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Mark Your 2017 Calendar

January 19
Installation of Officers Ceremony and Reception The Harvard Club

February 3
Give Kids A Smile Volunteer Initiative

April 3
Membership Meeting

April 25
Young Professionals’ Event “Legal and Lending Issues You Didn’t Learn in Dental School”

P R E S I D E N T ’ S M E S S A G E

Irvind S. Khurana, DDS

By the time you receive this issue, the NYCDS staff will be busy packing up and getting ready to move to our new address, 622 Third Avenue (between 40th and 41st streets) early in the New Year. I can assure you that the move will be beneficial for both members and the Society as there will be significant rent savings which will help balance our budget in the coming years. Impending rent increases at our current facility simply made it fiscally irresponsible to stay.

The new space is smaller and it will be a brand new facility with a bright, modern look. It will have large open areas for socializing and space to accommodate over 90 people in the lecture room. Many thanks to our Executive Director, Diane Laurenzo and members of the Relocation Committee for their hard work and time spent selecting, designing and planning our new facility and upcoming move.

In other matters, our entire Executive Committee represented NYCDS at the annual ADA House of Delegate meeting in Denver. One prominent resolution that passed is for a three year, six million dollar initiative to drive utilization of dental services for ADA members. This initiative will help market and promote ADA members to the general public in an effort to alleviate some of the lack of “busyness” in our practices. Another resolution relating to general anesthesia was also passed after long discussions. It requires 60 hours of training and capnography for moderate sedation. It was refreshing to see the excitement about the leadership roles and involvement in organized dentistry among younger members at the national level.

Dr. Deborah Weisfuse held two very successful legislative nights here at NYCDS this fall. One was for the legislative student outreach program where over 40 students from NYU, Columbia and Stony Brook dental schools came to NYCDS to learn more about Organized Dentistry and its potentially enormous impact on their futures. The keynote speaker was Ken Aschheim, ADA Chair of the Forensic Odontology Informatics Work Group which developed the first standards in Forensic Odontology. The second was a fund raising event for Congresswoman Carolyn Maloney where she had long discussions with our officers and dental students from Columbia. (continued on page 5)
Give Kids A Smile (GKAS) is a national event organized by the American Dental Association. It has taken place every year since 2003 all around the United States. This event brings together dentists, dental staff and other volunteers to provide screenings and dental education to children, their parents and teachers.

The New York County Dental Society, under the leadership of Dr. Deborah Weisfuse, the Executive Committee, the Board and scores of volunteers at every level of our dental community, ran an extremely successful event this past February. We were present at three sites in Manhattan in East Harlem, West Harlem, and the Lower East Side. Screening, oral hygiene instruction, and healthy eating were reviewed with over 800 primary school children utilizing movies, crafts, puppets, in a festive atmosphere. The importance of the day was not lost on the local, state and national politicians who showed up to be a part of this special event.

Community outreach and volunteerism is a key component of the Mission Statement of our local Dental Society. This is a wonderful opportunity to get involved and help students learn about dental health.

This year the event will be held on February 3, 2017 and we will need even more volunteers as we are expanding to reach a greater number of students this year. We would love you all to consider joining us for this special event to give of your time and your hearts to help our community.

The students aren't the only ones who will benefit tremendously—we know our volunteers will too.

Register on the Society’s homepage at www.nycdentalsociety.org.
Meet Your 2017 Officers

Kenneth B. Cooperman, DMD, president, practices orthodontics with his professional partner, Dr. Maggie Mintzberg, in Tribeca, Harlem, and the South Bronx. Dr. Cooperman is a graduate of Tufts University School of Dental Medicine. He completed his general practice residency at the University of Washington in Seattle, and his orthodontic residency at New York University. Since 2006 he has been an attending faculty member at Jacobi Hospital/Albert Einstein College of Medicine.

Since joining NYCDs in 2003, Dr. Cooperman has been an active member. He was involved with the Eastern Dental Branch and participated on a number of committees including Membership, and the Public and Professional Relations Committee. He first joined the Board of Directors in 2012 and served as treasurer (2012-2014) and vice president (2015) before becoming president elect in 2016. Since 2011 he served as a delegate to the NYSDA House of Delegates as well as a delegate to the ADA. He is a member of the American Association of Orthodontists, the Northeast Society of Orthodontists and has represented the Bronx for the Executive Board of the New York State Society of Orthodontists since 2009.

