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# QCDS Bulletin

PUBLISHED BY AND FOR THE DENTISTS OF QUEENS COUNTY

Volume 66 Number 5

September/October 2025

## World's Fair of Dentistry Expected to Draw Big Crowds for Presentations and Exhibits

By Marc Katz

All is in place for the biggest event on the Queens County Dental Society calendar, the annual World's Fair of Dentistry, to be held Saturday and Sunday, September 13-14, at the Terrace on the Park, Flushing.

Expected to draw many hundreds in the dental community, the World's Fair is a two-day education weekend featuring scores of exhibitors, informative presentations by prominent speakers, a wide range of raffle prizes, and an opportunity to meet and socialize with fellow dental professionals.

The gathering is scheduled from 8 a.m. to 5 p.m. both days. Registration is still going on. It allows for attendees to enroll for either Saturday or Sunday meetings, or both. There are discounted rates for ADA members. Registration can be made for the programs at the special World's Fair of Dentistry website [www.TheWorldsFairOfDentistry.com](http://www.TheWorldsFairOfDentistry.com) or by

calling QCDS at 718-454-1020.

Among the many topics to be covered by an array of speakers are Digital Workflow in Implant Dentistry and Same-Day 3D Printing, Immediate Implant Placement Made Easy, Endodontic Technology and Trends, Safeguarding Wealth Asset Protection and Tax Strategies, Transition Planning for Dental Practice Success, Managing Patient Expectations, and Management of Odontogenic Infections of the Head and Neck.

QCDS Executive Director Dr. Chad Gehani said that "World's Fair attendance has grown significantly every year recently because of the improved quality of the speakers. We pay close attention to securing great speakers and the dental community has responded positively."

Co-chairing the World's Fair planning are QCDS Past Presidents Drs. Pratix Shroff, Doron Kalman, Mitch Greenberg and Jay Ledner.

## QCDS Past President Dr. Prabha Krishnan Completes Term as NYSDA's 143rd President



Dr. Prabha Krishnan, upon becoming New York State Dental Association president last year.

By Marc Katz

Queens County Dental Society Past President Dr. Prabha Krishnan has just completed a highly successful term as the 143rd president of the New York State Dental Association.

"We, as an organization, should strive not just to remain relevant, but to grow and succeed," she said in a report to the membership at the conclusion of her term. "We must empower and engage all dentists, both members and non-members alike."

Dr. Krishnan's stated goals were to collaborate with all stakeholders in the dental community, encourage a leadership development program, make all NYSDA members feel welcome, and strive to better the health of all in the dental community mentally, emotionally and physically.

As president-elect, she traveled throughout the state, heard the needs

of many, and worked to implement what was wanted. Dr. Krishnan said she sought to improve access to care for the public so all in New York State can realize the benefits of proper oral health, as well as for the betterment of the profession.

"It seems like it was just yesterday when I gave my acceptance speech and stated my goals of collaboration, advocacy, leadership development, and wellness," she said. "As I reflect on those priorities now, I am proud of the progress we've made and the foundation we've built for the future."

In her report concluding her term, Dr. Krishnan said: "We have initiated important discussions with the New York State Education Department on topics related to dental training and licensure. These discussions, which included our spring leadership meetings,

—Continued on page 10



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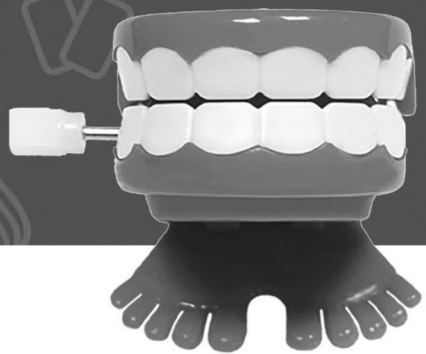
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The *Bulletin* is published six times a year, bimonthly. It is the official publication of the Queens County Dental Society. Neither the Society nor the *Bulletin* assumes responsibility for the points of view or opinions of its contributors.

