

Texas State Board of Dental Examiners' Records Request Checklist of REQUIRED Documents

INSTRUCTIONS:

- All patient records related to evaluation or treatment of the identified patient must be submitted to the Board, including but not limited to the items listed below.
- Note which records you are submitting and which records you are not submitting and return the records and this form to the State Board of Dental Examiners with the records.
- All photocopied documents must be legible, complete, and printed on one side of the paper only.
- Any document using color-coded text or labels must be submitted in color.
- A typed transcript must accompany any illegible handwritten notes.
- English translation of non-English forms must be provided.

FOR ANY ITEM YOU MARK "NO" BELOW INCLUDE AN EXPLANATION ON THE REVERSE SIDE AS TO WHY ITEM WAS NOT INCLUDED IN SUBMISSION

INCLUDED?	ITEM	
<input type="checkbox"/> YES <input type="checkbox"/> NO*	1. BUSINESS RECORDS AFFIDAVIT	- Form is attached. Must be completed by dentist/custodian of records AND notarized. Required by Board rule 107.105(c).
<input type="checkbox"/> YES <input type="checkbox"/> NO*	2. PATIENT INFORMATION SHEET	
<input type="checkbox"/> YES <input type="checkbox"/> NO*	3. MEDICAL HISTORY SHEET	
<input type="checkbox"/> YES <input type="checkbox"/> NO*	4. TREATMENT PLAN	- Include all alternate treatment plans presented.
<input type="checkbox"/> YES <input type="checkbox"/> NO*	5. SIGNED CONSENT FORMS	- For all treatment rendered. Include both general and treatment specific consent forms.
<input type="checkbox"/> YES <input type="checkbox"/> NO*	6. PROGRESS/TREATMENT NOTES	- Must be legible and include identification of provider. If illegible, provide typed transcription of records and copies of original records. If records are altered or modified, provide unaltered version as well. Include electronic or handwritten notes detailing diagnosis and treatment rendered, medicines administered or prescribed, labels, sticky notes, or other notations.
<input type="checkbox"/> YES <input type="checkbox"/> NO*	7. RADIOGRAPHS	- Must be DIAGNOSTIC QUALITY duplicates. No photocopies. Digital radiographs must be submitted on digital media such as CD, flash drive, or by e-mail (call inspector/investigator). Each radiograph must indicate date taken. Files may need to be renamed to indicate date. Film x-rays must be mounted.
<input type="checkbox"/> YES <input type="checkbox"/> NO*	8. DIAGNOSTIC IMAGES, IMAGING, OR PHOTOGRAPHS	- Identify patient name and date for each image.
<input type="checkbox"/> YES <input type="checkbox"/> NO*	9. PATIENT ACCOUNT HISTORY - LEDGER/BILLING/INSURANCE INFORMATION, EOBs	
<input type="checkbox"/> YES <input type="checkbox"/> NO*	10. PERIODONTAL AND RESTORATION CHARTING	
<input type="checkbox"/> YES <input type="checkbox"/> NO*	11. MODELS, CASTS OR DRAWINGS - INITIAL AND FINAL	- Required for all orthodontia cases. Diagnostic quality images of models may be submitted so long as they include a maxillary and mandibular occlusal view, left and right lateral views and an anterior view.
<input type="checkbox"/> YES <input type="checkbox"/> NO*	12. LAB PRESCRIPTIONS	- If illegible, provide typed transcription.
<input type="checkbox"/> YES <input type="checkbox"/> NO*	13. DRUG PRESCRIPTIONS	- If illegible, provide typed transcription.
<input type="checkbox"/> YES <input type="checkbox"/> NO*	14. REFERRAL FORMS/LETTERS	
<input type="checkbox"/> YES <input type="checkbox"/> NO*	15. CORRESPONDENCE	- Includes notes of telephone calls, e-mails, letters to patient, insurance companies, and other providers.

CONTINUED ON NEXT PAGE

IN ADDITION, RESPONDENTS MUST PROVIDE THE FOLLOWING:

INCLUDED?

