



State of Maine Board of Dental Practice

143 State House Station

Augusta, ME 04333-0143

Tel: (207)287-3333 / Fax: (207)287-8140 / TTY users call Maine relay 711

Website: / Email: www.maine.gov/dental

COMPLAINT PROCESS INFORMATION

Scope

The Maine Board of Dental Practice is a licensing board affiliated with the Department of Professional and Financial Regulation. Its primary purpose is to protect the public against dishonest, unethical, and incompetent professionals whose conduct falls below minimum acceptable standards. The Board only has authority to discipline those persons licensed with or formerly licensed with the Board.

Overview of the Complaint Process

The purpose of the licensing system is to protect the public against—

- Dishonest or unethical practitioners, and
- Practitioners who have fallen below minimum standards of competence in the practice of their profession.

Violators are subject to disciplinary action that can range from a formal warning to revocation of a license.

Filing a Complaint

To file a complaint against a licensee, you must file your complaint in writing.

- You may submit an online complaint (<https://www.maine.gov/dental/consumer-information/complaint-form.html>);
- You may call or write the board to receive complaint forms and instructions by mail; or
- You may download and print the complaint form (<https://www.maine.gov/dental/consumer-information/file-complaint.html>)

Maine Board of Dental Practice
143 State House Station
Augusta, ME 04333 - 0143
(207) 287-3333 (voice)

Document Exchange

After the complaint is docketed, Board staff acknowledges receipt of the complaint and sends a copy to the licensee. The licensee is asked to respond within 30 days. Upon receipt of the licensee's response, a copy is sent to the complainant. The complainant is asked to reply within 10 days, but a reply is not mandatory. The complainant's reply, like the original complaint, is shared with the licensee.

Investigation

Copies of the complaint, the licensee's response, and the complainant's reply are sent to the board's complaint committee. Generally, the complaint committee consists of 1 board member who serves as complaint officer, the executive director of the board, the Assistant Attorney General assigned to the board, and as needed, an investigator. The complaint committee may investigate the complaint beyond the document exchange described above. The complainant, the licensee, or other persons with information pertinent to the complaint may be contacted by a member of the complaint committee as part of this investigation.

After Investigation

The complaint committee will evaluate the information obtained during the investigation and will make a recommendation to the board. The recommendation will be an agenda item at a regularly-scheduled board meeting. You can check the board's meeting schedule and meeting agendas at the Board's web site, www.maine.gov/dental. Please be aware that a recommendation scheduled on short notice may not appear on a posted agenda.

The recommendation may be to:

1. Dismiss the complaint

If there is insufficient evidence to determine whether or not a violation of the board's statute or rules occurred, if the licensee's conduct does not appear to constitute a violation of the board's statute or rules, or if the complaint committee believes that no violation occurred, the complaint committee may recommend dismissal of the complaint. A dismissal cannot be appealed by the complainant, but a dismissed complaint may be reopened if new evidence is received.

2. Proceed with a consent agreement

A consent agreement is a voluntary mechanism for resolving enforcement matters without a hearing or further proceedings. A consent agreement is a negotiated settlement between the board, the licensee and the Attorney General in which the licensee admits to one or more violations of board law or rules and agrees upon the sanctions to be imposed. The complainant is not a party to the consent agreement. Consent agreements are a matter of public record.

3. Schedule the matter for an adjudicatory hearing

Adjudicatory hearings are held before the board and are conducted in accordance with the Maine Administrative Procedure Act. The Assistant Attorney General assigned to the board presents the case against the licensee by calling witnesses to testify, presenting documentary evidence, etc. The licensee also has the right to testify, to call other witnesses to testify on his/her behalf, and to present documentary evidence. The complainant will be called as a witness as well. The licensee has the right to be represented by a lawyer and to request the issuance of subpoenas to compel the attendance of witnesses and the production of documents. Each side may cross-examine witnesses called by the other side. All testimony is taken under oath.

At the close of the hearing the board deliberates and votes on whether or not a violation of the board's statute or rules occurred. If the board determines that one or more violations occurred, the board decides on what sanctions to impose. Once the board's decision has been reduced to writing and signed by the board chair, the Decision and Order, so-called, constitutes the final action of the board.

The licensee can appeal the Decision and Order to court. The complaint committee and the complainant cannot appeal.

Penalties

A board may impose any of the following sanctions:

- Issue a warning, censure or reprimand to a licensee
- Suspend a license for up to 90 days per violation or occurrence
- Revoke a license
- Impose a civil penalty of up to \$1,500 per violation or occurrence
- Impose conditions of probation on a licensee
- Assess the actual costs of the investigation and/or hearing

Confidentiality

With limited exceptions, complaints and investigative records are confidential during the pendency of an investigation. Complaints are only identified by complaint number on board meeting agendas, and board members avoid referring to the complainant or licensee by name when evaluating the recommendation of the complaint committee. The complaint and the complaint file become public upon the conclusion of an investigation, unless confidentiality is required by some other provision of law. Patient/client treatment records obtained during investigation remain confidential indefinitely.

