

Risk Management Q&A

1. How long is it necessary to maintain my patient records, even after I retire?

There is no simple answer to this common issue. There are many different state and federal regulations that must be observed.

The best answer here is to retain the records indefinitely which can be accomplished with digital imaging technology, eliminating the need for bulk paper file storage.

Another option is to keep charts and records until the last opportunity that a patient must file a claim or lawsuit against you. There are certain caveats and exceptions to this. In some states, charts for minors must be kept until age 21. But there are other exceptions for the records of minor children and those persons under the American Disabilities Act. The primary directive should be to keep records until the statute of limitations in that state has been exhausted. It is the responsibility of the practitioner to ascertain his or her states guidelines and plan accordingly so to comply.

REMEMBER, IF YOU HAVE NO RECORDS, YOU HAVE NO DEFENSE.

2. A minor child is escorted to your office by a relative for a scheduled appointment for dental treatment. She presents in pain and requests work not previously treatment planned. Can you treat the child without risk exposure?

If an emergency truly exists, it can be specifically treated without parental consent. Any other treatment previously consented to by parents or legal guardian can also be treated.

But any other treatment outside that previously planned and consented to, cannot be treated. You should wait until the parents can be located and you receive their consent to discuss the diagnosis, treatment that is recommended, the option or alternative treatment, the complications and risks, benefits, satisfy all questions, and obtain the parent's consent to proceed. This can be done by telephone with a staff member online.

3. Can I prescribe medications for after hour requests for new patient emergencies or for patients I'm covering for a doctor on vacation?

Prescribing medications for a new patient or a patient that you have not seen or examined is

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always ill- advised.

When covering for a doctor on vacation, it is always helpful to have a protocol in place to manage emergency patients and prescribing emergency medications.

The doctor on call must examine and evaluate the patient before prescribing any medications, especially narcotics. Even if a small number is ordered, 2-3 tablets, without an exam you will be responsible for any

adverse or unexpected reaction that may occur. To lower your risk, advise the patient to meet you at the office in the morning or go to the ER for treatment.

1. I have a patient with an overdue outstanding balance, and I want to discontinue treatment until his balance is paid in full and end the relationship if the balance is not paid. Does this pose a problem?

When the patient fails to pay for services, or to hold up his side of the contract, it ends the doctor patient relationship. The practice can send certified receipt requested letter stating the practice is discharging the patient, will forward his records as directed, including an incomplete treatment plan, will provide the number of the local dental society referral service, and will provide 30 days of emergency care.

There are, however, certain steps that should be taken to improve the situation. Such as completing the current phase of treatment and releasing the patient in stable condition are important considering we must keep the patients welfare paramount.

Discontinuing treatment does not sever the doctor patient relationship. This can only be done following the guidelines above. Further, it is to your advantage. When terminating a patient there should also be a release of all claim's agreement with an anti-defamation clause. This is most important to prevent social media problems.

2. I have a patient who refuses to accept my recommendations for treatment, including not seeing our periodontal referral and refusing x-rays. How should I deal with this?

This is a common occurrence in many dental offices. Any patient has the right to refuse treatment or dental recommendations and advice.

But how to address this is what can mitigate our liability or risk.

It starts by educating the patient, explaining the diagnosis, recommended treatment, alternate and optional treatments, the prognosis of treatment, and the ramifications of doing no treatment. This should be repeated on a routine basis during all future visits. At any time or for any reason, a patient may relent and consent to being treated.

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This consultation between doctor and patient provides clinical information for an intelligent decision-making process. This must all be documented in the patient records.

Further, although it is not a requirement, having the patient sign an informed refusal document warns the patient of the seriousness of the untreated condition and hereby signing this document makes them acknowledge how critical the condition is.

Even with all this patient education process to gain the patient's cooperation to comply with the recommendations, the patient can remain recalcitrant even if the explained consequences are alarming.

Refusing periodic x-rays is a completely different matter. This action interferes with accurate diagnosis of the patient's overall oral health. With very few exceptions, this is not acceptable.

The doctor must use his professional judgement in these situations regarding his relationship with the patient. By refusing x-rays or urgently needed dental care, the patient increases his or her chance of risk or injury and as such increases the likelihood of the provider being at risk for professional negligence. It is at this point that the provider may have no other choice but to discharge the patient from the practice.

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