

### Retiring, Selling or Closing Your Practice

There's a lot of ground to cover, so it's best to plan ahead.

#### Margaret Surowka Rossi, J.D., NYSDA General Counsel

WHETHER BY CHOICE or necessity, there probably will come a time when you (or your family) will have to wind down the business operations of your dental practice. Whether you are selling the practice to another dentist or closing it entirely, there are many issues to address. Keep in mind, too, that your obligations as a dentist do not cease when your doors close.

#### **First Things First**

As with most things in life, it is best to prepare in advance. Patients should be advised of the pending closing of the practice and given the opportunity to seek a new dentist. The law does not specify what notice is required, and it certainly would be dependent upon many factors.

If there is a sale of the practice, it is not appropriate to simply transfer patient files to the new owner. The Board of Regents Rules require consent from patients before their information is transferred. The most feasible way of obtaining such consent is by written notice informing patients of the sale, introducing the new dentist and advising them that unless they request copies of records be sent to a different dentist within a certain time (that is, 30 days), the records will be maintained at the address of the purchasing dentist. We've included sample notices at the end of this column.

Notice may be made in many ways, including a letter or the publication of a notice in a newspaper.

Several months' advance notice of a sale or closing is not always possible. Unforeseeable events may force you to discontinue your practice at once. In those circumstances, you should give the most realistic

 You may obtain a copy of the ADA's Closing a Dental Practice: A Guide for the Retiring Dentist or Surviving Spouse. In addition, you should consult with your personal attorney, accountant and other professional advisor to ensure compliance with the laws, regulations and to maximize practice value. notice possible and feasible, and you should make sure that arrangements are made for reasonable continuation of care for your patients.

#### Recordkeeping

The dentist's obligation to maintain patient records outlasts the closure or sale of a practice. Any sale agreement must, therefore, note that original records are being maintained on behalf of the prior owner and allow for access to the records. This is absolutely essential for you to prove treatment, to defend against any claim or to respond to any investigation, and to fulfill your professional obligations.

If you are closing your practice, you must make provision for maintaining the records and for allowing patients to contact you if they need copies in the future.

A patient is entitled to get copies of his or her records or to ask to have them transferred. As always, you must provide copies if requested even if there is a balance owing on the patient's account. Failure to do so could result in a charge of professional misconduct or an ethics violation.

Although New York State Public Health Law allows you to charge for the copies (the amount is limited to 75 cents per paper copy and no more than the reasonable cost of your expenses for other copies), at retirement, many dentists will provide copies at no cost. The best policy is to notify patients of the costs, if any, and have the patient sign a written request specifying which records to copy and where they should be sent. You may want to remind patients that you will retain the originals and that they should check with the new dentist to see if any copies are truly necessary.

After retirement, you must continue to maintain patient records for the minimum statutory time. For adults, that is six years, and for minors, the greater of six years or until their 22nd birthday.

#### **Abandonment**

The New York State Board of Regents Rules do not go into detail regarding a dentist's obligation to complete treatment when closing a practice or retiring. They merely state that professional misconduct includes:

"...abandoning or neglecting a patient or client under and in need of immediate professional care, without making reasonable arrangements for the continuation of such care, or abandoning a professional employment by a group practice, hospital, clinic or other health care facility, without reasonable notice and under circumstances which seriously impair the delivery of professional care to patients or clients."

If you are aware that you will be retiring or closing your office in the near future, it is best not to take on new patients or to start new procedures that cannot be completed. Depending upon the circumstances, the dentist may need to arrange for continued treatment with another dentist for patients undergoing extensive procedures. Since orthodontic treatment is so lengthy, closing an orthodontic practice presents a difficult scenario from this perspective. It may be advisable to contract with a skilled practitioner to complete the treatment.

In any event, if the patient is agreeable to having another dentist complete the work, you should provide any subsequent dentist with the necessary clinical information. If the entire cost is paid, a partial refund may be necessary.

It is also advisable, if possible, to balance all accounts. If a patient has prepaid for services or is on an installment payment plan, you should clarify the account and avoid later claims or issues.

#### **Miscellaneous Items**

You must be careful when disposing of or transferring materials, including any unused medications. Hazardous wastes, including amalgam, must be properly disposed of. Also, write to the Bureau of Controlled Substances, stating the number of unused prescription pads you have and asking for permission to destroy them.

