

NEW SECTION

WAC 246-817-305 Record content. (1) Licensed dentists who treat patients must have legible, complete, and accurate patient records that meet the generally accepted standard of care for each patient.

(2) Patient records must reflect diagnosis and treatment performed.

(3) The patient record must include at least the following information:

(a) For each record entry, the provider of the service;

(b) The date of each patient record entry, document, radiograph or model;

(c) Up-to-date treatment plan;

(d) The physical examination findings documented by subjective complaints, objective findings, and an assessment or diagnosis of the patient's condition;

(e) Up-to-date dental and medical history that may affect dental treatment;

(f) Any diagnostic aid including, but not limited to, images, radiographs, and recommended tests and test results. Retention of molds or study models beyond orthodontia or full mouth reconstruction is at the discretion of the practitioner;

(g) A complete description of all treatment/procedures

administered at each visit;

(h) An accurate record of any medication(s) administered, prescribed or dispensed including the date prescribed or the date dispensed, the name of the patient prescribed or dispensed to, the name of the medication, and the dosage and amount of the medication prescribed or dispensed including refills;

(i) Referrals from and to any health care provider and all communications to or from them; and

(j) Notation of any communication to or from patients or patient guardians, including:

(i) Discussion of potential risk(s) and benefit(s) of proposed treatment and alternatives to treatment, including no treatment;

(ii) Posttreatment instructions;

(iii) Patient complaints and resolutions; and

(iv) Termination of doctor-patient relationship.

(4) Patient records are subject to the following requirements:

(a) All records must be legible;

(b) Completed manual treatment notes must not be erased or deleted from the record. Mistaken manual entries must be corrected with a single line drawn through the incorrect information. New or corrected information must be initialed and dated; and

(c) Completed electronic treatment notes must include deletions, edits, and corrections.

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AMENDATORY SECTION (Amending WSR 95-21-041, filed 10/10/95, effective 11/10/95)

WAC 246-817-310 ((Maintenance and)) Record retention ((of records)) and accessibility requirements. ((Any dentist who treats patients in the state of Washington shall maintain complete treatment records regarding patients treated. These records shall include, but shall not be limited to X rays, treatment plans, patient charts, patient histories, correspondence, financial data and billing. These records shall be retained by the dentist for five years in an orderly, accessible file and shall be readily available for inspection by the DQAC or its authorized representative: X rays or copies of records may be forwarded to a second party upon the patient's or authorized agent's written request. Also, office records shall state the date on which the records were released, method forwarded and to whom, and the reason for the release. A reasonable fee may be charged the patient to cover mailing and clerical costs.

Every dentist who operates a dental office in the state of Washington must maintain a comprehensive written and dated record of all services rendered to his/her patients. In offices where more than one dentist is performing the services the records must specify the dentist who performed the services. Whenever requested to do so, by the secretary or his/her authorized representative, the dentist shall supply documentary proof:

~~(1) That he/she is the owner or purchaser of the dental equipment and/or the office he occupies.~~

~~(2) That he/she is the lessee of the office and/or dental equipment.~~

~~(3) That he/she is, or is not, associated with other persons in the practice of dentistry, including prosthetic dentistry, and who, if any, the associates are.~~

~~(4) That he/she operates his office during specific hours per day and days per week, stipulating such hours and days.)~~ (1) Licensed dentists who treat patients eighteen years and older must keep readily accessible patient records for at least six years from the date of the last treatment.

(2) Licensed dentists who treat patients under the age of eighteen years old must keep readily accessible patient records for at least six years after the patient reaches eighteen years old.

(3) Destruction of records after retention period must be in compliance with state and federal privacy regulations.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-310, filed 10/10/95, effective 11/10/95.]