

Illinois State Dental Society



Education • Legislation • Communication

# Illinois State Dental Society's Manual on Mediation and Clinical Peer Review

March 2019 Edition

# Illinois State Dental Society

## Manual on Peer Review

### Index

Preface .....	1	Letter Rejecting Complaint .....	15
Exemption from Liability .....	2	Opening Letter .....	16
Matters for Peer Review .....	2	Opening Letter sent to Peer Review Chair .....	17
Matters not for Peer Review .....	3	Mediation Report .....	18
Termination of Process .....	3	Mutual Release and Satisfaction of Claims .....	19
Confidentiality of Review .....	3	Successful Mediation Closing Letter .....	20
Periodic Review of Cases by ISDS .....	4	Dentist Refuses Participation .....	21
Composition of Component Committee....	4	Letter Litigation Has Begun .....	22
Origin of Cases.....	5	Letter Schedule Hearing .....	23
Initiator’s Responsibility .....	6	Peer Review Worksheet for Clinical Examination .....	24
Component Society Procedures .....	6	Peer Review Clinical Examination Composite Report ...	25
Guidelines for Mediation .....	6	Peer Review Checklist .....	26
Guidelines for Peer Review Hearing .....	8	Letter to Accompany Peer Review Report .....	27
Peer Review Involving a Specialist .....	9	Acknowledgement of Appeal Request .....	28
Peer Review Chair Duties .....	9	Appeal Memo to State Committee .....	29
Peer Review Committee Duties .....	10	Letter Appeal Denied .....	30
Preparing Chair’s Report .....	10	Letter Appeal Justified .....	31
Appeal Mechanism and Appeal Process ...	11-12	Letter Termination No Contact .....	32
HIPAA and data Security .....	12	Request for Review of Dental Services Form .....	33-36

## **Preface**

---

When communication breaks down, Peer Review can often bridge the gap for both patient and dentist. The individual dentist is expected to be sensitive to their patient's needs and be willing to discuss thoroughly and openly any problems and/or misunderstandings that may arise. Third party involvement in dental care has made the delivery of dental services more complex and can often lead to other disagreements and misunderstandings. The old informal methods of resolving these problems are often no longer adequate. Consequently, a more formal method of response has been developed—PEER REVIEW.

Peer review is a *confidential and voluntary* mechanism by which the dental profession reviews the appropriateness of the treatment and the quality of the care it renders.

*The Peer Review Committee is not a court and has no disciplinary function.* Its purpose is to educate, mediate, clarify and make recommendations for the resolution of problems resulting from dental treatment rendered.

Volunteer dentists serve on the Peer Review Committee. They try to solve problems, clarify areas of misunderstanding, educate the participants and establish communication where it has broken down. They are concerned with appropriateness of care, necessary and consistent with diagnosis, and quality of treatment, within acceptable professional dental standards. They do not attempt to pass judgment on fees or other administrative or business matters.

The findings of a Peer Review Committee are not binding unless mutual release forms have been signed by all of the involved parties. Experience has shown, however, that patients and dentists usually welcome the availability of a quick, cost-free and independent fact finder; thus, the parties accept most decisions.

The Committee on Mediation and Clinical Peer Review of the Illinois State Dental Society has developed this manual. It contains policies, procedures and guidelines applicable to the peer review process.

Peer review complaints can be initiated by a patient, parent of a minor or legal guardian.

As a service to the public and the dental profession, the peer review process will also address patient complaints that are initiated against non-member dentists. If this occurs, all rights and privileges extended to members of the Illinois State Dental Society in peer review cases will also apply to non-members.

A request for review must be made in writing on a standard ISDS Request for Review of Dental Services form (see appendix pages 33-36) and mailed to the Illinois State Dental Society Committee on Peer Review, P. O. Box 376, Springfield, IL 62705. The ISDS Committee on Peer Review, or assigned representative, will determine if the case is appropriate for peer review. If so, they will refer the case to the appropriate local component society's peer review committee, which represents the area where the services were performed.

## **Purpose and Responsibility**

---

A Peer Review Committee has been established within each component society to review matters concerning quality of care and appropriateness of care. Its responsibility is to explore referred matters so that its efforts are effective and expeditious.

The peer review process is a public service. When a case goes to hearing, the committee must conduct an unbiased and objective hearing since it has an equal responsibility to all involved parties. The committee has no enforcement power and can only make recommendations based upon its investigations and findings.

When a review has been completed, it is the ultimate responsibility of the committee to bring the case to closure by either negotiating a mutual agreement between the parties or by making a specific recommendation.

## **Exemption from Liability**

---

Illinois Compiled Statute 225 ILCS 25/54 provides that any dentist serving as a member of a duly constituted Committee on Peer Review shall not be liable for civil damages as a result of his or her decisions, findings or recommendations in connection with his or her duties on such committee, except decisions, findings, or recommendations involving his or her willful or wanton misconduct.

Any dentist that has been appointed by their constituent component or branch to serve on a Peer Review Mediation or Peer Review Hearing Committee shall be duly recognized as a formal member of the committee. In addition, the Chair of any Peer Review Mediation Committee or Peer Review Hearing Committee shall be authorized to appoint any other dentist to the committee for any particular case because of the appointed dentist's particular expertise, and such appointed dentist shall be considered a formal member of the Peer Review Committee for purposes of that particular case.

**Because of privacy and liability issues, it is mandatory that procedures outlined in this manual are rigorously followed and that only the forms outlined be used.**

## **Matters for Peer Review**

---

### Appropriateness of Care

Appropriateness of care can be defined as the professional acceptability of planned or completed diagnostic evaluation and treatments, to include the necessity and consistency with patient complaint or diagnosis. It is emphasized that cases will only be reviewed where services have actually been rendered.

### Quality of Care

Quality of care concerns an evaluation of the treatment provided using the standards or parameters of care, which generally prevail within the professional community by those who routinely perform the treatment

in question in which the services were provided. The committee shall also determine whether or not the services were rendered as reported.

Cases involving gross or continual faulty dental treatment will be reviewed by the ISDS Committee on Mediation and Clinical Peer Review and may be referred to the ISDS Committee on Judicial Affairs or the Illinois Department of Professional Regulation.

### **Matters Not for Peer Review**

---

Complaints received more than two years after date that treatment was completed normally will not be considered for review. The ISDS Committee on Mediation and Clinical Peer Review will consider appeals from this denial to access to the peer review process, provided that the complaining party can demonstrate that unusual circumstances existed that delayed the filing of the complaint and that clinical evidence is still available which will allow a Peer Review Committee to review the case.

