

San Diego Wows 2011 Annual Meeting Attendees

San Diego, with its sunny skies and gentle breezes, and beautiful coast, proved to be an ideal location for July's 2011 Annual Meeting for the Academy of General Dentistry. Over 3,000 attendees were on hand to enjoy the sights, participate in cutting-edge continuing education, and see some of dentistry's most renowned speakers. Georgia dentists in attendance had a chance to compare notes with dentists from other states and countries, learn new techniques to enhance their clinical offerings, and participate in discussions about the future of our profession.

House of Delegates Convenes

Earlier in the week at the Annual Meeting, the House of Delegates convened. The House of Delegates, comprised of representatives from regional AGD constituencies, met over a three-day session. Topics such as mid-level providers and insurance regulations were brought up and voted on by the delegates. Georgia delegates included **Phil Durden, DMD, MAGD**; **John Sieweke, DDS, MAGD**; **Tom Price, DDS, MAGD**; **Travis Watson, DMD, FAGD**;



Georgia delegates **Phil Durden, DMD, MAGD**; **Travis Watson, DMD, FAGD**; and **John Sieweke, DMD, MAGD** listen to resolutions brought up at the House of Delegates.

Brittany Thome, DMD; and **Carol Wooden, DMD, MAGD**. This year the House of Delegates reaffirmed its stance against mid-level providers and reinforced the need to work within the established dental team and framework to improve access to dental care.

Fares Elias, DDS, JD, FAGD Concludes His Term as AGD President and Underscores AGD Position on Access to Care

In a speech delivered to the House of Delegates, **Fares Elias, DDS, JD, FAGD** reviewed the successes of the AGD during his term and reiterated the need to push ahead in promot-

ing the use of fully trained dentists to address access to care concerns:

We opposed and will always oppose mid-level providers in any way, shape, or form, or by whichever name they were and are called. That is our policy and the wish of this House. When we did so in San Antonio during Dr. Paula Jones's presidency, we were called obstructionists (among other less-flattering names) but times proved us right.

We did that because "Standing for right when it is unpopular is a true test of moral character." (Margaret Chase Smith)

We still oppose mid-level providers because the public does not deserve a lower standard of care, our patients do not deserve compromised treatments, and our profession doesn't need unqualified, under-trained high schoolers doing any procedures reversible or otherwise. It just doesn't work.

To those that advocate the concept, I say, there is no shortage of dentists; underserved areas have fleeting borders and boundaries. It is not a matter of access to care; it is a matter of access to money—follow the money. It is a matter of underutilization of care. It is a matter of literacy. Inform and educate and start with the parents and guardians. Those are all barriers.

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ers to care and they, like the Berlin Wall, should come down.

Those do-gooders and foundations should realize that they could have a strong partner in organized dentistry if they concentrate on oral and health education, as well as on bringing down barriers rather than erecting them or creating a whole layer of subpar providers, which will displace our members and undermine our population's health, welfare, and safety, especially in minority and heavily populated ethnic, urban areas.

New AGD President Howard Gamble, DMD, FAGD Focuses on Membership and Advocacy

In his inaugural address, **Howard Gamble, DMD, FAGD** of Sheffield, Alabama, stressed the importance of increasing membership in the AGD. Dr. Gamble described the current challenges of membership in this way:

We are the Academy of General Dentistry. However, in order for us to succeed in truly being the recognized voice of the general dentist, we simply must accumulate a majority of the general dentist market share. We do not have that distinction now. Today, as I stand before you, there are 141,200 general dentists in the United States and Canada. 33,140 of them are U.S. AGD members, and 1,259 of them are Canadian AGD members. So, that means that the AGD represents approximately 26.8 percent of the U.S. market and 7.1 percent of the Canadian market. Market share, member totals. What does it all mean? Well, some of you may see those numbers and think that it represents great future potential for growth; I see it as a number that does not represent the majority of my fellow general dentists. A number—I must say—that allows others to challenge our true right to claim that we represent the voice of the general dentist.

The solution, according to Dr. Gamble, is not to be found only in marketing campaigns, but rather through interpersonal relationships:

The most effective recruitment tool that I've seen is a colleague's invitation to another colleague to join our organization. I joined the Academy because two of my classmates from dental school told me that I should join. They said that the AGD would benefit both me and my practice. I had faith in them and their referral was all I needed. I'm sure they had no idea that they were recruiting a future president of the organization.

