



# THE CLINICAL COMPOSITE

Clinical care news, information and tips for the UF College of Dentistry

October 2011

## Log out before you walk out!

Security starts at our computer terminals; you should always log out of the system before you leave the station.

As we walk through clinics during lunch or the end of the day we sometimes notice multiple computer terminals that are still logged into AxiUm. This is a HIPAA violation; anyone can navigate, as you, through our system.

And if someone views a patient record while you're logged into the terminal, you are responsible for any record changes or HIPAA violations. New federal privacy laws surrounding Personal Health Information (PHI) make an individual personally accountable for the violation as well as our college. And that could mean fines, jail time or both.



## Going with the flow(able)

Thanks to the Operative Division, we replaced our entire flowable composite with Surefill SDR in clinics. The new composite offers a lot of positives that make it better choice. The material has an easy placement technique with self-leveling handling, eliminating some steps in using a flowable. The material cures in 20 seconds and demonstrates a lower curing stress. The material has a radiopacity greater than enamel and releases fluoride, helped to make this an easy choice for the clinics. To learn more about material, [click here](#).

## Metal recovery & handling prosthetic devices

We remove a variety of items from our patients' mouths - bridges, crowns, partials and dentures, to name a few. So what do you do with it once it's on your bracket table?

Let's make it easy: any prosthetic device removed from a patient is the patient's property, period. You *must* ask your patient if they want it. And then you *must* record this in their record. *Always*.

If the patient doesn't want the device, you should dispose of it properly. First spray with disinfectant spray. Then, treat metal partials as sharps and put them in a sharps container. Resin dentures can be disposed of in normal waste containers. All precious metals should be given to Clinical Administration; we'll turn them in for the college.

## \$\$ Fee changes \$\$

We have entered some modest fee changes into AxiUm. Make sure you use the new green sheets in the clinics, because they include the updated fees. In AxiUm, go to your personal planner and scroll to the tabs on the right; you'll see a Myfee schedule tab. The fees in this table will correspond to your provider level. Students will see Pre-Doc fees, faculty will see Faculty Practice fees. In all cases we will honor any fees that were treatment-planned, accepted with the patient's signature and quoted to the patient in AxiUm. If there are no fees in an AxiUm treatment plan, the new fees apply and the plans should be changed accordingly. You will notice no changes to most of the prosthetic codes. That was a collaborative decision with the Prosthetic Division; we wanted to keep pros prices low to assist students with recruiting.

If you have any problems making sure your patient accounts are correct, contact Clinic Admin. We're happy to help.

## Proper consent is critical

### Who can obtain consent for treatment?

Based on Florida Statute, consent can be obtained by a physician, chiropractor, podiatrist, dentist, ARNP or PA. Consent is considered a "non-delegable duty."

This means all consent should start with a discussion between an approved provider (above) and the patient. Then the provider should confirm his/her own mind that the patient understands. In our clinics, faculty can sign the paper form but should also sign electronically in AxiUm by swiping and then approving the record entries.

### Who can give consent for treatment?

A competent person who is:

- Over 18.
- Under 18, but married.
- Under 18, and consenting for care or service related to her pregnancy or child.
- Under 18, and consenting to care for a sexually transmitted disease, or alcohol or drug dependency.

### Who can consent for minors (under 18)?

- Either parent or a court-appointed guardian.
- Person specifically designated by court order as having the capacity to consent to non-routine medical surgical care.
- Person with a power of attorney from parent, dated after July 1, 2001, granting authority to consent to medical treatment of the minor.
- A relative who has been awarded a Court Order for Temporary or Permanent Custody.
- DCF for routine medical care, but only if the child is permanently committed as a ward of the state (all parental rights have been terminated).
- Consent can be handled over the phone if reasonably assured that the person has the right to consent for the patient; this can be done for any appointment, including the initial. This should be entered and witnessed. *From Shands Liability Section: Verbal consent may be obtained by a patient's Authorized Representative (including by a parent on behalf of their minor child) when necessary but must be "witnessed" by two staff members.*