staff members' minds prior to the patient visiting the practice. The information on this form can be collected over time as the team builds a relationship with the patient. This form also helps the practice document the patient's dental health history with the practice, in terms of the patient's willingness to accept treatment, anxiety toward dentistry and appointment history. This form should be reviewed by all staff who will be interacting with the patient prior to the

patient's appointment. Any concerns regarding the patient's dental health (i.e., anxiety or resistance) should be communicated to the dental team in the morning meeting prior to the patient's appointment. For practices that use an electronic record system, the information can be entered in an area that can be viewed by all staff, but not seen by patients.

Coordination of Benefits Patient Questionnaire

Staff should use this questionnaire as a guide to collect information from the patient when coordination of benefits is necessary. Coordination of benefits is necessary when the patient has primary and secondary coverage, when the patient is a dependent covered by both parents, when the patient is a dependent of separated or divorced parents, or when the patient has coverage under a current and former employer. This questionnaire can be used at any point prior to the financial discussion with the patient. Often, a practice will verify dental benefits prior to the patient's first appointment. In this case, the questionnaire should be used with the patient over the phone to verify dental benefits prior to the first appointment.

Authorization for a Caretaker to Accompany a Minor Patient

This authorization form outlines consent by a legal guardian for a caretaker (nonlegal guardian) to accompany a minor to his/her dental appointment(s). This authorization does not permit a caretaker to consent to treatment of the minor
child on behalf of the legal guardian. The provider should determine the type of appointments in which a nonlegal guardian is allowed to accompany a minor patient. Only legal guardians can consent to treatment and provide updates to the minor patient's health history.

For more information on this bundle, visit cda.org/practicesupport.

Accounting Controls Can Prevent Dishonest Behavior

By TDIC Risk Management Staff

Embezzlement is typically defined as the theft of money or property by a person trusted with those assets. It usually occurs in employment settings, and small businesses suffer more losses from fraud than larger organizations, according to the Association of Certified Fraud Examiners.

Analysts with The Dentists Insurance Company say dentists may inadvertently put their practices at risk for fraud by trusting a single employee with sole financial responsibility or by not reviewing accounts payable and receivable. However, this vulnerability can be reduced through awareness of "red flag" behaviors and a few key accounting protections.

Fraudulent activity can happen in a number of ways, and TDIC case studies show instances of employees deleting appointment and ledger entries, endorsing patient checks to personal accounts, forging payroll checks, modifying payroll, misappropriating a credit card and using a signature stamp without authorization.

Jennifer Duggan, a Northern California attorney specializing in business and employment law, says there are also more sophisticated schemes in which employees fabricate fictitious vendors, create nonexistent employees, receive kickbacks from patients or from vendors for awarding company contracts or actually coerce subordinate employees to carry out theft.

"Sometimes employees forge signatures on checks and sometimes the employees are authorized signatories," said Duggan.

Duggan notes that the thief is more often than not a highly trusted employee.

"The prototypical thief is a long-time employee who is extremely familiar with the financial aspects of your business. He or she interacts with clients and vendors, and may handle or process accounts receivable, accounts payable or banking functions for the practice," she said. The employee is viewed within the practice as a loyal, trusted, giving individual and would be last on a list of people you might suspect.

This creates a delicate situation for practice owners, but experts say basic awareness of red-flag behavior keeps employers from having to be unnecessarily suspicious. Red flags include an

"ever-present" employee who comes in early or stays to close up after everyone else has gone home or someone who regularly refuses to take a vacation. Illicit activity may surface if the employee is required to be away from work for a week or two and is not able to cover up the trail of fraud. Other things to be aware of are financially frustrated employees who are always short on cash or territorial employees who refuse to cross-train coworkers. Analysts say one red flag is not typically cause for alarm, but a combination of these behaviors warrants concern.

TDIC analysts say practice owners lose more than money when fraud shatters the "family feeling" and trust in the office. "When an employee steals from the practice owner, the owner feels betrayed and can have a hard time recovering from that," notes a senior analyst.

By implementing accounting controls, small business owners can significantly reduce the chances of becoming a victim of employee theft, Duggan says.

"Simply reviewing your bookkeeping structure and implementing accounting measures will greatly reduce the probabilities of falling victim to employee theft," she said. "Instituting controls also communicates to employees that you are paying attention and discourages even the thought of stealing."

Accounting controls for dental practice owners include:

- Avoiding single-person control of all of the practice's financial dealings. Separating tasks, such as opening incoming mail and data entry for deposit and receivable information, minimizes the possibility of an employee manipulating account information.