Dr. Gamble also stressed the importance



Members of the Outreach Task Force stand outside one of the specially outfitted vans used to provide free dental care to over 120 patients. L-R **Patty Meredith, DDS, MS; Roddy Scarborough, DMD; Harriet Seldin, DDS; AGD Director of Dental Care Advocacy Srin Varadarajan; Cindi Sherwood, DDS; Carol Wooden, DDS, MAGD; and Sanjay Uppal, DDS**



AGD President Howard Gamble, DMD, FAGD addresses the House of Delegates.

of advocacy to meet the expectations of our membership:

One way to keep our members happy—a fact that has been proven time and again in our member research—is through heightened advocacy efforts. Our advocacy efforts will also help us become the true voice of general dentistry. As we achieve successes, more for-profit or government agencies will recognize our authority and seek our opinion.

But, much like our efforts in membership, our focus should be at the state level. Most of the power to affect change is at the local level. That's why I am encouraging each of you to train and assist your constituent members. The AGD has resources that you can use - do it; don't wait for someone else to do it. In my state, and I would suspect in yours, it is the AGD dentists who are more knowledgeable and willing to lead on the various issues. It's what your members are asking for, and it's what your profession needs in order to succeed.

A Nation of Smiles, One Smile at a Time

On Friday and Saturday, the AGD and the AGD Foundation teamed up to hold their second community outreach project, Nation of Smiles, One Smile at a Time. A total of 123 patients from the Veterans Village of San Di-

ego (VVSD) received free dental care from 80 volunteers, including dentists, dental students, hygienists and dental assistants. Utilizing 2 vans equipped with dental operatories, the volunteers provided approximately \$80,000 in dental treatment.

With five locations throughout San Diego County, VVSD is dedicated to "leave no one behind" as a nationally-recognized leader in providing prevention, intervention, treatment, and employment services to military veterans, including men and women who have recently returned from service in Iraq and Afghanistan. The AGD is proud to serve this outstanding organization.

Georgia Honored for Best Newsletter

During the meeting, Georgia was honored with the ACE Award, which recognizes excellence in newsletter publishing. Three Awards are given to states in different categories based on the number of member dentists. Georgia won the award for Category 1, comprised of states with the largest total membership, including New York, Texas, California, and Florida.

New Fellows and Masters Honored at Convocation Ceremony

The emotional highlight of the meeting is always the convocation ceremony, in which dentists and their families recognize those who have achieved Fellowship or Mastership status in the academy. This year, 319 members received Fellowship, 118 received Mastership, and 31 members received the Lifelong Learning & Service Recognition. Twelve Georgia AGD members received Fellowship or Mastership awards and one received the Lifelong Learning and Service Recognition. See pages 3 and 5 for details about Georgia dentists who were honored at the convocation ceremony.

Following the ceremony, awardees, attendees, and their guests had an unforgettable evening aboard San Diego's newest and most magnificent vessel, the Hornblower. Guests enjoyed cocktails and a delicious dinner featuring California cuisine, along with dancing and camaraderie.

AGD 2012: See You in Philly!

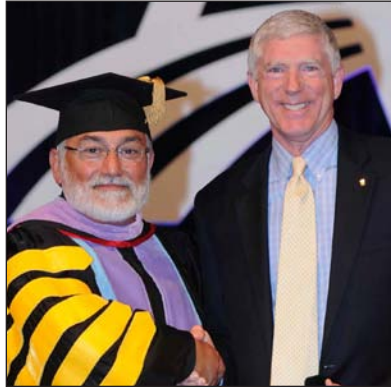
Next year's Annual Meeting is being held in Philadelphia, June 21-24. Those who attend can take in the sights of Independence Hall and the Liberty Bell. Top-notch speakers such as **Carl E. Misch, DDS, MDS, PhD; Joseph J. Massad, DDS; and Howard S. Glazer, DDS, FAGD** will provide first class continuing education that you will not want to miss. Hope to see you in Philadelphia!