Deadlines for manuscripts is six weeks prior to the date of publication. For example, the deadline for March/April issue is January 10th. All Submissions must be typed as a word document and emailed to QCDSBulletin@gmail.com.

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Subscription is included in the annual membership dues of the Queens County Dental Society. The Subscription rate for non-members is \$30 per year, or \$5 per issue.

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## From the President

[reddydentalpc@gmail.com](mailto:reddydentalpc@gmail.com)



## Shaping the Future of Dentistry in Queens

By Dr. Savitha Reddy

As summer draws to a close and we welcome the energy of the fall season, I'd like to extend a warm welcome back to each of you. I hope your summer months were filled with well-deserved rest, family time and opportunities to recharge. Now, as we turn the page into September, it's time to come together once again as a professional community—but stronger, more connected and ready to take on new challenges.

We are proud to host the World's Fair of Dentistry on Saturday and Sunday, September 13 and 14, and I encourage every one of our members to attend. This year's theme, "Innovation, Inclusion and Impact," reflects the transformative nature of dentistry today and our shared responsibility to stay informed, inclusive and proactive in the care we provide. This two-day experience will bring together a wide cross-section of the dental profession—clinicians, students, educators and innovators—all under one roof.

In addition to the World's Fair, we have a full and engag-

ing calendar ahead this fall:

- Monthly General Membership Meetings with relevant CE content and guest speakers.

- New Mentorship and Peer Networking Programs, helping to bridge the gap between early-career and experienced dentists.

- Continued involvement in legislative advocacy, ensuring the voices of Queens dentists are heard at the state and national levels.

The strength of QCDS lies in our collective involvement. Whether you attend one CE course, volunteer at an outreach event, or contribute ideas at a committee meeting, your engagement matters. It strengthens our society and helps shape the future of dentistry in Queens.

Thank you for your continued trust and dedication to our community. It is truly an honor to serve as your president, and I look forward to seeing you at the World's Fair of Dentistry and throughout the year as we grow together.

*The strength of QCDS  
lies in our collective  
involvement...  
your engagement  
matters.*

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# SAMPLE BALLOT

*In accordance with the QCDS Bylaws, the Nominating Committee met and considered all nominations that were received. The following are the Committee recommendations for 2026:*

**President:** Chiran Reddy (per QCDS Bylaws, automatically assumes the office)

**President Elect:** Tinnysha Chopra

**Vice-President:** Committee makes no recommendations, 20 write-in ballots are required.

**Secretary:** Chad Gehani

**Treasurer:** Mitchell Greenberg

## ADA Delegates (Vote for 2)

Prabha Krishnan    Rekha Gehani

## ADA Alternate Delegates (Vote for 2)

Chiran Reddy    Pratix Shroff

## NYSDA Delegates (Vote for 7)

Arthur Feigenbaum    Hanette Gomez    Savitha Reddy    Pratix Shroff  
Rekha Gehani    Prabhakar Koppikar    Robert Shpuntoff

## NYSDA Alternate Delegates (Vote for 3)

Tinnysha Chopra    Chad Gehani    Savitha Reddy    A. Santana

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## Committee:

Bijan Anvar    Arthur Feigenbaum    Stu Kestner  
Deepak Bhagat    Alan Queen

## Non Dentist Member:

Amanda Kahana  
Lyudmila Normatova

In accordance with our Bylaws, any additional nominees for an elective office may only be made by written petition signed by twenty members in good standing and received by the Executive Director not later than ten days after the September 30th general membership meeting at which the report of the Nominating Committee is presented. No additional nominations, including nominations from the floor, shall be accepted for elective offices to be filled by a vote of the General Membership unless otherwise specifically provided in these Bylaws. Voting shall take place at the November 4th General Membership meeting.