James E. Jacobs, DMD, president elect, has been in private practice as a periodontist in midtown Manhattan for over 30 years. Dr. Jacobs graduated from Fairleigh Dickinson Dental School and received his certificate in periodontics from the University of Pennsylvania, School of Dental Medicine. Dr. Jacobs lectures frequently and he has been the dental editor for an internet medical website since 2006. Prior to his election as president elect he served as vice president (2016) and secretary (2015) of the Society. He has served on the Board of Directors since 2012 and was involved in a number of committees including Finance, Constitution and Bylaws, Nominating and Ethics Committees. He has been a delegate to the NYSDA House of Delegates Meeting since 2013 and a delegate to the ADA House of Delegates in 2015 and 2016. Dr. Jacobs is a member of several other associations, including the American Academy of Periodontology, the Academy of Osseointegration and the Northeast Society of Periodontists.

Richard J. Lewenson, DDS, vice president, is a retired general dentist who practiced in Manhattan for over forty years. Dr. Lewenson received his DDS from New York University. He served as a lieutenant in the Navy for two years after graduation. Dr. Lewenson was a dental consultant, serving as Tour Commander from 2001–2005, for the Office of the Chief Medical Examiner of the City of New York following 9/11. He was an assistant clinical professor in Prosthodontics at New York University College of Dentistry from 2008–2013. Prior to serving as secretary of the Society in 2016, he served on several committees, including Finance and Legislative, and held several leadership posts with NYCDs, serving on the Board of Directors from 2002 - 2005, and again from 2014 to the present. He was on the Executive Committee in 2007 and 2008 through his roles as treasurer and secretary respectively. This year he was an alternate delegate to the ADA. Dr. Lewenson is a Fellow in the American College of Dentists and the New York Academy of Dentistry. He is also a long-time active volunteer with the Greater New York Dental Meeting.

Luis J. Fujimoto, DMD, secretary, is a periodontist practicing in midtown Manhattan. He is the vice-president for the American Association of Dental Boards (AADB) and serves as chair of the AADB Foundation. Dr. Fujimoto is the past chair of the Joint Commission on National Dental Examinations for the American Dental Association and served two terms as chair of the New York State Board of Dentistry. Dr. Fujimoto is a past president of the Osseointegration Foundation, the Northeast Society of Periodontists and of the Eastern Dental Society. Dr. Fujimoto has served in many positions at NYCDs in addition to being treasurer, a two-year position. He served two terms as a member of the Board of Directors (2009-2010, and 1999-2002), chair of the Finance Committee (2015-2016), chair of the NYCDs/SDDS Joint Audit Committee for the GNYDM, chair of the Program Committee, chair of the Henry Spenadel Award Committee, and chair of the Legislative Committee. He also served as a delegate to the NYSDA House of Delegates (2015-2016) and as an alternate delegate to the ADA House of Delegates (2015-2016 & 2001). Dr. Fujimoto is a director of the Greater New York Dental Education Foundation, Inc.. He is the recipient of multiple fellowships, the ADA Golden Apple Award and the Leadership Award from the New York State Dental Association.

Ioanna Mentzelopoulou, DDS, treasurer, is a board certified pediatric dentist in private practice since 2002. Dr. Mentzelopoulou received her DDS degree from New York University College of Dentistry in 1999 and her certificate in pediatric dentistry from Interfaith Medical Center in 2002. Dr. Mentzelopoulou was active in the Second District Dental Society serving as a Board Member from 2003–2005, and as chair of the Second District’s New Dentist Committee from 2003–2009. She was a New York State representative to the ADA’s New Dentist Committee from 2005-2009. As part of her involvement with NYCDs she has served on the Member Benefits and the Children’s Dental Health Committees. She served on the Give Kids A Smile Steering Committee (2015-2016). Dr. Mentzelopoulou began her three year term on the Board of Directors starting in 2014. She was an alternate delegate to the ADA in 2016. Dr. Mentzelopoulou is a member of the American Board of Pediatric Dentistry and the American Academy of Pediatric Dentistry.
September Meeting Draws a Crowd

Close to 100 members and guests came to hear Brian L. Schmidt, DDS, MD, PhD deliver a fascinating lecture on the topic “Saving Lives and Avoiding Lawsuits: Never Miss an Oral Cancer Diagnosis.” Dr. Schmidt’s lecture described the diagnosis of oral pre-cancer and cancer as a “black swan” in dental practices reflecting the fact that many years can go by without a practice seeing a single case of oral cancer. He noted that 95% of oral cancers were discovered by general practitioners and that while most cancer rates are declining, oral, head and neck cancers are on the rise with human papilloma virus (HPV) oral and oropharyngeal cancers growing at epidemic proportions. Men are at a higher risk of developing this type of cancer by a 3 to 1 margin, particularly men in their 60s and 70s that were heavy smokers and drinkers.