- Separating job functions of reviewing monthly bank statements and preparing monthly bank reconciliations. If you have multiple authorized signors, separating the job functions of preparing the checks and signing the checks reduces risk. If you use online banking, separating the job functions of entering payments and reconciling monthly activity is key.

- Requesting that the bank mail statements to your home or personal email address and reviewing statements regularly for unusual accounts payable names or other inconsistencies.

- Securing company checks in a location accessible only to authorized employees.

- Requiring supporting documentation (a vendor invoice or credit card statement, for example) for every check you sign and reviewing supporting documentation to ensure the expenditure is justified.

- Running an accounts payable history to review invoice numbers and amounts.

- Providing specific instructions or guidelines to your bank including a list of your approved vendors and authorized signors.

- Watching for an increase in patient refunds, adjustments or bad-debt write-offs. An unusual number of accounts turned over to a collection agency and a decline in the gross income or profitability of the practice is suspicious. Discrepancies between accounts receivable records and patient statements should also be suspect.

- Noticing any increase in patient complaints regarding their accounts, which could indicate fraudulent activity or a need to develop a policy clarifying account procedures with patients and staff. Reviewing and responding to patients' concerns personally is recommended.

If you discover facts indicating that you are the victim of employee fraud, call TDIC immediately.

Trained analysts will discuss the situation with you, including documentation of the fraud. Practice owners with evidence of fraud should also be prepared to call the police. TDIC offers identity theft recovery for the individual dentist under its Professional Liability policy. The business owners' property policy covers employee dishonesty. In order for coverage to be effective, practice owners must file a police report and submit it to the claims department.

TDIC's Risk Management Advice Line can be reached at 800.733.0634.

When Casual Behavior Crosses the Professional Line

By TDIC Risk Management Staff

Dental offices typically have a small number of employees who work closely together. This can lead to a relaxed, family-like atmosphere, and it may seem natural for practice owners or staff to let their guard down and make off-the-cuff statements or jokes.

While a lighthearted office environment is a good thing, dental practice analysts and advisors emphasize the practice owner's role in setting the standard for appropriate and respectful conduct in the workplace. Dentists are employers with a "duty of care" to maintain an office free from harassment or discrimination, and this includes comments made by dentists themselves.

"The message is that practice owners must be careful about their casual statements and view the effects of their words as a potential liability," said Jaime Welcher, a senior risk management analyst with The Dentists Insurance Company. "When it comes to personal commentary, a little goes a long way."

Analysts say it's important for dentists to keep in mind that they are managers and not friends of employees. Good employee relations are formed through clear communication of office policy and fair application of policy, not by "buddy-buddy" behavior.

Marcela Truxal, a CDA practice advisor, said, "Dentists set the tone for the culture of the practice. I have worked with many clients who form close relationships with staff and they become more like part of the family instead of employees. In turn, the staff feels entitled and dentists have a hard time holding the team accountable or vice versa."

Dental analysts and advisors say they receive ongoing inquiries about situations that cross the line into problematic behavior. In one instance, a dentist became close to her RDA, which led the dentist to feel more comfortable in asking the RDA to perform duties outside of her scope of responsibilities, such as babysitting the dentist's children, watching the dog and getting the dentist's lunch.

Practice owners who allow an atmosphere that is too casual also risk letting inappropriate comments or behavior slip into professional situations.

Legal case studies show numerous examples of off-handed comments made jokingly in the workplace resurfacing later as evidence of harassment or discriminatory intent. Such jokes may not be sufficient to result in a verdict against an employer, but they can be enough to force a case to trial, resulting in costly legal fees and a damaged reputation.

In 2005, a plaintiff's case in Utah proceeded to trial in a pregnancy discrimination case, based on evidence that her manager nicknamed her "Prego" and used the term repeatedly. The manager also allegedly suggested the employee take disability leave during pregnancy or quit. The court found this behavior "pervasive" and deemed that it could constitute a hostile, harassing environment.

Repetition of a phrase or idea is key in discrimination cases. In a high-profile case in

California, a 54-year-old high-tech director sued for age discrimination after he was discharged. Much of the evidence consisted of remarks made by a 34-year-old executive who said the older employee was "not a cultural fit," was "obsolete" and that his "ideas were too old to matter." The California Supreme Court found these were not just "stray remarks" and upheld consideration of such comments along with other admissible evidence.

Courts do, however, reject a standard of "political correctness," as witnessed in the New Jersey case where the 3rd Circuit Court stated it would be "unfortunate if the courts forced the adoption of an employment culture that required everyone in the structure to be careful so that every remark made every day passes the employment equivalent of being politically correct lest it be used later against the employer in litigation." In this case, the plaintiff's main evidence was a higher-level employee referring to him as "the old man of the operation." The court found this remark too isolated for consideration as valid evidence.