## ADA Report

dowdb@ada.org



# The Finances of the ADA

*By Dr. Brendan Dowd, ADA Trustee, Second District*

I will continue to serve the Second District as your trustee until the annual meeting next year in Indianapolis. Congratulations to my colleague, Dr. Payam Goudarzi, on his selection as the next trustee for New York State. As I have mentioned before, it has been an honor and a privilege to serve the profession at the American Dental Association.

You recently received several correspondences from the ADA about our current finances. Suffice it to say, adjustments were needed to this year's budget. With the leadership from our Finance Committee, the Board of Trustees approved an approximately \$20 million reduction from the 2025 budget. There were some very difficult decisions made with eliminating and pausing specific ADA programs and laying off several hard-working employees. The Board of Trustees knows this is a difficult time, especially for the people who worked or volunteered with these programs. Included in these reductions were daily travel stipends for Board members as well as the elimination of spouse travel stipends. We also added the chair and vice-chair of the Strategic Forecasting Committee as consultants to the Finance Committee. We appreciate your support, understanding and patience during this time. Unfortunately, there is still a deficit as we plan for the 2026 year. The Board began the process of putting the 2026 budget together at the end of August at our meeting in Chicago. We will continue to keep members apprised of our financial situation through leadership communications, the ADA Treasurer's Letter, as well as the ADA Reader Leader and the ADA Power of Three Emerging Issues Webinars.

The Fonteva Account Management System, which began in September of 2024, is undergoing a corrective implementation. It was a difficult beginning, and problems were uncovered in late 2024. Since that time, there have been some noted positive results around the country, with a few states coming along at a slower pace. Unfortunately, the New York State Dental Association is part of the latter cohort. The ADA has established a PMO (Project Management Office) to monitor, oversee and measure this project with the help of an outside agency, Crowe LLP. There is also a Steering Committee to oversee the entire project. Our goals include stabilization of 90 percent of the data entries for October renewals, make it seamless for members to pay for events and register for continuing education, as well as fewer errors and reduced support needs. The ADA IT team is working with the NYSDA IT and membership teams to improve the AMS as it pertains to the New York State Dental Association. I would like to thank the staff at NYSDA for their hard work and contributions to this project and helping it become successful.

As many of you heard, a decision was made to make the 2025 SmileCon in Washington, DC the last SmileCon celebration. Unfortunately, the event has lost a substantial amount of money the past several years and the Board of Trustees felt the financial results were not going to change. The House of Delegates will still meet in Indianapolis, Indiana, October 10t-13, 2026 and plans to have the annual scientific session in the same location are in discussion. The ADA is required under the bylaws to have a scientific session every year. The House of Delegates will still take place in Denver, Colorado, from October 29t- November 1, 2027.

The ADA Membership Engagement Model program that is taking place in four states (New Hampshire, New Jersey, New Mexico and Washington) and Washington, D.C., following the accelerated transition to the AMS/CRM (Fonteva/Salesforce), has shown a small improvement in membership numbers. Although it is early in the three-year pilot and we will have more information with the completion of the implementation of the Fonteva Association Accounts Management System, it is a promising sign that the ADA is heading toward the correct value proposition for membership in our Association. At this point, it was decided to pause the addition of other states to the pilot for one year. Results of the pilot from the first year will be available soon.

I would like to take a moment of personal privilege to congratulate our own Dr. James Wanamaker from the Fifth District for his contributions as the New Dentist Committee member of the ADA Board of Trustees. Dr. Wanamaker has represented NYSDA extremely well and should be commended for his leadership and representation of new dentists at the ADA. Organized dentistry is in good hands for many years into the future with leaders such as Dr. Wanamaker.

Please enjoy the rest of 2025 and I am looking forward to a happy and healthy 2026. As always, you can reach me at dowdb@ada.org or on my cell phone, 716-510-3217.

## The Passing of Dr. Hooshang Anvar

*The Queens County Dental Society is saddened to announce the passing of Dr. Hooshang Anvar, father of QCDS Past President Dr. Bijan Anvar.*

The elder Dr. Anvar graduated from dental school in Iran as well as the NYU College of Dentistry. He practiced in Flushing for more than 40 years. He was an ADA, NYSDA and QCDS Life Member and retired from dental practice in 2021. The funeral was held in California.