The peer review process is not designed to handle every type of situation or problem that may arise between patients and dentists. The current peer review system is not intended to handle a complaint initiated by one dentist against another. Such complaints should be sent to the ISDS Committee on Judicial Affairs if they involve two members of ISDS.

The committee will not review complaints that are non-clinical in nature. Non-reviewable matters include issues related to fees or billings, office personnel and management matters. The committee will not review complaints that are currently in formal litigation or that have been resolved by litigation.

A case will be considered inappropriate for peer review if it is not possible to adequately examine and evaluate the complaint.

In general, the Illinois State Dental Society's Committee on Mediation and Clinical Peer Review will not provide examination or assist other states in their Peer Review Process unless approved by the Chair of the ISDS Peer Review Committee.

### **Termination of Peer Review Process**

---

Situations may arise where an open peer review case may have to be terminated. This would include a case where, during the peer review process, one of the involved parties would file a formal case in court. It would also include any cases where the complaining party decides to end the process, does not cooperate with the component committee, or cannot be contacted by the committee.

### **Confidentiality of Review**

---

One of the basic precepts of peer review, and one of the reasons for its success, is its confidentiality. Professional services being contested and under review cannot be discussed outside the peer review hearing.

All correspondence and documents between involved parties and the Committee on Mediation and Clinical Peer Review should be clearly marked “Confidential,” and all documents and reports resulting from peer review are filed with the ISDS Committee on Mediation and Clinical Peer Review at the conclusion of the process and not retained by the component committee. Peer review cases are not the subject of conversation or reports at dental society meetings or with dentists who are not members of the Committee on Mediation and Clinical Peer Review.

The confidentiality of peer review proceedings (including mediation) cannot be guaranteed against subpoena. If any involved party institutes litigation after the completion of a review, the committee records and members of the committee may be subject to subpoena by the court.

### **Periodic Review of Cases by ISDS Committee on Mediation and Clinical Peer Review**

---

One of the functions of the Illinois State Dental Society is to protect the health of the public. Alleged violations of the Illinois Dental Practice Act and/or apparent negligent dental treatment can endanger the dental health of patients. Therefore, the ISDS Committee on Peer Review will review its files periodically to determine whether, in its opinion, there have been questionable or repeated acts which would suggest the need for investigation and/or possible further corrective or disciplinary action.

The ISDS Committee on Mediation and Clinical Peer Review will review a dentist’s file if any of the following criteria has been met in the last four-year period:

- Three or more cases are found in the patient's favor;
- The dentist has repeatedly not cooperated in the peer review process; or
- The dentist has been named in six or more separate complaints.

In making its determination relative to referral to the Illinois Department of Financial Professional Regulation, the ISDS Committee on Peer Review shall take into account the types of allegations upon which peer review was instituted, as well as any corrective actions taken by the dentist in question.

The ISDS Committee on Mediation and Clinical Peer Review may, with majority vote:

1. Refer a patient complaint or peer review file to the Illinois State Dental Society Judicial Affairs Committee (if the dentist is an ISDS member);
2. Refer the file to the Illinois Department of Financial and Professional Regulation for review; or
3. Make recommendations for additional specific continuing education or other action that the committee deems appropriate.

If the dentist in question has appealed the findings of the component Peer Review Committee to ISDS, no referral or complaint shall be made by the ISDS Committee on Mediation and Clinical Peer Review until it has decided on that appeal.

### **Composition of Component Committee**

---

The component society committee shall be composed of dentists well respected in their professional community. The committee shall include members representing a cross section of age and experience

(at least five years) who have developed maturity and good judgment. **All members of the committee should be formally appointed and recorded in the minutes of the meeting when they were elected.**

Members should serve staggered terms of three to five years to assure continuity of experience. The size of the committee should reflect the geographic area of the component society, the membership of the society and the anticipated caseload.

There should be at least five members on the committee.

Each component should appoint a Chair of Mediation and Clinical Peer Review. They should have prior experience as a mediator and as a member of a peer review committee. The Peer Review Chair shall administrate the peer review system in the manner as outlined in the manual.

An individual who serves on the ISDS Committee on Mediation and Clinical Peer Review is excluded from serving on a component committee because of the potential conflict of interest. Component society officers should also refrain from participation on the Mediation and Clinical Peer Review Committee. It is understood that this may not be possible in some of the smaller components.

If a committee feels the need for additional expertise in order to render a proper judgment in a particular case, the Chair may appoint additional members who have the necessary expertise to hear that case (see page 9 – Peer Review Involving a Specialist). These newly appointed members will automatically be considered formal members of the committee and, therefore, exempt from liability under Illinois law.

### **Origin of Cases**

---

A patient, parent of a minor or legal guardian can initiate a request for review. All requests must be made in writing on the Request for Review of Dental Services form (see appendix pages 33-36) and sent via U.S. Postal Service to the Illinois State Dental Society Committee on Peer Review, P.O. Box 376, Springfield, IL 62705.

If the request has been initiated by an attorney or other uninvolved person on behalf of the patient, they will be informed that our purpose is to reestablish communication between the patient and the dentist. If possible, we will contact the patient directly and request that he/she complete the *Request for Review of Dental Services* form.

The *Request for Review of Dental Services* form may be obtained by calling the Illinois State Dental Society or the Chicago Dental Society. The form is also available on the ISDS website at [www.isds.org](http://www.isds.org). If the initiator makes a request for review directly to a component society, that component society will forward it at once, without taking any action at the component level, to the ISDS Committee on Mediation and Clinical Peer Review for processing.

The ISDS staff in charge of Peer Review, under the authority of the committee, shall determine if the request is a matter falling within the purview of the peer review system. If so, ISDS staff shall forward the request to the component society's Committee on Mediation and Clinical Peer Review of the geographic area in which the dental services were rendered (see appendix page 16). If the request

does not fall within the purview of the peer review system, ISDS staff will forward a denial letter to the person requesting review (see appendix page 15).

### **Initiator's Responsibility**

---

All requests for peer review must be made in writing on a *Request for Review of Dental Services* form to the Illinois State Dental Society Committee on Mediation and Clinical Peer Review, P.O. Box 376, Springfield, IL 62705. The request should include all supporting records and pertinent information, stating the specific questions to be answered.