Dr. Wayne Kerr Receives Lifelong Learning and Service Recognition

At the convocation ceremony of the AGD Annual Meeting this year, **Wayne Kerr, DDS, MAGD** was honored with the Lifelong Learning and Service Recognition (LLSR). The LLSR recognizes AGD Masters for dental-related community service, service to organized dentistry, and continuing education. Those considered for the LLSR must have achieved Mastership in the AGD and then complete 500 hours of approved CE, 150 hours of which must be in participation courses. In addition, recipients must complete 100 hours of approved unpaid community/volunteer service and/or service to organized dentistry.

From 1994 to 2004 Dr. Kerr was instrumental in creating and maintaining a free clinic that served a population of three Georgia counties that otherwise would not have had access to health and dental services. Due to his tireless efforts in planning, outfitting and recruiting volunteers for the clinic, the facility was eventually named the Wayne E. Kerr Family Health Clinic.

Dr. Kerr's service to organized dentistry has been just as impressive; since 1988, Dr. Kerr has also chaired various committees for the Hinman Dental Society in addition to his involvement with the AGD, GDA, ADA, and other dental organizations. The AGD is proud to recognize Dr. Kerr for his commitment to scholarship and service and we at the GAGD are inspired by the example he has set for all of us. *Photo courtesy of RC Photographic Productions*



Save the Date

GAGD General Dentistry Symposium January 27-28, 2012 • Atlanta, GA

You don't want to miss this event! We have an exciting meeting planned to start 2012 off right with great lectures that will help build and expand your practice. **Jimmy Eubank, DDS** will speak about esthetics and occlusion for longevity, **Jonathan Parker, DDS** will show you how to evaluate and treat sleep apnea and **Jason Lipscomb, DDS**, one of dentistry's finest speakers, will educate you on social marketing for your practice.

So mark your calendars for January 27-28, 2012 to listen, learn, and socialize with fellow GAGD members at the 2012 GAGD General Dentistry Symposium. To reserve a room for \$85/night at the The Marriott Century Center, call 800-228-9290 or 404-325-0000 by Thursday, January 5 and mention the Georgia Academy of General Dentistry.

EDITORIAL

“Something Is Better Than Nothing”

Recently, state legislatures have been under pressure to expand the role of non-dentists in treating the underserved population. By using “auxiliary personnel,” either with or without the supervision of a dentist, proponents of this approach hope to improve dental care to the underserved population. The argument used to support this concept is often the same: “something is better than nothing.” In other words, any care, competent or otherwise, is better than the absence of care. While this might be true when treating an epidemic in a third world country, is this really the best we can do in the U.S.?

Access to care has become a hot issue in recent years partly due to the dwindling budgets of state governments. With less money to fund competent dental care for the underserved, the temptation is to just lower the standard of care by introducing non-dentists into the dental treatment arena. After all, “something is better than nothing,” right? Wrong. Charging dental treatment to graduates of a two-year

program out of high school is not only unacceptable, it is reckless. Our patients deserve to be treated within the standard of care despite their socioeconomic background, and fully trained dentists should perform that treatment.

The real problem is not a shortage of dentists, but often just a maldistribution of dentists in sparsely populated or economically disadvantaged areas. With new dental graduates facing massive school loans to pay back, the problem of distribution could be improved by giving dentists financial incentives to practice in these areas. If states can give financial incentives to companies to build manufacturing plants within their borders, why not do the same to bring dentists to underserved areas? The problem, as always, is really funding—follow the money. With proper funding, competent care by dentists can be offered to the underserved population. In times



By
Mark Caceres
DMD, MAGD
Editor

of economic crisis, when government budgets are stretched thin, should we entrust the dental needs of our patients to unqualified practitioners because “something is better than nothing?”

Would we support the same approach at our schools? Would

we support training “midlevel teachers” in lieu of paying fully trained teachers to educate our children? I don't think so, because we value competent education for our children just as we value competent health care for ourselves and for those dear to us. “Something is better than nothing” is simply not good enough when it comes to dental care, unless we want a two-tiered health care system depending on financial resources. Our population deserves better than to compromise the level of dental care available to all, so instead of using scarce resources to train non-dentists, those funds could be better utilized by supporting care by fully trained dentists.