# Communicating With Dental Patients Who Have Limited Proficiency in the Use of English

*By Elizabeth Ollinick, MLMIC Insurance Company*

In practically every region in this state, dentists care for patients who are culturally and linguistically diverse. Sometimes, these individuals do not speak English as their primary language, or they have a limited ability to read, write, speak, or understand English. Approximately 68 million people in the United States speak a language other than English at home, and of those, 8.2 percent speak English less than very well. Legally, such patients are termed patients with Limited English Proficiency (LEP).

As with any patient, it is important to ensure effective communication so that you can provide appropriate care and avoid undue risk.

Studies show that LEP can significantly impact communication, leading to poor care, outcomes and patient satisfaction. Implementing strategies to address language barriers is critical for ensuring that all individuals receive quality health-care. Addressing language barriers is also required by law.

### Legal Concerns

Title VI of the 1964 Civil Rights Act and Section 1557 of the Affordable Care Act protect the LEP population in federally funded health-related services. These laws require dentists who receive federal financial assistance to take “reasonable steps” to provide LEP patients with meaningful access to their services. There are a number of resources to assist providers in effectively communicating with the LEP population and thereby comply with the law, increase access to care, and avoid patient harm. These resources include the U.S. Department of Health and Human Services, Guidance to Federal Financial Assistance Recipient Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (the “LEP Guidance”), which outlines standards for providing language interpretation and document translation services to LEP individuals. HHS recognizes that there is no one-size-fits-all solution for Title VI compliance with respect to what constitutes "reasonable steps." Instead, the LEP Guidance sets forth four factors covered practices should consider:

- The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee;
- The frequency with which LEP individuals come into contact with the program;
- The nature and importance of the program, activity or service provided by the recipient to its beneficiaries; and
- The resources available to the grantee/recipient and the costs of interpretation/translation services.

Title VI and the LEP Guidance apply only to healthcare providers that receive federal financial assistance. The receipt of federal monies triggers an obligation to comply with the federal requirements for nondiscrimination and Section 1557 of the Affordable Care Act. “Federal financial assistance” is defined as grants, training, use of equipment, donations of surplus property, and other forms of federal assistance. It does not, however, encompass Medicare Part B payments or receipt of payment for furnishing services to Medicaid patients. Providers that only receive payment from federal

sources “by way of insurance or guaranty contracts” are not subject to these federal laws.<sup>6</sup>

The majority of dentists in New York State do not receive “federal financial assistance” as that term is used under Title VI, and hence, they are not subject to all the requirements imposed by the LEP Guidance. This does not mean, however, that dentists are free from the obligation to provide language interpretation services. Under New York law, private dental offices are “places of public accommodation” and subject to the nondiscrimination provisions of the New York State Human Rights Law.

Like Title VI, the Human Rights Law prohibits discrimination based upon race, creed, color, national origin, sexual orientation, military status, sex, disability, or marital status. The highest court in New York, the New York Court of Appeals, has affirmed the position that private dental offices are “places of public accommodation” within the definition set forth in the Human Rights Law and are subject to its provisions. Based on this determination, it is unlawful for a private dental office to refuse to make reasonable modifications in its policies, practices, and procedures that are necessary to afford LEP persons access to its services. Hence, language interpretation and document translation for LEP patients must be provided.

### Clinical Concerns

Communication is essential in the dentist-patient relationship. Without effective communication, you cannot obtain an accurate health history from your patient, potentially leading to errors in important medications or health conditions. Misunderstandings about diagnoses, treatment plans, and medication instructions can lead to incorrect treatment and worse health outcomes.