### **Component Society Procedures**

---

If a request for review is made directly to the component society by telephone, it shall be explained to the caller that a *Request for Review of Dental Services* form (see appendix pages 33-36) must be completed and forwarded to ISDS before action can be taken.

If the component society receives a written request for review, that request shall be forwarded immediately, without action, to ISDS Headquarters.

After receiving a Peer Review case from ISDS headquarters, the local Mediation and Clinical Peer Review Chair should study the case to become familiar with the complaint. They should then transfer the case to the appointed component committee member who will initiate the mediation process.

The component Chair will send successfully mediated cases to ISDS at once, with copies of all correspondence and other documents (see appendix page 18). If mediation is unsuccessful, the Chair will appoint a minimum of three committee members to the Peer Review Hearing Committee to hear the case, including the Chair or his/her designate as Chair. **The original mediator should not serve on this hearing committee.**

The Mediator and all members of the Peer Review Hearing Committee shall maintain the confidentiality of the system. With the exception of the component or branch president, who is an ex-officio member of all committees, no other committee or component society officer or member shall be privy to the activities of the Committee Mediation and Clinical on Peer Review.

The mediation and clinical peer review committee members are encouraged to refrain from any telephone discussions initiated by patients regarding details of their Peer Review case. Any conversations with said parties should be limited to general procedural information only. Patients should not call the professional office or home of the mediation and clinical peer review volunteer unless instructed to do so. Dentists should refuse to take such calls but should be courteous and instruct patients to make any requests in writing as might be appropriate to the process.

### **Guidelines for Mediation**

---

Mediation is an independent process. It is encouraged that people with a personality for effective mediation be recruited and retained for service. Experience in mediation makes for a better mediator.



Mediators should also avail themselves to opportunities in continuing education that might make them more effective in their role. Successful mediation is a wonderful service to dentist and patient alike and enhances the image of dentistry as a responsible profession.

Mediation is the first stage in peer review. Its purpose is to resolve the dispute between dentist and patient using a process that fosters respect for the dental profession and that responds to the needs of the patient. It is a way for dentist and patient to reach an agreeable solution rather than have one imposed on them. Cases that can be resolved by mediation save considerable time, effort, and complexity required to conduct the examination phase of peer review. The mediator should consider that their highest priority is to achieve a successful mediation.

Mediation does not involve an evaluation of the causes for a problem. The mediator's job is simply to negotiate an agreement between dentist and patient that is acceptable to each party. The focus must be on settlement rather than determination of fault. Clinical information gained during this process is confidential and not to be shared with others in peer review or anyone else. Avoid any clinical evaluations or judgments of clinical evidence. The mediator must stay calm, neutral, and earn the trust of both parties. They must be a good listener, and their conversations with both parties must remain confidential. Consistent with this confidentiality, at the conclusion of the process, the mediator reports only the dates of contact with each party and whether or not the parties reached agreement.

The reason that only dates should be reported is to assure that the peer review hearing committee is not influenced by statements made by either party, including any compromises offered in an effort to reach a solution during the mediation process. If the compromise offer was refused, each party should retain their initial rights and position in front of the hearing committee. This also assures the parties that the mediation phase is confidential and that any comments will not be passed on to anyone. An important factor in the mediation process is the timeliness of the mediator's follow up. **It is imperative that complaints be acted upon promptly—preferably within 10 days of receipt of the request.** If the mediator has been unable to contact and discuss the case with the patient over a 30-day period, the mediator may recommend to the component Chair that the case be closed (see appendix page 32). The case will then be returned to ISDS and recorded as closed and unresolved. **It is very important that the entire review process be completed within 60 to 90 days of the initiation of the review.** Certified letters will be sent to the involved parties notifying them that the case is closed.

If the dentist does not wish to participate in the peer review process, the mediator shall inform the dentist that mediation is a confidential process and encourage them to cooperate with the process. Should the dentist choose not to participate in the mediation process, the mediation process immediately terminates and proceeds to the Peer Review Hearing (see appendix page 21). Should the dentist still choose not to participate in the peer review process, that process will continue without their testimony.

**Recommended Procedures:**

1. Determine if the patient has contacted an attorney for advice. Such contact is not litigation, and the peer review process may proceed. If either party has filed suit, then the case is closed.
2. Contact each party as soon as possible. Explain the process. Emphasize that you will be helping

to achieve an agreement that is acceptable to both parties and that **your role is not to determine fault**. Emphasize that if the parties can reach an agreement at this stage, it will save considerable time and perhaps stressful involvement for each party. Explain that all conversations are confidential and that you will not convey anything to the other side that a party does not want revealed.

3. Listen carefully to each party's version of the event. Talk separately to all parties at all times. Be prepared for an emotional presentation. Stay neutral, calm, and avoid agreement or conflict with each party involved. Focus on finding a solution. Encourage each party to verbally state what they would consider to be an acceptable solution or resolution. You may find that you have a possible solution or options to suggest. "Shuttle" between the parties to achieve resolution if possible.
4. Any notes taken during this process are your private notes and not to be shared with anyone. At the conclusion of the mediation process, you should destroy your notes. If successful, summarize the agreement on the form and obtain signatures on the mutual release form (see appendix page 19). If unsuccessful, return the mediation report form, noting only dates of party contact to the committee Chair in order that they may proceed with the examination/hearing process.

To review: When mediation does not resolve a case, the mediator shall not report anything more than the lack of settlement. The reasons for this are not only to make mediation as effective as possible, but even more importantly, to protect the decision-making process of the Peer Review Hearing Committee should that become necessary. If a dentist or patient was not consulted during the examination process because the committee used information gained during the mediation process, that dentist or patient has a complaint against the society for sponsoring an unfair process. Even when the dentist or patient is consulted, conciliatory comments either made earlier in an attempt to settle a claim should not influence the peer review process. In order to be credible, the Peer Review Hearing Committee must reach an independent judgment, based on an examination of the patient and dental records along with interview with the dentist and patient.

### **Guidelines for Peer Review Hearing Committee**

---

In all unsuccessfully mediated cases, the Chair must appoint a minimum of three (3) committee members to the Peer Review Hearing Committee to consider the case referred for review. One of these members must be the Chair or his/her designate. The original mediating member shall not serve on this Peer Review Hearing Committee.

It is essential that the Peer Review Hearing Committee is completely impartial in reviewing their peers and deals with specifics of the case, and not in generalities or other clinical issues that are not raised in the complaint.