It is unreasonable to expect that an occasional comment about age, gender or physical condition will not be made, but discretion, common sense and a clear policy on acceptable and unacceptable behavior can make a big difference in reducing liability.

The best action for practice owners is to include a policy in the employee manual and give examples of unprofessional and unacceptable behavior as well as examples of respectful behavior and professional conduct.

It is important to include a clear definition of harassment as well. The U.S. Equal Employment Opportunity Commission states that it is "unlawful to harass a person (employee) because of that person's sex." The commission also notes, "Harassment does not have to be of a sexual nature, however, and can include offensive remarks about a person's sex. For example, it is illegal to harass a woman by making offensive comments about women in general." The commission points out that harassment can happen to either a man or a woman, and the harasser can be the same sex. Clearly, comments about race, ethnic origin and religious beliefs are best left unsaid, even in jest.

With unacceptable actions clearly defined, everyone in the office will be less likely to cross the line.

TDIC's Risk Management Advice Line can be reached at 800.733.0634.

Dentists and the Virtual Dental Home: What You Should Know

By TDIC Risk Management Staff

In recent months, several policyholders have called the TDIC Advice line asking about the virtual dental home (VDH) model and the risks associated with participating in one. The following information may be helpful if you are considering practicing in such a model.

The term "virtual dental home" describes a dental care model in which a dentist utilizes teledentistry by connecting electronically to specially trained allied dental team members to deliver dental care to underserved populations.

The VDH was authorized in California in 2015 after a large-scale demonstration project proved successful at safely and effectively providing diagnostic, preventive and early intervention services in community-based sites (e.g., schools, Head Start sites and nursing homes) by allied dental team members who are connected to a dentist at an off-site location (e.g., office or clinic) using teledentistry.

Within the VDH model, a specially trained registered dental assistant in extended function

(RDAEF), registered dental hygienist (RDH) or registered dental hygienist in alternative practice (RDHAP) collects electronic dental records such as radiographs, photographs, charts of dental findings, dental and medical histories with portable imaging equipment and an Internet-based dental record system. He or she then uploads the information to a secure Internet website where a supervising dentist reviews and establishes a diagnosis and treatment plan for the hygienist or assistant to carry out. Patients who need care that is more complex are referred to the dentist to provide those services.

TDIC recognizes emerging trends in dental care delivery and recommends dentists use specific protocols if they want to participate in a VDH program. In many cases, this is an employer/ employee relationship between the dentist and the qualified dental auxiliary. Dental team members employed by dentists to work in VDH community settings are subject to the same requirements and regulations as dental team members employed to work in office settings including adding the auxiliary to your payroll reporting for workers' compensation insurance coverage. Similar to a traditional setting, TDIC's professional liability policy may extend to dental auxiliary staff. As with any coverage interpretation, the scope of coverage is subject to the policy provisions. If you have questions about your policy with TDIC, please contact your agent at 800.733.0633.

"Dentists and dental team members must practice to the same standard of care regardless of the setting," said a senior risk management analyst with TDIC. "Informed consent, record collection, diagnosis, care, documentation, referral and follow-up are all essential to providing appropriate care in a traditional practice as well as the VDH setting." Additionally, if the dentist is working with an RDHAP, (because of their licensure status) there is an option to establish a working relationship other than as an employee of the dentist. "If a California dentist is working with an RDHAP in a VDH under a contracted arrangement, a written agreement with the RDHAP that addresses the items listed above, as well as the RDHAP's proof of separate liability coverage is a must." said the analyst.

As of publication date, the VDH model is legal in California only. If you practice in California and are interested in participating in such a delivery model, or if you are in another state and the VDH model becomes a practice option for you, please consider the following recommendations:

1. Know the dental team you are working with before entering any VDH agreement. Make sure these employees are skilled individuals with similar treatment philosophies to yours. Whenever possible, work with auxiliary team members directly before remotely. Trust and good communication are vital to successful patient care. The dentist is responsible to ensure all participating dental professionals have a current license in good standing with the state licensing agency.
2. The location your staff person uses must have the appropriate dental equipment for the services being offered and abide by CalOSHA standards for employees.
3. Establish clear parameters for your VDH working arrangements. You likely will need to speak with a labor attorney who is familiar with dental practices and specifically the VDH delivery model. At a minimum, your employment arrangement should address:

- Method(s), timeliness and expectations for communication.
- Quality assurance requirements.
- Equipment (ownership, maintenance, property insurance).
- Use of electronic records system and documentation expectations.
- Radiographic protocol.
- Emergency management.
- Compensation method.