November Meeting Features Engaging Lecture

Members heard a riveting and thought-provoking lecture on “What if Caries were Zika? Rethinking Caries Management in Dental Practice” delivered by Burton L. Edelstein, DDS, MPH. His lecture highlighted the potential impact of treating early childhood caries as a medical matter and not solely as a crisis situation where the primary solution is providing fillings for cavities. He proposed that with over 200,000 children experiencing severe early childhood caries, and even more experiencing moderate caries, the approach should be similar to treating Zika – as an epidemic requiring a multi-pronged approach. If that were the case, nutritionists, the Center for Disease Control, health educators, social scientists, microbiologists and more would be called up to share their expertise.

Dr. Edelstein is a board-certified pediatric dentist. He is a professor of dentistry and health policy and management at Columbia University, where he chairs Population Oral Health in the College of Dental Medicine. He is Founding Director and Senior Fellow in Public Policy at the Children’s Dental Health Project in Washington, DC. His work has been recognized by numerous associations of pediatric (AAPD) and public health dentistry (ASTDD, AAPHD, MSDA) as well as the dental research community, foundations and educational groups.
At the meeting the officers and directors nominated to serve in 2017 were approved, including three Directors at Large: Suchie Chawla, Katherine Park and Adam Silevitch. The proposed 2017 budgets for the Dental Society and the Spenadel Continuing Education Program passed. In addition, the 2016 Constitution and Bylaws Committee, chaired by James Jacobs, looked at our bylaws and proposed changes to streamline and correct them. The proposed bylaws changes were approved.

President Khurana encouraged members to make a year-end, tax-deductible contribution to support the Friends of the Fund to enhance our CE program. Dr. Khurana also asked members to attend and volunteer for the GNYDM and to volunteer for Give Kids A Smile (see volunteer details on page 2). NYCDS appreciates the sponsorship of House Call Dentists and Carestream Dental for this meeting.

Thanks to the tireless effort by Dr. Weisfuse, we are planning to expand our extremely successful Give Kids A Smile program to reach even more public school students in February 2017. The success of events like this largely depends on the volunteer efforts of our members. I urge you to sign up to volunteer for this worthy cause where it gives us a chance to give back to our communities and schools. (See details on page 2.)

Finally, this is the time of the year when we all make charitable contributions to worthy causes. May I remind you that our own “Friends of the Fund” is one of these causes. Your tax deductible contribution goes to help bring excellent continuing education programs at a very reasonable tuition to our entire membership. Please contact Susan Apsley (sapsley@nycdentalsonline.org) for more information on how to contribute.

I would like to thank our entire Executive Committee, Board of Directors and NYCDS staff for their tremendous help and support throughout my presidency this year. I could not have done it without them.

I wish all of you and your families Happy Holidays and a successful, healthy and peaceful New Year!
Cyber Security: A Rising Threat for Dental Offices

Cyber terrorism targeting smaller healthcare offices is increasing at an alarming rate. While these incidents do not get equal media coverage in comparison to attacks on multinational corporations and governmental agencies, a data breach at a dental office is arguably more disruptive to the victim because the associated costs can potentially bankrupt smaller sized businesses. Victims of cyber-attacks at medical offices are far reaching and often extend to the patients. A decrease in or a complete loss of trust towards their medical provider often occurs when patients learn that their SSN and other personal data are for sale on the darkweb.

Besides impacting the work flow, a patient’s trust, and the general disruption of your business, a breach imparts many additional costs. First is the expenditure of money and time to investigate and remedy the problem. This can be an enduring process if your attacker is well entrenched in your environment. Next is the cost of notifying and protecting the individuals who may have lost personal information in the attack. A recent study of the healthcare providers’ industry, estimates that each record compromised in a data breach costs nearly $1,000 to remediate. (http://www.cutimes.com/2015/11/04/data-breaches-cost-1000-per-record-study) Finally, there is a chance of litigation against your company. Thus, small businesses, like dental offices, that are faced with these compounding costs have a very difficult time surviving cyber-attacks.

Especially prevalent against medical offices are malware attacks, like ransomware, which takes a computer system hostage by encrypting files and demanding payment in return for unlocking them. Ransomware is one of the most widely used attacks against dental offices. Its popularity stems in part from patient data being valuable to hackers and identity thieves. In addition, a dental office will often have an immediate need to access patient data when serving clients and could easily be pressured to pay hackers for release of this information. Victims of ransomware often pay their attackers in as little as three days. This makes for a very lucrative, albeit illegal, business practice. The FBI, however, opposes paying the ransom because these payments encourage more ransomware attacks.