ITEM:

- YES NO* **16. COPY OF SCHEDULE FOR ALL TREATMENT DATES** - Identify all providers and all patients. Do not redact patient names.
- YES NO* **17. BCLS, ACLS, PALS CARDS** - Proof of current certification for all dentists, hygienists and assistants involved in the patient treatment.
- YES NO* **18. WRITTEN EMERGENCY PLAN**
- YES NO* **19. PROOF OF CONTINUING EDUCATION** - Proof of Continuing Education completed within the preceding 24 months, including annual and specialty CEs.
- YES NO* **20. NARRATIVE (optional)**

*** Explanation of Documents Omitted from Submission Required**

ITEM NUMBER

REASON ITEM NOT SUBMITTED TO THE BOARD

ITEM #	<input type="text"/>	REASON:	<input style="width: 95%;" type="text"/>
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FORM COMPLETED BY:

DATE:

Texas Administrative Code

TITLE 22	EXAMINING BOARDS
PART 5	STATE BOARD OF DENTAL EXAMINERS
CHAPTER 107	DENTAL BOARD PROCEDURES
SUBCHAPTER B	COMPLAINTS AND INVESTIGATIONS
RULE §107.105	Collection of information and Records

(a) Dental Records. Upon request by board staff, a dental custodian of records shall provide copies of dental records or original records. Board staff may require a dental custodian of records to submit records immediately if required by the urgency of the situation or the possibility that the records may be lost, damaged, or destroyed.

(b) Response to Board Requests. In addition to the requirements of responding or reporting to the board under this section, a licensee/registrant shall respond in writing to all written board requests for information within ten days of receipt of such request.

(c) Business Records Affidavits. Dental records must be provided under a business records affidavit or as otherwise required by board staff.

(d) Failure to Comply.

(1) Administrative Penalty. Failure to comply with board staff's request for records or information may be grounds for the issuance of an administrative penalty citation pursuant to § 254.0115 of the Act.

(2) Disciplinary Action. Failure to comply with board staff's request for records or information may be unprofessional and dishonorable conduct that is subject to disciplinary action by the board pursuant to §263.002 of the Act.

(3) Civil Penalty. Failure to comply with board staff's request for records and other evidence or failure to comply with other law regulating dental patient records may be subject to a civil penalty pursuant to §258.0511 and §264.101 of the Act.

(4) Criminal Penalty. Failure to comply with board staff's request for records and other evidence or failure to comply with other law regulating dental patient records, in violation of §258.0511, is a criminal offense pursuant to §264.152 of the Act.

Source Note: The provisions of this §107.105 adopted to be effective September 6, 2016, 41 TexReg6694

Texas State Board of Dental Examiners

Investigations Division

333 Guadalupe, Tower 3, Suite 800
Austin, Texas 78701-3942
Phone: (512) 463-6400 Fax: (512) 463-7461

IMPORTANT INSTRUCTIONS

SAMPLE FORM ON BACK

This affidavit should be completed for all patient records requested by the Board. Failure to execute this affidavit by a licensee is considered non-compliance with TSBDE Rule 108.8(f). It must be executed before a Notary Public or other official authorized to administer oaths and attached to applicable business records. **Please fill out the form in its entirety. You must print, sign it, and mail the form along with the applicable records to the address above.**

INSTRUCTIONS FOR SUBMITTING RECORDS TO THE BOARD

In order to comply with a request for records by the TSBDE, a licensee must submit unaltered copies of **ALL** records maintained on this patient. Copies of records are preferred; however, originals may be submitted. Clearly stipulate in your response if records are originals and return is requested. **ALL** records includes, but is not limited to:

1. Any and all treatment notes associated with **any** treatment rendered to, or proposed to, the patient, including documentation of all examinations and communication with the patient. This includes any hand written and electronically maintained notes as well as sticky-notes, labels or stickers in or attached to the patient file.
2. Any and all patient information and history records. This includes any handwritten and electronically maintained "Patient Welcome" sheets, basic patient contact information documents, health history documentation or family history documentation in both updated and historical versions.
3. Any and all radiographs or other diagnostic images or photographs. **ALL** radiographic documentation **MUST** be submitted in **DIAGNOSTIC QUALITY** form. Duplicated films may be submitted if the copy is diagnostic quality. Failure to submit diagnostic quality radiographs will be considered non-compliance with this records request.
4. Any and all models, casts, photographs or other diagnostic diagrams, drawings or images. This includes any written or electronic lab prescriptions or work orders for any work outsourced to a dental laboratory.
5. Any and all records of prescriptions or medications issued to, or administered to, the patient. This includes copies of handwritten and electronic prescriptions and drug logs involving this patient as well as handwritten or electronic monitoring documentation.
6. Any and all documentation of billing pertaining to treatment rendered to this patient. This includes all handwritten and electronic billing statements, ledgers and insurance claim forms or estimate of billing forms.
7. Any and all consent forms including general and informed consent forms contained in the patient record.
8. Any other documents or records not specifically listed here that are maintained by the licensee must also be submitted. This includes documents normally non-releasable under Federal HIPAA requirements. As a regulatory body, the Board may obtain protected health information or records for law enforcement or regulatory purposes without the written consent or authorization of the individual.
9. Any documents using color-coding type or labels must be submitted in color. A typed transcript must accompany any illegible handwritten notes. All photocopied documents must be provided in clearly legible and complete form.

Failure to submit **any** record, document, image or electronic record of any kind, including the notarized Business Records Affidavit may be considered non-compliance. The TSBDE may consider any documents submitted at a later date to be invalid. **It is the responsibility of the Respondent/licensee to review all records submitted to the Board on their behalf to assure they are complete and accurate.** Administrative penalties may be assessed for non-compliance with this request.

TSBDE CASE NUMBER: 00-1234-567

TEXAS DENTAL LICENSE NUMBER 1234567

SAMPLE FORM.

PLEASE USE THE FOLLOWING FORMAT TO COMPLETE THE ATTACHED FORM. THE CASE NUMBER AND LICENSE NUMBER INDICATED ABOVE SHOULD BE PROVIDED BY TSBDE PERSONNEL OR LEFT BLANK.

Before me, the undersigned authority, personally appeared CUSTODIAN OF RECORDS/ CLERK'S NAME who being by me duly sworn, deposited as follows:

My name is CUSTODIAN OF RECORDS/ CLERK'S NAME, I am over twenty-one years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of CLINIC OR DENTIST NAME. Attached hereto are ## sheets of records from CLINIC OR DENTIST NAME. These said ## sheets of records are kept by CLINIC OR DENTIST NAME in the regular course of business, and it was the regular course of business in the CLINIC OR DENTIST NAME for an employee, representative, or dentist of the CLINIC OR OFFICE NAME with personal knowledge of the act, event or condition recorded to make the memorandum or record or to transmit information thereof to be included in such memorandum or record; and the memorandum or record was made at or near the time of the act, event or condition recorded or reasonably soon thereafter. The records attached hereto are exact duplicates of the original and it is a rule of the CLINIC OR DENTIST NAME to not permit the originals to leave the facility.

CUSTODIAN OF RECORDS/ CLERK'S SIGNATURE

AFFIANT'S SIGNATURE

Notary Public, State of Texas _____

Notary Public, Printed Name _____

My Commission Expires _____

BUSINESS RECORDS AFFIDAVIT

TSBDE CASE NUMBER: _____

TEXAS DENTAL LICENSE NUMBER: _____

Before me, the undersigned authority, personally appeared _____ who being by me duly sworn, deposed as follows:

My name is _____ I am over twenty-one year of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am custodian of the records of _____ Attached hereto are _____ sheets of records from _____ These said _____ sheets of records are kept by _____ in the regular course of business, and it was the regular course of business in the _____ for an employee, representative or dentist of the _____ with personal knowledge of the act, even or condition recorded to make the memorandum or record or to transmit information thereof to be included in such memorandum or record; and the memorandum or record was made at or near the time of the act, event or condition recorded or reasonable soon thereafter. The records attached hereto are exact duplicates of the original and it is a rule of the _____ to not permit the originals to leave the facility

AFFIANT'S SIGNATURE

SWORN TO AND SUBSCRIBED before me on the _____ day of _____ 20_____

Notary Public, State of Texas _____

<SEAL>

Notary Public Printed Name _____

My Commission Expires _____