Dentists, who are accustomed to making diagnoses during in-person visits using an explorer, often ask about the accuracy of making

diagnoses from records alone. The VDH demonstration project investigated this and found:

"Based on patient information collected in the field that includes intra- and extraoral radiographs, photographs and charting collected by an [allied dental team member], a dentist can, with a great degree of certainty, decide on the best next action for that patient. In this study, individual dentists were consistent in their decisions about a specific patient whether the examination was in person or virtual."

Another common inquiry relates to interim therapeutic restorations (ITRs), one of the new duties that hygienists and RDAEFs who complete the required training program can perform in a VDH. California law specifies that ITRs can be placed after the diagnosis and direction of the supervising dentist to stabilize a tooth with a cavitated lesion until the dentist determines that additional treatment is required. ITRs provided by allied dental professionals must be completed with hand instrumentation only and must not require dental anesthesia to complete. For more information about the virtual dental home or interim therapeutic restorations, see the July 2012 and October 2013 issues of the Journal of the California Dental Association at cda.org/member-resources/journal.

A decision to participate in this type of practice model is one that each dentist should make on his or her own. Participating in the VDH model can be rewarding and provides a different vantage point not offered by the traditional practice model. Prior to starting such an arrangement, please notify your professional liability carrier.

For more information about this and other non-traditional practice models, contact Gayle Mathe, CDA director of community programs at Gayle.Mathe@cda.org.

Straight-Ahead Facts on Wage and Hour Rules

By TDIC Risk Management Staff

Wage and hour laws take a little time to sort through, but the incentive is high for practice owners to sharpen their "wage and hour IQ" and keep current on topics such as minimum wage, overtime, meals, breaks and paid sick leave.

Wage and hour rules are increasingly in focus and related lawsuits have increased 438 percent since 2000, according to numbers released last year by the Federal Judicial Center. Additionally, the U.S. Department of Labor's Wage and Hour Division reports collecting nearly $250 million in 2013 due to minimum wage and overtime violations affecting more than 269,000 employees nationwide.

With the heightened awareness of wage and hour laws and employee rights, The Dentists Insurance Company (TDIC) advises practice owners to review federal and state laws as well as city ordinances related to minimum wage and fair labor practices. TDIC's Risk Management Advice Line is available to policyholders to help resolve employee-related issues, which can help prevent a minor situation from becoming a legal issue.

"The potential is very high for practice owners to have a problem with wage and hour issues," said attorney Ali Oromchian, who specializes in employment law in California. "In fact, doctors can count on being sued at some point as most employees in a dental practice have a high wage and hour IQ — HR laws are their version of the Dental Practice Act."

According to Oromchian, the most common wage and hour issues are unpaid overtime (especially for hygiene and associate doctors), not providing lunches and breaks, and failing to provide a timely final paycheck.

While wage and hour requirements are set by multiple agencies, one key idea about the various rules is to follow the law that is most generous to the employee. For example, the federal minimum wage is currently $7.25 per hour, but employers in California, which has a minimum wage of $9 per hour, must pay the higher amount. Further,

employers in San Francisco must pay the higher amount of $11.05 per hour, which became effective in January and will increase to $12.25 on May 1. Last November, San Francisco voters passed Proposition J, raising the minimum wage to $15 per hour by July 2018.

Other cities have higher minimum wages as well, including San Jose, San Diego, Seattle and Chicago. The movement to increase the minimum wage at the city level appears to be gaining momentum as local agencies nationwide discuss the issue.

Twenty-three states have minimum wages higher than what is mandated by federal law, including Alaska, Arizona, Illinois, Minnesota, Nevada and New Jersey. State wage and hour laws are accessible online at dol.gov/dol/location.htm.

Federal and state laws require most employers to pay overtime. The "time-and-a half" formula is set by the Fair Labor Standards Act (FLSA) and applies to nonexempt employees. FLSA requires 1.5 times an employee's regular rate of pay for all hours worked over 40 in a week. California and a few other states, including Alaska, have a "daily overtime standard" that entitles nonexempt employees to time-and-a half pay for every hour more than eight hours in a day. California additionally requires "double-time" for hours worked over 12 in one day. Further information about overtime is online at dol.gov/dol/topic/workhours/overtime.htm.

"Make sure that hygiene and doctor associates are paid overtime if they do not fall under the exemptions set by federal or state law," said Oromchian. Federal exemptions for employees are specified by the Department of Labor online at dol.gov/elaws/esa/flsa/screen75.asp.