In all cases, a final recommendation must be made by a majority of the Peer Review Hearing Committee members. In rare cases, if a Peer Review Hearing Committee unanimously agrees that a final recommendation is inappropriate for the peer review process, it may so state. In this case, all clinical information must be forwarded to the ISDS Mediation and Clinical Peer Review Committee for its review. The ISDS Mediation and Clinical Peer Review Committee will either confirm the decision that a final recommendation is not

appropriate, or it may return the case to the local committee requesting that it make the best recommendation possible. If the state committee agrees with the local committee that a final recommendation is not appropriate, then both parties involved in the complaint are so notified and the case is considered closed.

The intent of the peer review hearing is to offer a recommendation to the involved parties. While this recommendation is not legally binding on either party, the Peer Review Hearing Committee can express its opinion as to what an appropriate solution could be in light of the facts presented.

Any member of a Peer Review Hearing Committee who believes they cannot, for any reason, give an unbiased judgment should withdraw from the committee.

**Peer Review Hearing Involving a Specialist:**

Review involving a specialist, a dentist licensed in one of the recognized dental specialties, is the same; however, there are some additional considerations. The Peer Review Hearing Chair should advise all involved parties that if a specialist is the subject of a peer review hearing, they must be informed that they have the right to require the Chair of the committee to obtain a panel of specialists (at least three). This panel, along with the Chair or their designate, will comprise the Peer Review Hearing Committee. If a three-person specialty panel is not requested, or is not available in the geographic area, at least one dentist of the specialty involved should be added to the regular Peer Review Hearing Committee.

With respect to review cases involving treatment in specialty areas by general practitioners, the underlying principle remains that there is only one standard of care, regardless of who provides the care.

The component committee may also make a request to the ISDS Committee on Mediation and Clinical Peer Review that the case be reviewed by a recognized constituent specialty organization's Peer Review Committee. The final decision on the referral to a recognized constituent specialty organization will be made by the Chair of the ISDS Committee on Mediation and Clinical Peer Review.

**It is very important that the entire review process be completed within 60 to 90 days of the initiation of the review.**

**The Chair of the Peer Review Committee Hearing shall:**

- Ascertain whether an involved party has instituted litigation since the attempt at mediation was unsuccessful. If so, they will terminate further proceedings on the part of the committee and notify ISDS. ISDS will notify the parties and close the case (see appendix page 22).
- Send a certified letter, return receipt requested, and marked "Confidential" to all involved parties at least fifteen (15) days prior to the review and/or examination, announcing the mutually agreed upon time and place of the review (see appendix page 23).
- Inform all of the involved parties, prior to the review, of the names of the members comprising the Peer Review Hearing Committee that will be considering the case. Any involved party may request the Chair to dismiss a committee member for good cause. The component Chair has the final determination as to whether the request is accepted or denied.
- Terminate the review if the complaining party is not present for the hearing.

- Continue the hearing if the other involved parties are not present. If the dentist declines to be interviewed, that is their choice. However, the exam review committee must ensure that the dentist was properly notified (by certified letter) of the time and place of the examination and has had ample and fair opportunity to present their side of the case. All parties must have the opportunity to present their testimony.
- Terminate the review if a patient refuses to permit a clinical examination which the committee feels is necessary. A written explanation of the reason for termination will be given to all involved parties.
- Ensure that no audio/visual equipment or any other type of recording device is in the hearing room.

**During the Peer Review Committee Hearing, the Committee shall:**

- Not allow testimony or conversation during the process from anyone other than the involved dentist or patient. This could create a diversion that would prevent the examination committee from being totally directed to their defined task (i.e., patient examination and recommendations).
- Interview all involved parties separately and consider other written testimony or clinical records. It is suggested that involved parties be scheduled for interview at least one hour apart to avoid any confrontation or feelings of tension between them.
- If deemed necessary by the committee, conduct a clinical examination. The examination shall be carried out thoroughly and in a professional manner. During the clinical examination there shall be no discussion of the findings with the patient, and/or other examiners in the presence of the patient in order that statements will not be misunderstood.

**Following the Peer Review Committee Hearing, the Committee shall:**

- Complete all of the clinical worksheets independently, and separately, from each of the other committee members (see appendix pages 24-25). This information must be written clearly so that it could be understood in a court of law.
- Not discuss findings of the case prior to writing individual reports.
- Meet in closed session to study the committee members' clinical worksheets and review the testimony and other records and arrive at its recommendations for resolution of the problem based on the evidence presented.
- Not include any editorializing philosophy or prejudicial remarks in the reports and limit the comments only to the specific treatment in question.
- Remember that all of the records of the hearing, as well as individual committee members personally, may be subpoenaed in the event of subsequent litigation. Care should be taken to forward the entire record to ISDS headquarters. Any subpoena for records will then have to be issued to ISDS rather than to the component committee.

**Points to consider in preparing the Component Chair's Composite Report:**

(see appendix page 25) The Peer Review Hearing Committee should keep in mind that:

- A majority vote shall constitute the decision of the Peer Review Hearing Committee; however, a written minority opinion may be submitted separately and included in the completed file, which is then forwarded to the ISDS headquarters. Minority reports are not a part of the findings given to the patient and/or dentist, but expand the information available in

the overall consideration of a case in the event of appeal to the ISDS Committee on Peer Review.

**• The actual copy of the composite report will be sent to the involved parties. Therefore, your copy should be written with that thought in mind (clearly legible or typed). There should be no inappropriate comments on this form or anywhere in the file.**

- The recommendation(s) must respond to the specific allegations of the complainant.
- The report should be factual and use terminology which is understandable to the lay person.
- Each recommendation must contain enough reasoning to support its validity. It is essential to give the rationale for the decision of the committee.
- The report must include recommendations for final action. If the committee concludes that the performance of the dentist calls for corrective action, the following might be considered:
  - \* Perform the treatment again.
  - \* Have another dentist perform the treatment.
  - \* Refund all or part of any fee paid.
- If a refund is recommended, the specific amount of the refund must be determined and the receipt of the refund (either the patient or a third party) must be indicated in the report.
- The patient and ISDS must be advised of any condition that may be detrimental to the patient's health.
- All involved parties will be notified in writing of the decision and/or recommendations of the committee by ISDS, with an explanation of the right of appeal to the ISDS Committee on Peer Review (see appendix page 27). Mutual release forms will be prepared and provided to each party that reflects the recommendation of the committee.