We Win Together

The Importance of Creating Team Agreement

By Alexa S. Chilcutt, PhD and Debbie Druey, MBA

If you consider sports teams, it is obvious when a team is focused on their goals and has learned to work together as they pursue their next win. As spectators, we can pick up on the dynamics of great teams by observing their behavior on the field - the pat on the back after a great play, players passing the ball when the defense has them covered up rather than losing ground, encouraging a teammate when they fumble the ball, and, of course, celebrating victory when the ice-cold cooler gets dumped on the coach.

Teams that work together and support each other in becoming highly successful in their individual roles not only thrive, they perform! A team agreement helps each of us have a “walking around” understanding of what our co-workers need from us, and helps us all become more approachable when someone needs a little extra help. The result? Efficiency in task accomplishment, improved customer service (we all want the same thing - happy patients!) and a productive schedule in which everyone leaves at the end of the day with a sense of accomplishment for a job well done. As business owners, the team agreement helps to drive our intensity and focus, which makes us feel like we are a part of something bigger than ourselves.

A survey distributed to 65 dentists at the 2008 GAGD General Dentistry Symposium revealed that two of the top four office stressors included staff conflict and motivating employees. A team agreement can help to alleviate these stressors and create that synergistic dynamic necessary for maximum output. The document is usually about one page in length and describes the expected decorum and functionality of an office. The entire team, including the dentist(s), help to create this document. The process of involving members in the creation of this document can be a catalyst for issue resolution and a renewed sense of direction.

You can apply the following steps yourself during the next couple of team meetings, at an annual retreat, or you may wish to bring in a trained facilitator to accomplish the task. The advantage of a facilitator is that he/she can act as an objective third party to guide the team through the process effectively. Staff concerns are brought to light and the team is engaged in conflict resolution and re-commitment.

“A survey...revealed that two of the top four office stressors included staff conflict and motivating employees.”



Team Agreement Creation

- 1) Ask each member to write down 2 descriptive statements communicating what is important to them relationally in order to work effectively with others in the office and 2 descriptive statements communicating what is important to them functionally in order for the team to be productive and efficient.
Relational Example: Each member should be cheerful and not let personal problems affect our working relationships.
Functional Examples: Each member should work together when we are understaffed, even if the particular job is not theirs. We agree to evaluate our fees twice a year and salaries once a year. Each staff member will meet with Dr. --- annually to evaluate job performance.
- 2) Ask someone with a laptop to be the

group’s “recorder.” This allows for easier consolidation of statements used to create a Staff Agreement draft.

- 3) Ask each member to read aloud their statements, if there are duplicates, ask each person who gave that statement, “What does that mean to you?” You may also ask this of individuals who give statements that are somewhat ambiguous.
- 4) Allow discussion of any and all statements and eliminate redundancy.
- 5) Dentist needs time to look over agreement, make changes or additions, and print out for team to read over and sign at next meeting.
- 6) Make master list with “We agree to” at the beginning of each statement and have entire team sign the agreement.

It is crucial that the team agreement becomes part of the team language and is kept in a prominent place in the office where the entire team can see it. It should be revisited at team meetings and used as a “reminder” when members go astray from agreed upon behavior. With turnover, the team agreement should be brought before the new member of the team. The new member may have input, wishing to add a statement that is important for them to work at their most productive level. With each addition of a new team member, the team agreement should be revisited with entire team present opening the floor for revisions or stated recommitment.



Alexa S. Chilcutt, PhD is an Assistant Professor in the College of Communication and Information Sciences at the University of Alabama in Tuscaloosa. Alexa also provides team development services and facilitates team retreats for private dental offices. She works with Debbie Druey as a consultant for Symphony Dental.



Deborah Druey, MBA is the President of Symphony Dental, located in Temple, Georgia. Symphony Dental provides Practice Management, Marketing and Web Design services to dental practices in Georgia and the Southeast U.S. Email Debbie at dadruey@symphony-dental.com.

Congratulations New Georgia Fellows and Master

Eleven dentists from Georgia received their Fellowship Awards and one received his Mastership at the convocation ceremony of the AGD Annual Meeting in San Diego. Fellows must maintain three years of continuous membership in the

AGD, complete 500 hours of approved CE, and pass a comprehensive written exam on all aspects of dentistry. Mastership is awarded to Fellows who have completed an additional 600 hours of CE in specific disciplines, 400 of which must be in participation courses.