Moreover, a language barrier may prevent you from obtaining the patient’s informed consent to the treatment plan you present. Lack of informed consent is a common theory alleged in dental malpractice cases. New York Public Health Law 2805-d defines lack of informed consent as the failure of the dentist to disclose to the patient alternative methods of treatment and their reasonably foreseeable risks and benefits in a manner permitting the patient to make a knowledgeable and informed decision whether to consent to the treatment. Patients must understand the information presented well enough to assess their choices and make an informed decision. Patients who have limited English proficiency and have no language assistance cannot give informed consent to treatment plans, which exposing you to malpractice liability.

### Identifying LEP Patients

The best way to determine if you have an LEP patient in your practice is to simply ask. Various federal and state agencies, including HHS, have online resources such as “I speak” cards. Questions such as “What is your preferred language?” or “Do you require any assistance in communicating with our providers?” should be asked when the patient calls for an initial appointment. This will avoid unexpected surprises at the patient’s visit. Other clues that

the patient has limited English proficiency may be nonverbal. If a patient does not speak much, simply nods, or does not respond to questions, it may be a signal that they do not understand the conversation. This should prompt you to ask them to repeat what you have said so that you can be sure they understood the encounter.

### Providing Assistance

Once you become aware that a patient requires language assistance, you must decide how best to meet that patient’s needs. A qualified language interpreter must be provided, and recipients of federal financial assistance may be required to provide translation of written materials as specified by law. According to HHS, “A qualified interpreter is an individual who is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any specialized vocabulary required by the circumstances.”

Qualified interpreters may be dedicated staff members, contracted interpreters, or telephonic and video-remote interpreters. Patients may also bring a family member or friend to interpret, but providers should be cautious about permitting this. On May 6, 2024, the Office of Civil Rights published a final rule updating regulations for implementing Section 1557 of the Affordable Care Act, which are applicable to recipients of federal funding. Under Section 1557, a patient’s child or any accompanying minor or adult cannot be relied on as a medical interpreter, except in the case of a medical emergency or if the patient specifically requests the adult family member or friend be present. In addition, a bilingual staff member may be used only if the staff member is formally trained and oral interpretation is included in that person’s job description and duties.

Regardless of federal funding status, providers should be cautious about using friends or family members as interpreters. There may be sensitive issues regarding privacy (e.g., mental health conditions), cultural beliefs and practices, and conflicts of interest, such as domestic abuse or undue influence. Further, a layperson may not be familiar with the specific language and terminology used in healthcare, potentially leading to misinterpretations. He or she may not be able to adequately translate complicated treatment conditions, options and instructions. Indeed, any time you use an oral interpreter, you must ensure that the interpreter is fluent in clinical terminology as well as payment and insurance terms so that they are able to fully explain such matters to the patient.

If at any time you sense that relying upon a friend or family member is not appropriate, you should reiterate the importance of utilizing a trained interpreter. Of course, patients still have the right to refuse a qualified interpreter and have a family member or friend interpret, but it is prudent to explain the potential risks of using an untrained interpreter, and the patient’s refusal should be documented.

Interpreters must be provided free of charge. If you require the services of an interpreter, there are resources in your local community. Trained medical interpreters can be accessed by contacting local healthcare organizations, such as

hospitals, which are likely covered by the stricter LEP requirements of federal law. Local colleges, cultural or social service organizations, or the court system are other possible sources for locating interpreters. Oral interpretation may also be provided by a telephone interpretation service. There are a number of national companies that offer telephonic interpretation 24-hours a day, seven days a week. Such services have the advantage of offering trained interpreters who speak a great number of languages and dialects. This type of service may be a cost-effective and timely option for language interpretation. It is especially effective for routine or noncritical patient encounters. Utilizing this type of service may be as simple as placing a call through a good-quality speakerphone. Telephonic interpretation may also be particularly attractive to practices that have a diverse, multilingual patient population.

You cannot pass on the cost of providing interpretation or translation services to your patients. It is your obligation to provide access to your services for LEP patients at no cost to the patient. Under the Human Rights Law, you can only be excused from your obligation if you are able to establish that it imposes an “undue burden” upon you. Under New York law, “undue burden” has a specific definition, and the difficulty or expense to you is measured by certain criteria. The cost of providing an interpreter in relation to your professional fee is not enough to establish an “undue burden.” Rather, “undue burden” is measured according to the overall financial resources of all your practice locations, as well as any parent corporation or entity.