Ransomware, such as the popular Locky, Cryptowall, and PowerWare, is often spread through electronic messages that trick a user into opening an attachment or a link to a site where malware is downloaded onto the user’s computer. Often sent by email, and sometimes social media channels, the messages that spread ransomware can appear to come from employees inside your organization.

Like all cyber-attacks, ransomware is evolving and becoming more sophisticated. Newer types of ransomware are targeting dental offices by breaking into their IT support system. Dental offices using a remote desktop connection for their outsourced IT services are vulnerable to brute force attacks of their remote desktop protocol (RDP) functionality (https://threatpost.com/655000-healthcare-records-being-sold-on-darkweb/118933/). A group from Russia is also reselling the compromised servers to other hackers on the dark forum, xDedic (https://lifars.com/2016/10/xdedic-marketplace-hacked-servers-go-sale/). An analysis of new attacks indicate that ransomware is waiting inside the environment for months, learning what is most valuable to the company and how to best harm the business, before encrypting files.

To protect yourself, dental offices need to take a proactive position to prevent malware from harming their business. The existing security infrastructure should be able to detect and prevent a breach of your system and if necessary, automatically clean any malware before a response is required. In addition, it is important to educate your employees to not open suspicious e-mails. The HIPAA compliance Ransomware Factsheet is useful in helping to inform your staff and business associates on how to prevent malware infections (http://www.hhs.gov/sites/default/files/RansomwareFactSheet.pdf).

Moreover, it is vital that your organization follows the principles of cybersecurity best practices: “least privileges,” “need-to-know,” and “cybersecurity is never done.” These principles, when executed correctly will mitigate the harm and costs associated with cyber-attacks.

“Least Privileges” and “Need-to-Know” is the practice of limiting rights and permissions to staff members based on what is essential to their job function. It is easy to compromise a network when a single user is granted too many rights. This can include ensuring that standard users do not have local admin privileges. Least Privileges and Need-to-Know prevents a compromise from causing excessive damage.

The third principle, “Cybersecurity is Never Done,” addresses the ever-evolving nature of cyber-attacks. Because cybersecurity is an ever-changing landscape it is important to continuously test your system and maintain a good security posture. A system that was secure five years ago may be outdated and at risk today. This principle, Cybersecurity is Never Done, is especially challenging for dental offices and many small businesses. As technology ages, new vulnerabilities are found and usually patches are released, which must be considered for maintaining security.

LIFARS helps businesses keep up with proper update management and patch holes, or replace vulnerable systems. LIFARS provides risk analysis, user and staff training, and cyber threat monitoring to help companies to continuously stay current with the changing landscape of cyber-attacks.

For more information please visit www.lifars.com or call 212-222-7061.
Classification of Independent Contractors Versus Employees

Bill Barrett, Esq., Member, Mandelbaum Salsburg

Many practice owners opt to retain the services of independent contractors as a means to save money on the cost of benefits, payroll tax, unemployment insurance tax, social security, withholding tax, and other costs and taxes required for, or incurred on behalf of, traditional employees of the practice. The test to determine whether or not an individual can be classified as an independent contractor is based upon legal standards that are subject to review by each state’s Department of Labor (“DOL”) and the Internal Revenue Service (“IRS”). Recently, agencies have intensified their efforts to audit businesses’ independent contractor classifications, which can result in costly liability to practice owners.

If the DOL determines that an employer has misclassified a person as an independent contractor, it will likely seek the payment of unpaid unemployment, disability and social security taxes. Likewise, if the employee failed to pay his or her personal income tax, the government may view the employer as secondarily liable, and will seek payment of the worker’s unpaid income taxes directly from the business owner. In addition, the IRS will seek to recover all of the unpaid payroll taxes that would have existed had the classification been made properly. Furthermore, if the misclassified employee worked more than forty hours in a workweek and would be deemed non-exempt from overtime, the business would be responsible for the back payment of overtime. If that weren’t enough, the misclassified employee may be entitled to insurance coverage, benefits, programs, and worker’s compensation recoveries retroactively. This is especially true where the employee has devoted one hundred percent of their workweek to your practice. Accordingly, misclassification is potentially quite costly to an employer. The only fail-safe way to survive an audit is to classify your employees in the way that complies with the rules governing independent contractors in the eyes of the law.