After the examination, and all forms and recommendations are completed, send all records and recommendations to the ISDS office. The ISDS office will review the records and send the notices of outcome to the involved dentist and patient (see "Completed Peer Review Checklist" on page 26).

### **Appellate Mechanism**

---

All parties involved in a review shall be informed of their right to request an appeal of the decision of the component society Committee on Mediation and Clinical Peer Review. Such requests must specify, and document, the basis on which the appeal is requested. A letter requesting an appeal must be sent by that individual to ISDS within thirty (30) days following his receipt of the decision of the component committee.

The ISDS Committee on Mediation and Clinical Peer Review will determine if the request for appeal is justified. The simple fact that one of the involved parties is not agreeable to the decision or recommendation of the component committee is not, of itself, justification for an appeal.

A request for appeal is justified if evidence of the following can be shown:

- Inconsistency of Facts/Findings: information presented to the committee was not considered in the decision or was misinterpreted by the committee;
- Prejudice or Bias: a preconceived opinion adversely affected the committee's decision and evidence is available to substantiate the bias or prejudice;

- New factual information and/or dental records became available that should be reviewed; or
- Procedural error by the component committee: The ISDS Committee on Peer Review may also grant an appeal if they determine that a procedural error was made by the component committee

### **The Appeals Process:**

When a letter of appeal is received at ISDS Headquarters, it is added to the case file (see appendix page 28).

ISDS staff will review all material concerning the case to ensure that the file is complete.

ISDS Peer Review Appeals committee may contact the component peer review Chair to inform that an appeal has been made. A request for additional information may be made in order to provide further insight that might not be present in the original documentation.

ISDS will appoint a sub-committee of three members of the ISDS Committee on Mediation and Clinical Peer Review to study the request for appeal (see appendix page 29).

ISDS staff will forward the entire case file to the members of the subcommittee whose decision, based on the materials available, will be one of the following:

- Reject the appeal as not justified;
- Refer the case back to the component committee for further action;
- Refer the case back to the component for a hearing by a new committee; or
- Recommend that the ISDS Committee rehear the case

If the ISDS committee rejects the appeal, all involved parties will be notified (see appendix page 30).

If the decision of the component committee is affirmed, all involved parties will be so notified (see appendix page 31).

When a case is returned to the component committee, the ISDS Peer Review Committee, at its discretion, may direct the Chair to convene an entirely new hearing committee and follow the usual procedure.

The Chair of the ISDS Committee on Mediation and Clinical Peer Review, at his/her discretion, also may elect to have the ISDS Committee on Mediation and Clinical Peer Review rehear a case on appeal; or may appoint a sub-committee composed of dentists in the geographic area involved to act on behalf of the ISDS Committee on Peer Review. This decision is the prerogative of the Chair.

The decision of the ISDS Committee on Mediation and Clinical Peer Review is the final step in the appeal process. When the peer review process has been completed, no involved party is required to accept the recommendations of the committee. All parties retain their normal legal remedies.

### **HIPAA and Data Security**

---

A dentist who is a HIPAA-covered entity must have a patient's written authorization (see appendix page 36) before using or disclosing the patient's protected health information (PHI) if the use or

disclosure is not required or permitted by HIPAA. In general, PHI includes electronic, hard copy, and oral information about an individual's health, treatment, or payment for health care, including demographic information. A patient who is requesting mediation or peer review is required by the dental society to sign an authorization to permit the dentist to use and disclose the patient's PHI for peer review purposes. The patient must receive a copy of the authorization. If more than one dentist is involved, the patient should sign (1) a separate authorization form for each dentist, (2) an authorization form listing all of the dentists, or (3) an authorization form that lists categories of persons who may use and disclose the patient's information for purpose of the mediation (e.g., "all dental and medical sources" or "any health plan, dentist, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf"). The patient must receive a copy of the authorization form. Dentists must not use or disclose any patient information that was not authorized to be disclosed, and should disclose only the minimum amount of information necessary for the purpose of mediation or peer review. The mediator and Peer Review Committee should not review any case without the patient's authorization to access the treatment records.

Under HIPAA, a patient has the right to revoke authorization at any time. While the revocation would not affect disclosures made prior to revocation, if a patient revokes an authorization signed in connection with mediation or peer review, the dentist should make no further disclosures of that patient's PHI.

# **Appendix**

(forms and letters to be used in the peer review process)



**Peer Review Complaint Form –Rejection**

(DATE)

Your request for review of dental services has been rejected for the following reason(s).

- You provided the name of the dental office and not the name of the specific dentist that provided the care in dispute.
- Your complaint is about fees or a billing dispute.
- The dispute is or was part of a lawsuit.
- Your dispute concerns the release of your dental records. This is subject to the Illinois Department of Financial and Professional Regulation. IDFPR may be contacted at 312/814-6910.
- An official Request for Review of Dental Services form has not been completed.
- You did not provide a full description of the events that occurred.
- You listed a specific remedy that you are seeking to resolve the case.
- The dental care was provided over two years ago.
- You did not sign or date the form.
- Your dispute is with a dental student and not a licensed dentist. Please contact the dental school directly concerning this issue.
- No services were actually provided.
- Contact the Illinois Department of Financial and Professional Regulation at 312/814-6910 for assistance.
- Services provided by a Medicaid Provider. Contact Medicaid to file a complaint.
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the above issue(s) has or can be corrected, please make the correction(s) and return it to the Illinois State Dental Society for further consideration.

Sincerely,

Manager,  
Mediation/Clinical Peer Review

**Peer Review Opening Letter**

**DATE**

**Patient Name**

**Address**

**City State Zip**

**RE: Dr. \_\_\_\_\_**

The Illinois State Dental Society's Committee on Mediation and Clinical Peer Review has received your request for review of dental services. We have established this process for the purpose of attempting to assist in resolving differences between patients and their dentists.

Mediation and Clinical Peer Review is not a court and has no formal disciplinary function. It merely provides a free, voluntary service to assist in resolving disputes. The recommendations of the committee are not legally binding on either party. However, if the parties do accept the recommendations, each party will be requested to sign a mutual release and satisfaction of claims form.

Your case will be forwarded to our local dental society's peer review Chair. He or she will assign the case to a volunteer dentist that serves on the local peer review committee who will serve as the mediator. A copy of your complaint will also be sent to the dentist so that he or she can be informed of the dispute and be ready to participate in the process.