Reporting of Disciplinary Action

The board posts on its web site copies of all disciplinary action imposed on licensees via Consent Agreement or Decision and Order. The board also reports most disciplinary action taken against health care licensees to the National Practitioner Database (NPDB) maintained by the U.S. Department of Health and Human Services.

Recovery of Money Damages

The board cannot *order* a licensee to pay money damages to a complainant, although a licensee may agree to restitution or reimbursement in a consent agreement. The primary purpose of the complaint process is to protect the public against dishonest or incompetent practitioners by disciplining violators. The penalties listed above protect the public by disciplining the licensee, discouraging future violations by the licensee, rehabilitating the licensee, and promoting compliance by other licensees. The complaint process is not designed to redress violations by the recovery of money damages to compensate persons harmed by the licensee's conduct. This is a function of the courts. A complainant is free to file a civil action against a licensee in addition to filing a complaint with the board.



For Office Use Only

Case No.

State of Maine
Board of Dental Practice
143 State House Station
Augusta, ME 04333
Tel: (207)287-3333 / Fax: (207)287-8140
TTY users call Maine relay 711

PUBLIC COMPLAINT AGAINST LICENSE OF A DENTAL PROFESSIONAL

Please be sure to sign the Authorization for Release of Records

*Your Name _____

*Home Address _____

*City _____ *State _____ *Zip _____

* Telephone Number (s) – Home Phone # _____ Work Phone # _____

* E-mail Address _____

* Patient's Name _____

DENTAL PROFESSIONAL REFERRED TO IN THIS COMPLAINT

*Name _____

*Address _____

*City _____ *State _____ *Zip _____

* Telephone Number _____

Sign and date the Authorization for Release of Records/Information and submit along with the complaint

Use additional sheets if necessary

AUTHORIZATION FOR RELEASE OF RECORDS/INFORMATION

MAINE BOARD OF DENTAL PRACTICE
143 State House Station
Augusta, Maine 04333-0143
Tel: (207) 287-3333

I, _____ of _____
[Individual or authorized representative] [Address]

[City, State, Zip]

hereby authorize _____
[Provider's name]

to release, disclose, and furnish the following individually identifiable medical, dental and health care records/information regarding my care and treatment to the **Maine Board of Dental Practice, its agents and/or its employees and/or its attorney (hereafter Board):**

[Insert nature of health care records/information to be disclosed]

I hereby waive all rights of confidentiality and release the keeper of otherwise private or confidential records from a claim of a breach of confidentiality or privilege as a result of the release of the requested records to the Maine Board of Dental Practice.

By checking below, I also authorize the release of the following portions of the health care records/information:

_____ Mental health treatment records _____ HIV or AIDS related records
(Not including psychotherapy notes)
_____ Alcohol or drug abuse records _____ Other _____
[Specify]

IMPORTANT:

If I have authorized the disclosure of **mental health treatment records/information**, I [] do [] do not want to review these records/information before they are released. I understand that the review may be supervised or may need to be done by my representative.

NOTICE

(applicable only if **substance abuse** records/information are disclosed):

The information disclosed includes records protected by Federal confidentiality rules (42 CFR, part 2). The Federal rules prohibit recipients of such records from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Term of Authorization: Except as provided hereinafter, this authorization shall be effective for thirty (30) months from the date that it is signed, unless earlier revoked by me.

Revoking the Authorization: I have been advised that I have the right to revoke this authorization by contacting the Board of Dental Practice in writing at the above address to request this authorization be cancelled. If I revoke this authorization, the revocation will not apply to records/information that have been released before I notified the record keeper or the Board in writing of my change of mind. I understand that my decision to revoke this authorization may impair the Board's ability to investigate a complaint and to pursue disciplinary action against a licensee and that my complaint may be dismissed.

Purpose of Authorization: I understand the Board of Dental Practice issues licenses to dentists, dental hygienists, denturists, and dental radiographers to practice in the State of Maine. I also understand that the Board investigates complaints or reports regarding licensed dentists, dental hygienists, denturists, and dental radiographers to determine whether or not disciplinary action is needed to protect patients and the public interest. I understand that the information I am providing through this authorization will be used solely in connection with the pending investigation of a complaint or report against a licensee and any subsequent disciplinary proceedings.

Redisclosure: I also understand that the information used and disclosed in accordance with this authorization may be subject to redisclosure by the Board of Dental Practice as described above and may no longer be protected by the federal privacy rule. For example, the Board may disclose these records/information to the licensee, his or her attorney or a consultant hired by the Board or the licensee. However, I also understand that all individually identifiable health records/information provided to the Board of Dental Practice pursuant to this authorization shall be considered confidential under Maine state law and shall not be used by the Board for any purpose other than that described above without my express written authorization, unless allowed by law.

Copy of Authorization: I acknowledge that I have received or retained a signed copy of this authorization. I agree that this authorization is as valid whether in the original, a photocopy, a facsimile, or in electronic form.

DATE of Signature _____

SIGNATURE of Individual or authorized representative* _____

DATE OF BIRTH of Individual _____

PRINTED NAME _____

Relationship to individual* _____

*If you are signing on behalf of the individual, please state your relationship to the individual on the line above and attach a copy of the order or document that authorizes you to sign.