The State Education Department should be notified that the office is closed and be given your contact address. Decide whether you want to continue to keep your license active. If so, you must continue to comply with registration fees and continuing education requirements. If you decide to let your registration lapse, you cannot continue to practice, that is, if you are retired and your license is inactive, you cannot write prescriptions.

You should remember to check all your insurance policies and determine if there are any that need to be continued. Your malpractice insurance carrier should be notified and depending upon your policy, you should purchase a "tail" on your coverage. Make sure you maintain a copy of your policy with other important records.

In the event of the death of the dentist, family members may want to apply to the Surrogates Court for an order allowing the practice to continue for up to eight months for purposes of selling and/or closing the practice.

The material contained in this column is informational only and does not constitute legal advice. For specific questions, dentists should contact their own attorney.

#### Sample Letter (closure)

Dear Patients:

This is to advise you that as a result of				
unforeseen events)	_, I will be discontinuing			
the practice of dentistry on				
I will not be able to attend to you pro	fessionally after that date.			
It has been a pleasure to serve as you	ir dentist. Please be aware			
that you need continued care and should find a new dentist as soon				
as possible. If you are in need of the name of another dentist, you				
may contact the	Dental Society at			
I shall make copies of your records a	vailable to you or the den-			
tist you designate. Since your records are confidential, I require				
your written authorization (see enclosed). As required by law, I will				
maintain your original records.	and the part that the Williams			
Thank you again for your confidence and trust in me as your				
oral health care provider. I wish you continued health.				
	Sincerely,			
, D.D.S./D.M.	D.			

# DENTISTRY WITH GENERAL ANESTHESIA

George Gillen, DDS, FADSA
Stuart Blaustein, DMD, FAGD, FADSA

Diplomate, National Board of Anesthesiology Fellows American Dental Society of Anesthesiology

NY State certified to use general anesthesia in the practice of dentistry.

Certificate Number 000014

G.A. practice since 1975

Ideal for patients unable to receive dental treatment in the conventional manner.

All treatment performed in office.

161 Madison Ave. (East 33rd. St.) New York, New York 10016

Convenient to all transportation and lodging.

212-481-3636

#### Sample Letter (Sale)

Dear Patients:

It has been a pleasure to se	erve as your dentist. Due	to
(give reason, if possible) _	, I will be discontinu	ing the prac-
tice of dentistry on	. Although I will not be ab	le to attend to
you professionally after that	t date, I have agreed to se	ll my practice
to Dr.	Dr	is a
(year) graduate of		
ground). Of course you may		
sent to another dentist, but i		
tion to transfer copies of you		,
ter, Dr will be the c		. He will treat
patients in the same office l		
	our confidence and trust i	
oral health care provider. I	wish you continued health	ı.

Sincerely,

## Epstein Practice Brokerage, Inc.

, D.D.S./D.M.D.

ESTABLISHED IN 1988

Endorsed by the New York County Dental Society

# Profit from our experience.



- Free Consultation for Sellers
- Buyers Pre-qualified
- 100% Financing Arranged
- Confidentiality Assured

Mark Epstein will personally handle all transactions.

EPSTEIN PRACTICE BROKERAGE, INC. 208 East 51st Street, New York, NY 10022 (212) 233-7300 www.practice-broker.com

(Listings always up-to-date!)

#### Sample Form:

Authorization for Release of Information

(the undersigned) auth	(Provider/Facil	
by law from the record(s)	n described below to the of:	e extent allowable
Patient Name:		
	(First)	(Middle)
(Last) Date of Birth:	SS#:	
Covering the period(s) of From:	f treatment: to:	
	ription of the informatio	
3. Purpose of disclosure:		
With the exception to the dready occurred prior to named provider. If writte	ent may be revoked in wr extent that disclosure of the receipt of revocation revocation is not received for a period of time not t	information has on by the above ed, authorization
. A photocopy of this au he original.	thorization is to be consi	dered as valid as
	nformation used or disclessed or disclessed or disclosure otected by Federal Law.	
SIGNATURE: DATE:		
	al representative (Nextoation) at its a minor, legally	
PRINT NAME:		
Relationship to patient of	personal/legal represent	tative signing for