Here is a list of some of the key criteria and factors used to determine if a worker is an employee or an independent contractor:

- Whether he or she works under the direct control of the practice’s supervisors.
- Whether the worker sets his or her own hours and uses his or her own discretion to establish the timeframe in which to perform the specific tasks required by the engagement.
- Whether the worker or the practice furnishes a replacement in the event he or she is ill.
- Whether the worker must request time off for vacation and other events.
- Whether the worker performs work for other practices while working for the practice.
- Whether the worker pays his or her own expenses (such as insurance premiums, lab fees, etc.).
- Whether the worker uses his or her own tools, supplies and equipment.
- Whether the worker performs the services at the practice’s facilities.
- Whether the worker is paid a set amount, by the service performed, by commission, or by the hour, and whether the worker or the practice sets the pay rate.
- Whether the worker submits invoices to the practice for services performed.
- Whether the practice allows the worker to participate in any company benefits including but not limited to, health insurance plans, profit sharing plans, sick days, or vacation.
- Whether the practice withholds taxes, FICA, unemployment tax or anything else from the funds paid to the worker.
- Whether the worker has a written contract with the practice.
- Whether the worker carries his or her own insurance.
- Whether the worker has separate business cards, stationary, and other supplies in the name of his or her individual business.
- Whether the worker advertises his or her services in a local publications or the internet.
- Whether the worker can refuse work assignments offered to him or her.
- Whether the worker was required to complete an application to perform the work and was required to interview for the position with the practice.
- Whether “the work” is considered a position, or merely an engagement.
- Whether the practice supervises the worker’s work; and if not performed satisfactorily, whether the worker or the practice is responsible for any corrective action or treatment required and addressing such issues with the patients.
- Whether the practice trains the worker and requires mandatory attendance at the training sessions.

Although the above list is by no means exhaustive, it identifies most of the key factors relevant to determining whether the worker is an employee or an independent contractor. The above points will assist you in your efforts to make your classification of your workers compliant with the rules governing independent contractors in the eyes of the law.

Mandelbaum Salsburg is a Corporate Friend of NYCDS. The firm’s Dental Practice Group specializes in addressing the many legal issues dentists face throughout the course of a professional career. Bill Barrett can be reached directly at 973-243-7952 or by email at wbarrett@lawfirm.ms. Members receive a complimentary phone consultation.
Rapid HIV Testing in the Dental Office: Resources for New York Dentists

Kavita P. Ahluwalia, DDS, MPH, Satpreet Singh, BDS, MPH, Sharon Carter, DDS, MBA, Joseph McManus, DMD, MS, MHA, MBA, MS Columbia University, College of Dental Medicine, and Anthony J. Santella, DrPH, MPH, Hofstra University, School of Health Professions and Human Services

The HIV care continuum which promotes prevention of HIV transmission through early diagnosis is used to monitor the nation’s progress towards HIV control goals. Dentists have referred high risk patients to medical services for HIV screening and follow up care since the beginning of the HIV epidemic but they have not, until recently, been able to test patients for HIV in the dental office. Recent advances, specifically new rapid HIV tests, have made testing in the dental office feasible, allowing dentists to play an active role in the HIV care continuum.

Why Test for HIV in the Dental Office?

Since many of the earliest manifestations of HIV are seen in the mouth, dentists are ideally situated to provide advice and guidance about both HIV prevention and detection. By offering HIV rapid testing in the dental office, dentists can help target patients into medical care, and mitigate the morbidity associated with late stage or poorly managed disease. Furthermore, patients whose HIV is well managed have better oral outcomes, resulting in more efficient dental care, and individuals who are aware of their HIV status are more likely to be engaged in regular medical care and less likely to infect others.

Although recent data suggest that dental patients are willing to receive rapid HIV testing if offered as part of their dental visit, and dentists are willing to perform rapid HIV tests in their practices, rapid tests are not routinely offered in dental practices.

Rapid HIV Testing in the Dental Office

Unlike previous tests which took three to ten to be returned by the laboratory, new technologies have made it feasible to test for HIV in the dental office. These rapid (point-of-care) tests, which test fluid or blood from an oral swab, saliva or a finger stick, can be read in 20 minutes, the time it takes for many dental procedures. All reactive (positive) tests detected in the dental office should be followed by the Western Blot Test, a confirmatory test, which is considered the gold standard for validation of HIV status. FDA approved tests appropriate for dental offices are described in the table below.