These individuals have made a substantial investment of their time, energy, and resources to further their knowledge in the service of patient care. Please take the time to congratulate your colleagues for their achievement!

Photos courtesy of RC Photographic Productions

MASTER



Robin Wise, DDS, MAGD
Thomasville

FELLOWS



Magdy Attia, DMD, FAGD
Fayetteville



Peter Boulden, DMD, FAGD
Roswell



Susan Estep, DMD, FAGD
Roswell



Brooke Loftis, DDS, FAGD
Augusta



Michael Mansouri, DMD, FAGD
Lawrenceville



Chris Rautenstrauch, DMD, FAGD
Woodstock



Charles Ross, DMD, FAGD
Macon



Ron Shiver, DMD, FAGD
Valdosta



Andrew Soulimiotis, DMD, FAGD
Dunwoody



Clayton Stiehl, DDS, FAGD
Newnan



Craig Taylor, DMD, FAGD
Monroe



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Mastertrack IV Update

The Mastertrack IV group is nearing the completion of its third year with only two more to go. Members of the group have really stretched their clinical repertoire with more growth yet to come. Here's what Mastertrack IV has been up to:

Bruce Small, DMD, MAGD; Kit Weathers, DDS; and Butch Ferguson, DMD returned in June for class presentations on fixed prosthodontics, endodontics, and oral surgery, respectively. The cases presented by the class were challenging and many were quite complex. The instructors were impressed with the quality of the clinical dentistry and with the continued improvement in the presentation skills of the group.

Debbie Druey, MBA; Alexa S. Chilcutt, PhD; and Jamie Livermore returned in August for a special all-team management weekend. Doctors and team members were guided through group discussion to develop practice team agreements and learn skills to enhance communication with staff and patients.



Dr. Bruce Small reviews prep design for a gold casting with the Mastertrack group.

Looking Ahead

Jack Turbyfill, DDS will join the group for a removable prosthodontics hands-on weekend later this month at the Georgia Dental Laboratory facility in Tucker. Dr Turbyfill is one of the foremost authorities on removable prosthodontics, so everyone is looking forward to gaining some valuable pearls over the weekend.



Dr. Gardner presents his fixed pros case presentation to the class as **Dr. Bruce Small** looks on.

Dennis Wells, DDS; Frankie Shull, DMD; and Tom Trinkner, DDS will present for the esthetics weekend in December. The esthetic results of these clinicians speak for themselves, so the group is bound to come away from the session both inspired and challenged.

Atlanta TMD Dentist

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Social Media and the Dental Practice

The online world is growing. Facebook now boasts a “population” larger than the United States. Thousands of dentists are currently taking advantage of social media (e.g. Facebook, Twitter, Youtube, LinkedIn, etc.) and smartphones. It is important to take a brief look at some important issues and areas of concern for dental professionals using or considering the use of social media to build and promote their public, patient, and employee relationships.

Public Relations

The advantages of a strong social media presence are clear. Information may be shared with colleagues to sustain camaraderie, with patients to strengthen dentist-patient relationships, and with the public to bolster your reputation. However, what may seem to be a cheap promotional tool can quickly become a costly defamatory weapon.

Having a strong social media presence is better than social media absence. However, as with any tool, it is best to educate yourself about the tool’s capabilities and drawbacks before its use. It is vitally important to consult with your legal advisers early and often when bringing your professional presence to an online forum.



Patient Relations

It is becoming more common that social media and smartphone user data is tagged with an increasing amount of detail, including the author, date, time, and even location of all uploaded information. If the content of the information is also medical in nature, depending on the forum, the Health Information Portability and Accounting Act (HIPAA) may be implicated.

Members of the dental profession should adhere to the following guidelines:

- (a) Dentists should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.
- (b) When using the Internet for social networking, dentists should use privacy settings to safeguard personal information and content to the extent possible. In addition, dentists should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.
- (c) If dentists interact with patients on the Internet, dentists must maintain appropriate boundaries of the patient-dentist

see **Social Media** page 8

NEWS from the Executive Office

■ Upcoming Meetings

GAGD is continuing its tradition of outstanding CE with another series of fall regional courses. Our Savannah meeting on digital photography was a huge success, as was our Athens meeting, a lecture and participation course on restorative dentistry.