The appointed mediator will be in contact with you shortly.

Sincerely,

Manager  
Mediation/Clinical Peer Review

Cc: **Dentist**  
**Local Peer Review Committee Chair**

**Opening Letter to Send to Peer Review Chair (downstate) or Mediator (CDS)**

**Date**

**Peer Review Chair**

**Address 1**

**Address 2**

**RE: Patient/ Dr. involved**

**Dear Peer Review Chair:**

Please handle the attached complaint as soon as possible. An important factor in the mediation process is the timeliness of the mediator contacting the patient. It is imperative that this complaint be acted upon promptly. Please contact the **(patient or your component mediator) within 10 days of receipt of this letter** and start the mediation process.

**If you or the mediator is unable to resolve this matter within 30 days**, please complete your report, mark the outcome, and return it to (insert ISDS or CDS) so we can continue to the next step.

When a case is resolved, please report the outcome in very specific terms so that appropriate forms can be prepared and mailed. Upon completion of the case; send your mediator's report back to me. A postage paid envelope is enclosed for your convenience.

Thank you in advance for your volunteer work on this case. I appreciate your time and effort.

Sincerely,

Manager  
Mediation/Clinical Peer Review

**Cc: Patient  
Involved dentist**

**Mediation Report**

**Initiating Party:** Name: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

vs.

Name: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Is Formal Litigation in Process? Yes \_\_\_\_\_ No \_\_\_\_\_

The first step in the Peer Review process is to see if the parties involved can settle their conflict through mutual agreement. At this stage, clinical details are not necessarily important. The Mediator’s role is to facilitate agreement if at all possible. An important factor in the mediation process is the timeliness of the mediator’s follow up. It is imperative that complaints be acted upon promptly—preferably within 10 days of receipt of the request. Mediation is confidential and the Mediator should not report the content of any discussions with either party, to the peer review committee or anyone else. Report only the dates of your contacts. If the mediation is successful, summarize the terms of the settlement. If not, refer the case back to the Peer Review Chair for the examination process. It is particularly important that the Mediator not convey information gained from parties so that the examination committee can be completely objective in gathering information and reaching their conclusions.

Dates of Patient Contact:  
\_\_\_\_\_

Dates of Doctor Contact:  
\_\_\_\_\_

**Outcome**

Resolved \_\_\_\_\_

Summary of Agreement:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unresolved \_\_\_\_\_ Refer back to Peer Review Committee Chair

\_\_\_\_\_  
Component/Branch

\_\_\_\_\_  
Signature of Mediator (must be signed not typed)

Date of Report: \_\_\_\_\_

Print Name \_\_\_\_\_

**Mutual Release and Satisfaction of Claims**

(To be executed in duplicate by dentist and patient, parent or guardian, with each keeping one completely executed Release and one forwarded with completed review to ISDS)

This mutual release executed between Dr. \_\_\_\_\_(ADDRESS) \_\_\_\_\_  
\_\_\_\_\_ (hereinafter called "Dentist") and \_\_\_\_\_  
(ADDRESS)\_\_\_\_\_ (hereinafter called "Patient") is intended to effect the  
extinguishments of obligations as hereinafter designated.

Disputes and differences have arisen between the parties with respect to dental treatment of patient by dentist. The parties have agreed to execute this mutual release in settlement of such disputes and differences. In consideration of the mutual relinquishment of their respective legal rights with reference to the above-mentioned disputes and in consideration of the execution of this mutual release and in consideration of the sum of \$\_\_\_\_\_to be paid by \_\_\_\_\_, (dentist or patient) to \_\_\_\_\_, (dentist or patient) dentist and patient expressly release the other, and the other’s heirs, assigns and legal representatives, from all liability for claims and demands arising out of **all** treatment of the patient by the dentist prior to and including the date of this agreement.

Furthermore, dentist and patient shall not make disparaging comments about each other, and the other’s heirs, in any form or media, including by way of online or printed media.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Dentist must be sign, not type)      (Signature of Patient, Parent or Guardian)

Witness \_\_\_\_\_  
Signature: \_\_\_\_\_

Witness \_\_\_\_\_  
Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**Successful Mediation Closing Letter**

**DATE**

**Patient Name**

**Address**

**City State Zip**

**RE: Dr. \_\_\_\_\_**

The local Mediation and Clinical Peer Review Committee has informed us that your complaint has been satisfactorily resolved and that a mutually acceptable solution has been reached.

We would like to thank both parties for cooperating in the peer review process.

Sincerely,

Manager

Mediation/Clinical Peer Review

**Cc: Dentist**

**Dentist Refuses Participation**

(To be used by Component Chair)

**(Confidential)**

**Date**

**Involved Dentist**

**Address**

**City State Zip**

**Dear Involved Dentist:**

The **(name of component)** Mediation and Clinical Peer Review Committee has attempted to mediate the complaint between you and **(name of patient)**.

As you have chosen not to actively participate in this process, we are notifying you that this case may now proceed to a full peer review hearing. If this occurs, the panel of three dentists will make a recommendation as to how they believe the case should be resolved.

This non-binding recommendation will be made based on the information that is available to the committee and the testimony presented during the hearing.

Sincerely,

**(Component Peer Review Chair)**

**Cc: Involved Patient**

**Letter Where Litigation Has Begun**

**Date**

**Patient Name**

**Address**

**City State Zip**

**RE: Dr. \_\_\_\_\_**

Your local Mediation and Clinical Peer Review Committee has informed us that it has learned that this subject matter is part of a lawsuit between the parties. As a result, we must officially terminate the process.

Thank you for considering the Mediation and Clinical Peer Review process. We regret that we could not resolve this matter before the legal process began.

Sincerely,

Manager  
Mediation/Clinical Peer Review

**Cc: Dentist**



**Letter to Each Involved Party to Schedule Review Hearing**

(To be used by Component Chair)

(CERTIFIED MAIL-CONFIDENTIAL)

**Date**

**Involved Party**

**Street**

**City State Zip**

**Dear Involved Party:**

Pursuant to a request of **(name of person initiating request)** the Committee on Mediation and Clinical Peer Review of the **(name of component dental society)** has scheduled your review for **(date, time and place)**.

You and **(name of other involved party)** are requested to appear before the committee for separate interviews. The hearing committee is composed of **(names of dentists composing committee)**.