Rapid HIV Testing Resources for NY State Dentists

In New York, HIV rapid testing must be performed in compliance with New York State Public Health Law. Issues important for NY State dentists, and links to groups that can facilitate training and certification are detailed below.

- Clinical Laboratory Improvement Amendments (CLIA): All rapid HIV tests performed in a dental office or other clinical setting must be classified as CLIA-waived before testing on-site can be initiated. Applications for the waiver are available at: https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms116.pdf
- Clinical Laboratory Evaluation Program (CLEP): Dental offices interested in conducting rapid HIV testing must apply to become registered as a New York State Department of Health CLEP. Information/application materials for CLEP registration can be found at: http://www.wadsworth.org/regulatory/clep/limited-service-lab-certs
- Training: Clinicians performing HIV rapid tests should receive certification and training on how to perform the test and provide follow up care and counselling.
  - A planning tool for dental offices in the process of setting up rapid HIV testing is available at: http://www.nynjaetc.org/documents/Algorithm.pdf
  - The NY/NJ AETC Oral Health Regional Resource Center (OHRRC) provides training and updates regarding practice guidelines for dental offices. (http://www.nynjaetc.org/programpartners.html)
  - Referral: For every reactive test result, the dentist must ex-

FDA-Approved Rapid HIV Tests Suitable for the Dental Office

<table>
<thead>
<tr>
<th>Test name</th>
<th>Manufacturer</th>
<th>Specimen to be tested</th>
<th>Time to complete test</th>
<th>Approximate cost</th>
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<tr>
<td>OraQuick Advance 1/2</td>
<td>Orasure Technologies, Inc.</td>
<td>whole blood, saliva, serum/plasma</td>
<td>25-30 minutes</td>
<td>USD 1580 (pack of 100)</td>
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<tr>
<td>Reveal G3 HIV-1</td>
<td>MedMica, Inc.</td>
<td>serum/plasma</td>
<td>30-60 minutes</td>
<td>USD 655 (pack of 30)</td>
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<tr>
<td>Uni-Gold Recombigen</td>
<td>Trinity Biotech</td>
<td>whole blood, saliva, serum/plasma</td>
<td>10-15 minutes</td>
<td>USD 445 (pack of 20)</td>
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<tr>
<td>Multi-spot HIV1/HIV2</td>
<td>Bio-Rad Laboratories</td>
<td>serum/plasma</td>
<td>10-15 minutes</td>
<td>Not available</td>
</tr>
<tr>
<td>Clearview 1/2 Stat Pack and Clearview Complete HIV 1/2</td>
<td>Inverness Medical Professional Diagnostics</td>
<td>whole blood, saliva, serum/plasma</td>
<td>20 minutes</td>
<td>Not available</td>
</tr>
</tbody>
</table>
Panel Event a Hit with Young Professionals!

Many of our newer members enjoyed an engaging panel discussion featuring five NYCDS dentists who shared their experiences going from residency to associate, practice ownership or partnership. “The Things You Didn’t Learn in Dental School” on October 18 was a special opportunity for young professionals to hear from members about their professional journeys and to ask questions about navigating the early years after dental school.

A cross-section of our membership was represented on the panel which was moderated by Andrew Deutch, co-chair of the Young Professionals’ Committee along with Maggie Mintzberg. The panelists were: Ken Cooperman (orthodontist); Marcus Johnson (endodontist); Joseph Manfredi (general dentist); Katherine Park (orthodontist); and Julia Sivitz (periodontist).

After the event, President Elect Ken Cooperman had the following comments. “It was fantastic to see so many young professionals come out to participate. They raised a number of important issues including: how to start a practice; financing; mentorship; balancing work and family life; the importance of organized dentistry; and how to decide whether to be a practice owner versus remaining an associate. The young dentists were so inquisitive, with so many valid concerns.” He went on to say “It was so rewarding to be able to share the wisdom of our individual experiences with dentists who are taking the first steps towards establishing themselves professionally.”

The next Young Professionals’ program, “Legal and Lending Issues You Didn’t Learn in Dental School” will be held April 25, 2017.

Special thanks to Bank of America Practice Solutions and Medical Liability Mutual Insurance Company (MLMIC) for their support of this event.

OF PROFESSIONAL INTEREST
(continued from page 8)

plain the result to the patient and make a referral for medical follow-up. Patients can be referred to New York State designated AIDS Centers, which can be located through: http://www.health.ny.gov/diseases/aids/providers/testing/dac_clinic_contacts.htm

■ Privacy and Confidentiality: It is mandatory to inform patients prior to conducting a rapid HIV test, and to document the test in the dental chart;
  • Patients may provide oral consent for an HIV test, which must be documented in the patient chart.
  • Dentists are not required to report HIV/AIDS cases detected by rapid testing to the NYSDOH, but any testing facility that performs a confirmatory test (Western Blot) is required to do so.