When you look at the financial health of your dental practice as an entire entity, it may be extremely difficult to prove that you are subjected to an “undue burden” by providing language interpreters.

### Documentation

Documentation of the patient’s LEP status and the assistance you provided is extremely important. You should conspicuously note in the dental record if the patient is LEP, as well as their primary language.

You should also document the type of interpretation service you have provided to the patient. If the patient refuses interpretation services or declines to utilize an independent interpreter, it is highly recommended that you document your offer and the patient’s refusal. When an interpreter is used, you should record their name, as well as the name of any outside company, and the method of translation (telephonic, in-person, or telehealth service).

With the emergence of mobile technologies, patients may refuse oral interpretation and choose to use machine translation applications. As many of these applications have not been developed or evaluated for reliability in the healthcare setting, these technologies present a risk of harm due to mistranslation. A patient’s preference for machine translation over a qualified interpreter should be documented and considered as a refusal to accept a qualified interpreter.

—Continued on page 12



# QCDS Past President Dr. Prabha Krishnan Completes Term as NYSDA's 143rd President

Continued from page 1  
represent a growing dialogue with the Department, and we look forward to continuing this collaboration...

"In 2025, we modified our advocacy strategy by moving from one large-scale event to a series of smaller, more focused legislative engagements. I had the opportunity to attend all three of our in-person lobby days, which allowed for meaningful conversations with legislators on a range of issues affecting dentistry, including workforce shortages and insurance reform, to name a few."

In March, NYSDA leadership participated in the ADA advocacy efforts, which were focused on the Dental and Optometric Care Access Act and the REDI Act to help medical and dental residents qualify for an interest-free deferment on their federal student loans until after their residency is completed.

As part of leadership development, this year NYSDA was fortunate to participate in the Dale Carnegie Leadership Development Program through the ADA. NYSDA was able to enroll approximately one dozen emerging leaders into this online program. "We believe this investment in leadership development will yield long-term benefits for our organization," Dr. Krishnan said.

During her term, she also worked to strengthen ties with leaders from neighboring associations, including New Jersey, Pennsylvania and Connecticut, by attending their annual meetings.

This year also marked the launch of NYSDA's Member EAP Wellness Program. "I cannot stress enough the importance of self-care to be able to provide quality care for our patients," Dr. Krishnan said. "While awareness of this resource is still growing, we have promoted it through multiple email campaigns and online posts. I encourage all leaders to explore the wellness services available—both for yourselves and for your families."

Summing her leadership year, she said, "I made it a priority to remain fully engaged across all levels of our organization. I attended NYSDA Board and Council meetings, participated in diversity and Inclusion events, and actively collaborated with members at various component installation ceremonies. These moments were not only opportunities to represent NYSDA but also to listen, learn, and strengthen relationships within our vibrant dental community."

Concluding her report, Dr. Krishnan said: "Let's continue to act with vision, compassion and courage—as we shape the future of dentistry together."

# Forgetting an Umbrella: A Market Briefing

By Peter Klein, CFA®, CRPS®, CAP®, CSRIC®  
Editor's Note: The following article is part of a QCDS Bulletin installment series on retirement planning by financial advisor Peter Klein, a principal of Aline Wealth.