If you should have any questions or desire any further information relative to the review process, please do not hesitate to contact me at **(phone #)**.

Sincerely,

Chair

Committee on Mediation and Clinical Peer Review

**(Name of Component Dental Society)**

**Cc: Involved dentist/patient (Confidential)**

**Peer Review Worksheet for Clinical Examination**

(Please type or print)

**Patient Interview and Examination**

Patient \_\_\_\_\_

Address \_\_\_\_\_

Specific Complaint:

\_\_\_\_\_  
\_\_\_\_\_

Clinical Findings:

\_\_\_\_\_  
\_\_\_\_\_

Conclusion of Examiner:

\_\_\_\_\_  
\_\_\_\_\_

**Dentist Interview**

Dentist \_\_\_\_\_

Address: \_\_\_\_\_

Dentist response to patient's chief complaint:

\_\_\_\_\_  
\_\_\_\_\_

Other Testimony (If Applicable):

\_\_\_\_\_  
\_\_\_\_\_

**Examiner Recommendations:**

\_\_\_\_\_  
\_\_\_\_\_

Name of Examiner (print): \_\_\_\_\_

Exam Location: \_\_\_\_\_

Signature of Examiner: \_\_\_\_\_ (must be signed, not typed)

Date: \_\_\_\_\_

Date certified letters sent to both parties notifying the date/time/place of this examination: \_\_\_\_\_

**Peer Review Clinical Examination- Composite Report**

(Peer Review Chair's Report)

Patient: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_

Date Examination: \_\_\_\_\_ Time/Place Examination: \_\_\_\_\_

Certified Letters of notice of examination sent to both parties? Yes \_\_\_ No \_\_\_ Date Sent \_\_\_\_\_

Were both parties present and interviewed? Yes \_\_\_ No \_\_\_

Exam committee members present: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clinical Findings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Composite Examiner Conclusion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Composite Examiner Recommendation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Peer Review Chair: \_\_\_\_\_ (must be signed, not typed)

Printed Name: \_\_\_\_\_

Component Dental Society: \_\_\_\_\_

**Completed Peer Review Checklist**

(To be forwarded to the ISDS Headquarters Office with completed file)

**Component Dental Society:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Initiator of Complaint:** \_\_\_\_\_

**vs.**

**Complaint Against** \_\_\_\_\_

**Date of Review Request:** \_\_\_\_\_

**Date sent to Mediator:** \_\_\_\_\_

**Date of Peer Review Hearing:** \_\_\_\_\_

**Items to be enclosed:**

\_\_\_\_\_ Original Request for Review of Dental Services form

\_\_\_\_\_ Mediation Report

\_\_\_\_\_ Copies of all certified letters, return receipt and all correspondence indicating time and place of Review (Examination)

\_\_\_\_\_ All clinical examination worksheets

\_\_\_\_\_ Peer Review Chair's composite report/recommendations

\_\_\_\_\_ Records of any other testimony/documentation

\_\_\_\_\_ Mutual Release & Satisfaction of Claims form (if used)

**These records are submitted by:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_

**Letter to Accompany Peer Review Report**

(Certified Mail)

**DATE**

**Patient Name**

**Address**

**City State Zip**

**RE: Dr. \_\_\_\_\_**

The local peer review committee has completed the review of your case. Enclosed you will find a copy of the report that was submitted by the committee. This report reflects its decision based on the evidence submitted.

As mentioned in our opening letter, the peer review system is not a court of law and the decision of the committee is not legally binding. It is the hope of the committee that the parties will utilize the decision of the committee and abide by its recommendations.

If the doctor and patient agree to the recommendation of the committee, mutual release forms are available to legally bind each party to the acceptance of the recommendation.

All involved parties have the right to request an appeal to the Illinois State Dental Society Committee on Mediation and Clinical Peer Review. However, it is the role of the ISDS Committee, to review only requests for appeal based on one or more of the following: (1) the facts presented were ignored or misinterpreted by the committee (2) information is available that can document that the committee was prejudiced or biased in rendering a decision (3) new information or dental records became available that would affect the committee's decision

If the findings in this case are to be appealed, a written letter of appeal must be filed within thirty days of your receipt of this report and sent to: Committee on Mediation and Clinical Peer Review, Illinois State Dental Society, P. O. Box 376, Springfield, Illinois 62705.

Sincerely,

Manager

Mediation/Clinical Peer Review

Enclosure

**Cc: Dentist (Confidential & Certified)  
Component Peer Review Chair**

**Acknowledgement of Appeal Request**

**DATE**

**Patient Name**  
**Address**  
**City State Zip**

**Dear Involved Party:**

Your request for appeal of the findings of the local committee have been received.

The entire file in this case will be forwarded to the members of the Illinois State Dental Society Committee on Mediation and Clinical Peer Review so they may determine if an appeal should be granted.

As soon as we receive the findings. We will inform you of their decision regarding your appeal.

Sincerely,

Manager  
Mediation/Clinical Peer Review

Cc: **Dentist (Confidential)**  
**Local Peer Review Chair**

**Memorandum to State Committee with Entire Case Enclosed**

**(DATE)**

**TO:** ISDS Committee on Mediation and Clinical Peer Review

**Dr.** \_\_\_\_\_

**Dr.** \_\_\_\_\_

**Dr.** \_\_\_\_\_

**FROM: (Manager Mediation and Clinical Peer Review)**

**SUBJECT: (Involved Dentist/Patient)**

The file in the above case is enclosed for your study. You may wish to contact the Chair of the Peer Review Committee for more information. Please review this material and return your decision as quickly as possible. You may fax your decision to ISDS at 217/525-8872.

An appeal in the above case is \_\_\_\_\_ or is not \_\_\_\_\_ justified on:

- \_\_\_\_\_ Procedural error
- \_\_\_\_\_ Inconsistency of facts or findings
- \_\_\_\_\_ Prejudice or bias
- \_\_\_\_\_ New information now available

ISDS Committee should: \_\_\_\_\_ Reject as not justified  
\_\_\_\_\_ Return to component committee for further action  
\_\_\_\_\_ Rehear the case

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Letter Notifying Appeal is Denied**

(Certified Mail)

**DATE**

**Patient Name**

**Address**

**City State Zip**

**RE: Dr. \_\_\_\_\_**

It is the decision of the Illinois State Dental Society Committee on Mediation and Clinical Peer Review that your request for appeal be denied since the committee finds no evidence of justification for such request.