■ Billing: Under the Affordable Care Act, private insurance plans and Medicaid and Medicare are incentivized or required to cover HIV tests without copay or coinsurance ■

References

Author Titles and Affiliations:
Kavita P. Ahlawalia, DDS, MPH; Associate Professor and Director, Post-doctoral Program in Dental Public Health, Section of Population Oral Health, Columbia University College of Dental Medicine.
Satpreet Singh, BDS, MPH; Dental Public Health Post-doctoral Fellow, Columbia University College of Dental Medicine.
Sharon Carter, DDS, MBA; Dental Public Health Post-doctoral Fellow, Columbia University College of Dental Medicine.
Joseph McManus, DMD, MS, MHA, MBA, MS1; Associate Professor, and Executive Director of Community DentCare, Columbia University, College of Dental Medicine.
Anthony J. Santella, DrPH, MPH; Assistant Professor, Department of Health Professions and Human Services, School of Health Professions, Hofstra University.
This summer the Ethics Committee hosted a Continuing Education course at NYCDS headquarters. The course was engaging and interactive with a diverse group of dentists participating from around the country. At this event, a brief lecture was given to the course participants to review concepts related to: Ethical Theory in Dentistry and Medicine, Professionalism, Critical Ethical Principles, Codes of Ethics and a Methodology for Ethical Decision Making.

The majority of the session was then spent in group case discussion applying the Methodology for Ethical Decision Making (Rule and Veatch, 2004) to a series of real-world cases representing ethical dilemmas in dentistry. We discussed cases that related to modes of dental practice, patient referrals, practice websites, doctor-staff interactions, dental insurance, new technology and social media.

Many times when confronted with an ethical dilemma, the natural instinct is to react by emotion or instinct. Yet by applying the Methodology for ethical decision making, participants were able to consider the ethical dilemmas in new ways and from different perspectives. The backbone of the Methodology rests upon the following steps: confer and agree on the facts involved, ask if there is any missing information, identify the alternatives for action, identify the ethical principles at stake in the case, consider the opinion and advice of others, and lastly rank the alternatives.

The first step asks that we make sure all parties involved with the dilemma understand the basics of the situation. Sometimes confusion about the facts can lead one to thinking there is an ethical dilemma when there is none. The next step, asking about missing information, allows us to consider what additional information we need to go forward. Then we can consider the possible actions we can take. It is important to consider all the actions you can take, even if they seem far-fetched or impractical. After this, it is time to consider what ethical issues/principles are at hand and consequently how each possible action might affect these principles. Before making a decision, it is also important to consider what others have to say be it other dentists, friends, family, codes of ethics (etc…). Finally we have to consider the alternatives and decide which action is most applicable to the dilemma at hand. There may not be one ideal and perfect solution to an ethical dilemma, but by using the Methodology, we strive to make the most informed decision about how to proceed forward.

Our next program will be held on March 3, 2017, Dental License Health: Beyond Risk Management.
The New York County Dental Society Welcomes Our Newest Members

August, September, October 2016

New Active Members

Miriam E. Chung, DDS
42 Broadway
New York, NY 10004
University of Maryland
Dental Anesthesiologist

Kristine M. Hyon, DMD
57 West 57th Street
New York, NY 10019
University of Pennsylvania
Orthodontics

Irina Melnik, DMD
527 Manhattan Avenue
New York, NY 10027
UMDNJ
General Practitioner

Katie Nemirovsky, DMD
121 East 60th Street
New York, NY 10022
Temple University
General Practitioner

Irina Reyzelman, DDS
1212 Avenue of the Americas
New York, NY 10036
Suny Buffalo
General Practitioner

Nazar Shcheglov, DDS
163 West 145th Street
New York, NY 10039
Suny Buffalo
General Practitioner

Leora Walter, DDS
10 East 40 Street
New York, NY 10016
Columbia University
Prosthodontics

Graduate Student

Christina Boyd, DDS
515 Madison Avenue
New York, NY 10022
New York University
Endodontics

Laura Davila, DDS
160 West 73rd Street
New York, NY 10023
Indiana University
General Practitioner

Michael Donovan, DMD
60 East 42nd Street
New York, NY 10165
Boston University
Prosthodontist

Anat Lattouf, DMD
88 Leonard Street
New York, NY 10013
Boston University
General Practitioner

Jaskaren Randhawa, DMD
286 Madison Avenue
New York, NY 10017
Tufts University
General Practitioner

Samantha Rawdin, DMD
200 Central Park South
New York, NY 10019
Midwestern University AZ
Prosthodontics

Shelli Steinberg, DDS
240 West 116th Street
New York, NY 10026
New York University
General Practitioner

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M ANHATTAN: Newly renovated dental office for sale. Practice not included. 3 ops, approximately 1,100 square feet. Private office, private bath, computers and screens in every operatory, plus more. Professional building at East 40th Street. Please call (916) 659-0289.