Mark your calendar for our upcoming regional course!

The Perio Protect® Method for dentists, dental assistants, and hygienists by Duane Keller, DMD will be held November 11 at Darton College in Albany, GA. Visit www.gagd.org for more information!

■ Welcome Rachel!

GAGD warmly welcomes Rachel Mathews as our new meeting coordinator! Rachel provides GAGD with exceptional event management experience, including event logistics and project management. Rachel began her career in the



event industry in Chicago, Illinois coordinating diverse corporate and social events. While in Chicago, Rachel worked for Event Architects contributing valuable work for clients such as GE Healthcare, Oprah Winfrey’s Harpo Productions and the White House. Rachel earned a Bachelor of Business Administration in Hospitality from Georgia State University.

■ MCG Dental School Capital Fund Campaign Update

Last year, the GAGD Board of Directors voted to join in the MCG School of Dentistry’s fundraising campaign for the new dental school building. Over the course of five years, GAGD has pledged to match the contributions of GAGD members, up to \$5,000 per year. This September, GAGD President, **Brittany Thome, DMD**, presented **Dean Connie Drisko, DDS** the first \$5,000 check for the new dental school.



Social Media

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relationship.

- (d) To maintain appropriate professional boundaries dentists should consider separating personal and professional content online.
- (e) When dentists see content posted by colleagues that appears unprofessional they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions.
- (f) Dentists must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their professional careers (particularly for dentists-in-training and dental students), and can undermine public trust in the dental profession.

When dental professionals provide a social media forum for patient feedback, they risk running afoul of HIPAA rules and regulations. Prior to building a social media presence, it is important to develop policies and procedures designed to guide appropriate use of the relevant forum. A few key points to follow:

- (1) Clearly define what permissions are voluntarily given or granted to the site administrator when a patient posts in the forum and explain how the posted information will be used (prior written consent is always best);
- (2) Specify what degree of privacy can be

expected in the forum (most Internet forums are publicly available and publicly accessible);

- (3) Make it abundantly clear that any social media forum is not to be used for personal medical advice;
- (4) State that the social media forum is not monitored continuously or on a twenty-four hours a day, seven days a week basis;
- (5) Post consistent policies in a prominent location on all social media sites, tailored to the relevant forum.

In addition, under the Health Information Technology for Economic and Clinic Health Act (HITECH Act), there are substantial penalties and fines that may be assessed for HIPAA violations that occur during social media exchanges. Under the HITECH Act, fines range from \$100 to \$100,000.

Above all, be clear with a disclaimer that patient information is personal and should never be shared via the Internet. Inform participants that any posting that appears to be a violation of this policy will be removed. Do not edit posts. If the content of a post is questionable, it should be deleted. Do not become the co-author of a potential HIPAA violation. Always take medical conversations off line.

Employee Relations

Just as it is important to keep patients from sharing protected health information on your social media sites, it is important to keep your employees from becoming lax about privacy rules when it comes to social media.

Education is always the first line of defense

when it comes to privacy and security safeguards. Make sure all employees are trained and up to date about the privacy and security rules and be sure to disseminate a written company policy outlining permissible and impermissible actions. Make social media training a part of your HIPAA compliance program.

In fact, the rise of "cyber insurance" is further evidence of insecurities with the social media phenomenon. Categories of coverage include privacy liability, network security liability, and Internet media liability. Make sure that proper steps are taken to reduce your personal liability and to educate those that would inadvertently pass on liability to you.

Social media is a powerful tool for expanding a dental practice, but be aware of the potential complications. Always consult your legal adviser before branching out into online forums.



Stuart J. Oberman, Esq., has extensive experience in representing dentists in such areas as dental practice transitions, dental partnership agreements, partnership buy-ins, dental MSOs, commercial leasing, entity formation (professional corporations, limited liability companies), real estate transactions, employment law, dental board defense, estate planning, including wills and trusts, and other business transactions which a dentist will face during his or her career. For questions or comments regarding this article, visit www.gadentalattorney.com or call (770) 554-1400.

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