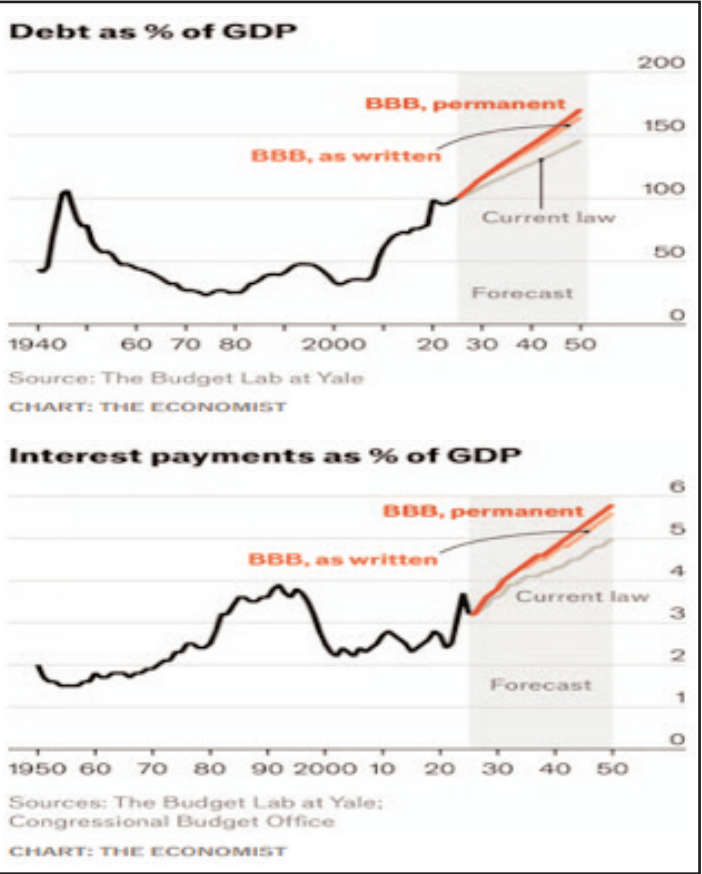
Rain? The skies are blue this summer Sunday morning as we head out for a late brunch and a leisurely stroll. The idea of needing protection never crosses our minds—why would it? Everything looks perfect. But, as many of us know from experience, summer storms can appear out of nowhere, derailing even the best-laid plans.

Setting aside the often-repeated quip about the similarities between weather forecasters and investment professionals, what does this have to do with the current situation investors find themselves in?

The economic outlook appears quite sunny. Consumer activity is strong, the 100 percent expensing provision of the OBBB is in effect, trade tariff deals are progressing, and a clearly more "muscular" administration is in place (though the jury is still out on whether that's a good thing). But channeling our inner Gretzky, we ask: Are storms brewing? Should investors be reaching for the proverbial umbrella?

Here are a few observations worth noting:  
• Since April 8th, when the market bottomed this year, 14 companies in the Russell 3000 Index have more than tripled in value—tripled (!) in less than three months. Of those 14, 10 have no earnings (Source: Bespoke Investment Group, 7/5/2025).  
• Debt is rising—both as a percentage of GDP and in terms of interest payments relative to GDP. Neither trend is ideal.

• The OBBB could further increase an already expanded deficit.  
• Valuations in the U.S. are significantly above their 15-year median. We're also seeing elevated valuations in non-U.S. markets.  
• U.S. markets have led global performance in recent years. However, international markets are showing strength in 2025, suggesting a potential shift in leadership.  
• Speculation has surged in recent weeks, with meme stocks and daily options trading gaining popularity. Charts on U.S. Momentum show a wide divergence from the S&P, and Price-to-Sales ratios are back to Dot-com era levels. On the topic of 10x P/S ratios, it's worth recalling what Scott McNealy, co-founder of Sun Microsystems, said after the Dot-com crash: "At 10-times revenues, to give you a 10-year payback, I have to pay you 100 percent of revenues for 10 straight years in dividends. That assumes I can get that by my shareholders. That assumes I have zero cost of goods sold, which is very hard for a computer company. That assumes zero expenses, which is really hard with 39,000 employees. That assumes I pay no taxes, which is very hard. And that assumes you pay no taxes on your dividends, which is kind of illegal. And that assumes with zero R&D for the next 10 years, I can maintain the current revenue run rate. Now, having done that, would any of you like to buy my stock at \$64? Do you realize how ridiculous those basic assumptions are? You don't need any transparency. You don't need any footnotes. What were you thinking?"  
— Scott McNealy, as quoted in various financial publications reflecting on the Dot-com bubble (originally attributed to a 2002 Business Week interview)



• Dividends and defensive sectors are being overlooked—potentially an opportunity for the patient investor. These charts highlight where the market stands today in terms of defensive sectors (where dividends are typically found) and the potential upside for those willing to wait.