M adison & 52nd Street. Operatory available for an endodontist, in a sunny, state of the art periodontal practice. Contact us @ 212-702-9088 or kis selperiodontics@verizon.net

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Big Apple Radiation NYS CRESO Martin Schnee won't just inspect your equipment, he will educate staff on radiation safety. To schedule an appointment, email scientis t004@aol.com or call 718-373-6348 or 718-986-4996.

PRACTICE PARTNERS

The following companies offer specially negotiated member-only rates. Mention the code listed or identify yourself as an NYCDS member to receive the special discount.

Collection Services

I.C. System specializes in dental collections with no upfront fees, effective and ethical solutions for debt collection and improved cash flow. NYCDS members receive 20% off I.C.’s most popular offerings. Call 800-279-3511 or visit www.dentis collect.com.

Credit Card Processing

American Credit Card Processing Corp. (ACCPC) offers superior customer service and competitive rates on payment services through MC/ VISA/ AMEX and debit cards. For more information call Lenny Roos at 516-581-2431.

Disposable Products

Glove Club provides member-only discounts of 5% on superior quality gloves, disposables and infection control products. Call 800-252-2425 and Mention Code NYCDS to get your 5% off!
The Henry Spenadel Continuing Education Program offers education programs in the heart of midtown Manhattan. Keep in mind our early bird registration discount: $25 off all registrations paid 20 business days before the date of the course. Register for Infection Control on 5/12 and CPR on 3/8 or 4/21 and save 10%!

Call (212) 573-8500 for full program information, fees, and CE credit, or register online at www.nycdentalsociety.org.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>9:30 AM – 12:30 PM</td>
<td>Dental License Health: Beyond Risk Management</td>
<td>D. Cottrell, DDS, MSHA / G. Ding, Esq. / B. Seidberg, DDS, JD</td>
</tr>
<tr>
<td>8</td>
<td>9:00 AM – 1:00 PM</td>
<td>CPR Certification Course</td>
<td>Marc Reilly, Rescue Resuscitation</td>
</tr>
<tr>
<td>10</td>
<td>9:00 AM – 1:00 PM</td>
<td>Risk Management Course</td>
<td>Frederick Wetzel, DDS</td>
</tr>
<tr>
<td>15</td>
<td>9:30 AM – 4:30 PM</td>
<td>Uncomplicating Esthetic Challenges</td>
<td>K. Michael Ghalili, DDS</td>
</tr>
<tr>
<td>31</td>
<td>9:30 AM – 3:30 PM</td>
<td>Update on Medical Emergencies: How to Save a Life</td>
<td>Daniel Pompa, DDS</td>
</tr>
<tr>
<td>7</td>
<td>9:30 AM – 4:30 PM</td>
<td>Pediatric Dentistry</td>
<td>David Rothman, DDS</td>
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<tr>
<td>21</td>
<td>9:00 AM – 1:00 PM</td>
<td>CPR Certification Course</td>
<td>Marc Reilly, Rescue Resuscitation</td>
</tr>
<tr>
<td>26</td>
<td>9:30 AM – 4:30 PM</td>
<td>Patient Self-Medication; Making Local Anesthesia Stick</td>
<td>Thomas Viola, RPh, CCP</td>
</tr>
<tr>
<td>28</td>
<td>9:30 AM – 4:30 PM</td>
<td>full day Esthetics Symposium</td>
<td>speakers to be announced</td>
</tr>
<tr>
<td>11</td>
<td>6:00 PM – 8:00 PM</td>
<td>Commonly Prescribed Medications</td>
<td>Ann Eshenaur Spolarich, RDH, PhD, FSCDH</td>
</tr>
<tr>
<td>12</td>
<td>9:00 AM – 1:00 PM</td>
<td>Infection Control for the Dental Practice</td>
<td>Ronnie Myers, DDS</td>
</tr>
</tbody>
</table>

The Dental Team is welcome to register.