Paid sick leave for employees is an area where laws are changing. One significant change is in California, where employers are required to provide at least three days of sick leave per year effective July 1. Employees who work for 30 days accrue one hour for every 30 hours worked. According to the California Chamber of Commerce, the accrual method works out to a little more than eight days a year for full-time employees, but employers can limit the amount of paid sick leave to three days per year (24 hours).

Paid sick leave can also be mandated at the local level and cities such as San Francisco, San Diego and Jersey City, N.J., have related policies.

"Every locality can have its own rules regarding minimum wage, sick leave and health insurance," said Oromchian. It pays for practice owners to follow local regulations as these rules can take precedence over state and federal law.

Rest break requirements vary by state, and California and Minnesota require employers to allow staff to take a paid 10-minute break for every four hours worked. If practical, these breaks must be provided in the middle of the work period. Employers do not have to pay for breaks in which an employee is relieved of all duties in order to eat a meal. Typically, a meal break is "bona fide" if it lasts at least 30 minutes. Not all states require meal breaks, but many employers allow staff members a lunch break. California requires employers to provide a 30-minute meal break once an employee has worked five hours and is scheduled to work more than six hours in that day. Minnesota is among other states requiring meal breaks, and state standards are outlined online at dol.gov/whd/state/meal.htm.

In addition to following wage and hour laws, practice owners can follow these recommendations to help prevent potential problems:

- Document all wage and hour policies in an employee manual and have employees sign off on receipt and understanding of the policies every year as laws change on Jan. 1.
- Maintain accurate time cards for all nonexempt employees. An electronic time clock that has fingerprint image capability is highly recommended.
- When a meal break is required, do not allow employees to work through the break and have the employee "clock out" during the meal.
- Pay nonexempt employees for all hours worked, including time spent in meetings and required training classes.
- If an employee is considered exempt, document this status according to federal law.

TDIC's Risk Management Advice Line can be reached at 800.733.0634.

HUMBOLDT DEL NORTE DENTAL SOCIETY 2016 Leadership:

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We want to hear from you

Do you have important news from your committee? Thoughts you'd like to share? Would you like to become a member? How about becoming an officer?
Classified ad; noteworthy item; an interesting case to share; birth announcements; graduation announcements; office or staff news; a personal biography if you are new to the dental society
Call 707-443-7476 or Fax: 707- 442-5857
Email humboldtdelnorte.dentalsociety@gmail.com

Visit HDNDS on the web www.hdnds.org
Or you may send items to: Newsletter Editor,
HDNDS
P.O. Box 6368,
Eureka, CA 95502

Upcoming Continuing Education Course

January 29th, 2016 course starts at 8:30am.

"OSHA, Infection Control, California Dental Practice Act." 6 units CORE. Marcella Oster, DDS. Baywood Golf and Country Club, 8am registration, 8:30-3:00 class.

2016 HDNDS Calendar

January, 21, 2016. Rebecca Ledbetter, RDA, 2 units CORE. “Psychology in Dentistry.” Sea Grill. 6pm.

January, 29, 2016. Marcella Oster, 6 units CORE. “OSHA, Infection Control, California Dental Practice Act.” Baywood Golf and Country Club, 8am registration, 8:30-3:00 class.

February 25, 2016. Dinner Meeting. David Browning, DDS. Location TBD.

March 8, 2016. Board Meeting. St Joseph Hospital, 6:00pm.

March 31, 2016 Foroud Hakim, DDS, 2 units CORE. “Direct Restorations in the Contemporary Esthetics Practice.”. Location TBD, 6:00pm.

April 1, 2016 Foroud Hakim, DDS, 6 units CORE. “Working Smarter, Not Harder to Opitimize Patient Care, Outcomes, and Profitability- Challenging the Paradigm.” Baywood Golf and Country Club, 8am registration.

April 21, 2016. Dinner Meeting. Topic, Speaker, and Location TBD.

May 10, 2016. Board Meeting. St Joseph Hospital, 6:00pm.

May 19, 2016 End of the Year Party, Gabriels. 6pm.

September 13, 2016. Board Meeting. St. Joseph Hospital, 6:00pm.

September 22, 2016. Dinner Meeting. Topic, Speaker, and Location TBD.

October 20, 2016 Dinner Meeting. Topic, Speaker, and Location TBD.

October 21, 2016 All day CE Course Baywood Golf and Country Club, 8am. Speaker and Topic TBD.

November 11-13, 2016 House of Delegates. Newport Beach, CA.

November 17, 2016. Dinner Meeting. Topic, Speaker, and Location TBD.

December 8, 2016. Board Meeting and Christmas Party. Location TBD.