Peter Klein is a financial advisor with ALINE Wealth, a group of investment professionals registered with Hightower Securities, LLC, member FINRA and SIPC, and with Hightower Advisors, LLC, a registered investment advisor with the SEC. Securities are offered through Hightower Securities, LLC; advisory services are offered through Hightower Advisors, LLC. He can be reached at [aline@alinelwealth.com](mailto:aline@alinelwealth.com) or their website, [alinelwealth.com](http://alinelwealth.com).

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## Communicating with Patients

*Continued from page 7*

### Privacy Concerns

You do not need a patient's written authorization to disclose health information to an interpreter if the interpreter is a member of your workforce. If you are a covered entity under HIPAA, such disclosures are permissible under the exception for "treatment, payment and health care operations." If the patient has brought a friend or family member to interpret, you should document that fact, and you may infer the patient's agreement to the disclosure of their health information. If you are utilizing the services of an outside interpretation service (in-person or telephonic), then disclosure

The LEP population is growing and becoming more diverse. Knowing in advance what your legal obligations are will assist you in planning for effective communication with your LEP patients. Locating and contracting interpretation services, translating vital documents and signage, and utilizing qualified bilingual staff are all effective strategies for effective communication with your LEP patients.

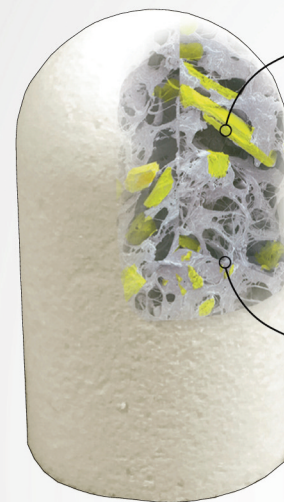
*Elizabeth Ollinick is an attorney with the Legal Department of MLMIC Insurance Company. She can be reached at: eollinick@mlmic.com. This article was reprinted with the permission of MLMIC.*

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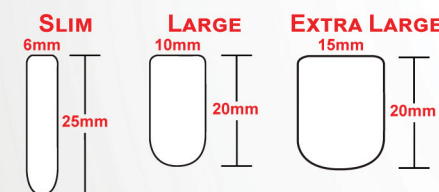
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1. Spivak, J Biomed. Mater Research, 1990; 2. Ricci, J Oral Maxillofacial Surgery, 1992; 3. Valen, J Oral Implantology, 2002.

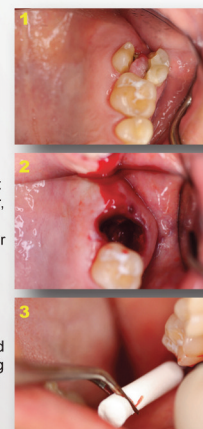
### Clinical Case Example

Clinical images courtesy of German Murias DDS, ABOI/ID

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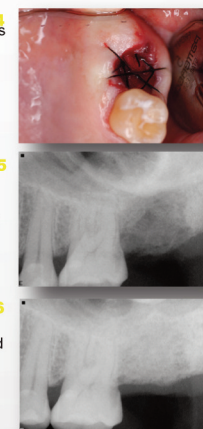
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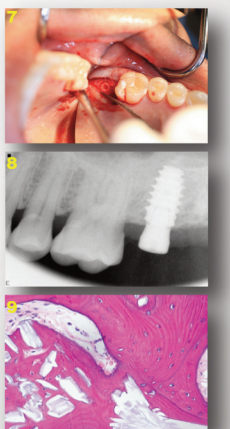
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