The provisions of our peer review system have now been completed and investigation of the complaint is terminated.

Thank you for using the peer review mechanism.

Sincerely,

Manager

Mediation/Clinical Peer Review

Cc: **Dentist (Confidential)**  
**Local Mediation and Clinical Peer Review Chair**  
**Appropriate ISDS Peer Review Sub-Committee**



**Letter Notifying Appeal is Justified**

(Certified Mail)

**DATE**

**Patient Name**

**Address**

**City State Zip**

**RE: Dr. \_\_\_\_\_**

It is the decision of the Illinois State Dental Society Committee on Mediation and Clinical Peer Review that your request for appeal is justified.

The entire file in this complaint is being returned to the local dental society's peer review committee for a further review by the previous committee or a re-hearing by a new committee.

Someone will contact you from that committee soon.

Sincerely,

Manager  
Mediation/Clinical Peer Review

Cc: **Dentist (Confidential)**  
**Local Mediation and Clinical Peer Review Chair**  
**Appropriate ISDS Peer Review Sub-Committee**

**Termination Letter after 30 Days of No Contact**

**DATE**

**Patient Name**

**Address**

**City State Zip**

**RE: Dr. \_\_\_\_\_**

The Mediator who has been assigned to your case involving (**name of the dentist**) has attempted to contact you by telephone over the last 30 days and has been unsuccessful. Based on this information we are closing this case as unresolved.

If you have been unavailable because of extenuating circumstances and wish for us to continue our review, please send a letter to me explaining why you have been unavailable and if any relevant facts of your case have changed since you originally filed your complaint with us.

Sincerely,

Manager  
Mediation/Clinical Peer Review

Cc: **Dentist (Confidential)**  
**Local Mediation and Clinical Peer Review Chair**

# **Illinois State Dental Society Request for Review of Dental Services Form**

## **Instructions to Complete the Request for Review of Dental Services Form**

The Illinois State Dental Society's mediation and clinical peer review process can assist in reviewing disputes between patient and dentist. The disputed issues must be clinical and have occurred in the last two years. This means that the dispute is about the appropriateness or the quality of the dental care that has been provided by the dentist.

The mediation and clinical peer review process is not a court and has no disciplinary function. It merely provides an alternative dispute mechanism, at no cost to either party.

The process **cannot** review office billing or fee disputes or any issue that deals with the business aspects of operating a dental practice. The Mediation and Clinical Peer Review Committee also will not review cases where there is a difference of opinion between two dentists if no actual services have been provided. The process is **not designed to compensate for pain and suffering**.

If ISDS decides that your complaint is appropriate for review, it will be sent to a local dentist who will attempt to mediate your dispute by phone between the two parties. A copy of your Request for Review of Dental Services form will also be sent to the treating dentist so that he/she can be prepared to discuss the complaint with the mediator. If mediation is unsuccessful and it is deemed appropriate, your case will then be referred to a three-dentist peer review panel (not including the Mediator), who will review your complaint and make a recommendation. It must be noted that the recommendation of the Clinical Peer Review Committee is confidential and is not binding on either party. Each party retains his or her full legal remedies. It is the experience of ISDS, however, that the recommendations of the three-dentist panel are accepted by both parties.

## **Please make sure that:**

- **You DO NOT list a specific remedy you are seeking to resolve the case.**
- You have listed the specific name of the dentist that provided the care and not the name of the dental office.
- The dispute was not or is currently not part of a lawsuit.
- You have provided a full description of the events that occurred.
- All documents that you believe are important are included with the form.
- Refrain from posting disparaging remarks on social media.
- You have signed and dated the form.
- You **DO NOT** Fax or email your complaint.
- **You return the form by U.S. Mail to:** Illinois State Dental Society  
Committee on Mediations and Clinical Peer Review  
P.O. Box 376  
Springfield, IL 62705

# Request for Review of Dental Services

**Return by U.S. Mail to:** Illinois State Dental Society  
Committee on Mediation and Clinical Peer Review  
P.O. Box 376  
Springfield, IL 62705  
*(Please Type or Print Clearly in Black Ink)*

**Patient's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

**Parent/guardian if patient is less than 18 yrs. old:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Dentist's First and Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_

**Date treatment started:** \_\_\_\_\_

**Date treatment completed:** \_\_\_\_\_

**Date last treated by this dentist:** \_\_\_\_\_

**When did you first recognize there was a problem with the clinical treatment?** \_\_\_\_\_

**Have you discussed it with the dentist?** Yes No

**If yes, what dates:** \_\_\_\_\_

**Did the dentist respond?** Yes No

**If yes, what action was taken?** \_\_\_\_\_

**Have you been examined/treated by another dentist(s) for this problem?** Yes No

**If yes, please list name, address and phone number of other dentist(s)** \_\_\_\_\_

**Has a lawsuit ever been filed involving this case?** Yes No

**Have you asked for help from any other person, organization, or agency?** Yes No

**If yes, who?** \_\_\_\_\_

**Did insurance or Medicaid pay for any portion of this treatment?** Yes No

**Name of Insurance Company** \_\_\_\_\_ **Insured's Employer** \_\_\_\_\_ **Plan #** \_\_\_\_\_

**Name of Medicaid Plan (if you don't know indicate with N/A)** \_\_\_\_\_



HIPAA VALID AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

**YOU MAY REFUSE TO SIGN THIS AUTHORIZATION**

Patient: Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dentist: Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, am requesting mediation, peer review and/or peer review appeal relating to treatment provided to Patient by Dentist.

On this date: \_\_\_\_\_, I hereby authorize Dentist and all other dental and medical sources to use and disclose any and all records or information about Patient's dental and medical history, condition, and treatment, including but not limited to Patient's complete health record, and payment for treatment (collectively, "My Health Information"), in any form or format, including but not limited to hard copy, electronic and oral information, radiographs, and photographs, that may be relevant to treatment provided to Patient by Dentist, to the Illinois State Dental Society and their employees and volunteers, including any appointed mediator, peer review committee members, specialty panel members, and any other individuals whose review of the authorized information is necessary or appropriate to the mediation, peer review, and/or peer review appeal process.

**Purpose for Disclosure:** At the request of the individual, for purposes of mediation, peer review, and any peer review appeal.

I understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy regulations.

Signature: \_\_\_\_\_ (this cannot be typed, it must be signed in person)

(patient, parent or guardian)