

Anti-Discrimination and Accommodation Policy

GENERAL STATEMENT OF PURPOSE:

ProHealth Dental complies with applicable federal, state and local anti-discrimination laws, rules, and regulations and does not discriminate against any recipient of services on the basis of disability, race, creed, color, religion, sex, sexual orientation, gender identity or expression, national origin, citizenship or immigration status, age, marital status, status as a victim of domestic violence, military or veteran status, or any other status protected by applicable law (each a “Protected Class”). ProHealth Dental complies specifically with the Americans with Disabilities Act, as amended (the “ADA”) and applicable state and local laws, rules and regulations that provide for nondiscrimination against qualified individuals with disabilities.

Policy:

ProHealth Dental is committed to assuring all patients and prospective patients are treated respectfully and are not discriminated against for being a part of a Protected Class. Treatment decisions, treatment access, and other actions affecting patients and prospective patients are made without considering a person’s Protected Class. Every ProHealth Dental staff member is responsible for carrying out this commitment and maintaining these standards at ProHealth Dental.

ProHealth Dental has developed procedures to ensure that individuals with disabilities and other protected classes as required by law are provided with reasonable accommodations to allow such individuals to take advantage of the services provided by ProHealth Dental. In accordance with applicable law, ProHealth Dental will make reasonable accommodations for the known physical or mental disabilities of patients and prospective patients to enable them to enjoy the same access to dental care as provided to other members of the public. ProHealth Dental will not deny access to, or the provision of, professional dental services based upon an individual having a disability.

Procedure:

1. All ProHealth Dental staff must memorialize and document in writing all requests for reasonable accommodation made by a prospective patient or patients of the practice. All ProHealth Dental staff are required to notify their supervisors in writing (i.e. by email), who shall notify the Compliance Officer in writing (i.e. by email), in the event a prospective or actual patient request for an accommodation, whether such accommodation is made on the phone, in writing, or in-person. All requests shall be brought to the Compliance Officer for review and response and the Compliance Officer shall maintain a log of all such requests for accommodation.

2. In the event a prospective or actual patient makes a request for accommodation ProHealth Dental staff must collect the name and contact information of the requestor and notify them that someone will be reaching out to them to discuss their request. Additionally, if a prospective or actual patient has a general question regarding the accommodation policies of the practice or other general question regarding accommodation, and the ProHealth Dental staff member is unsure whether the question is a request for accommodation, the ProHealth Dental staff member must document the conversation and question, collect the patient’s contact information, and escalate the matter to their supervisor in writing (i.e. by email).

3. Requests for accommodation may be made in varying ways: in writing, in person, or on the phone, and the request may be made very informally. Requests for accommodation are not always in the form of an official written request made by a patient. A request for an accommodation may mean a request for a modification or change to policies and procedures, request for effective communication, and/or request of accessible facilities and equipment to allow equal access to ProHealth Dental services by people with disabilities.

4. Upon receiving notice of a request for reasonable accommodation, the Compliance Officer will contact the requestor within ten (10) days to acknowledge their request and reiterate ProHealth Dental's intent to evaluate the request. ProHealth Dental shall communicate with the patient or prospective patient pursuant to a collaborative process through cooperative dialogue to engage, in good faith, addressing the person's accommodation needs, potential accommodations, the difficulties that the potential accommodations may pose for ProHealth Dental and may include potential alternative accommodations. It is ProHealth Dental's expectation that patients and prospective patients cooperate in the collaborative process to determine reasonable accommodations that would resolve any hinderance in obtaining the services of ProHealth Dental. The Compliance Officer shall assess on a case-by-case basis whether any specific accommodation request is reasonable and whether they would place an undue burden on ProHealth Dental. When applicable, ProHealth Dental will obtain estimates of the cost to provide the requested accommodation.

5. Reasonable accommodation(s) can take many forms to allow a qualified disabled person to access the professional dental services of ProHealth Dental. The Compliance Officer will consult with the individual to identify appropriate reasonable accommodation(s). Additional sources of information and other resources will be used when appropriate. ProHealth Dental has the discretion to decide what accommodation(s), if any, is reasonable for each individual and for its operations. ProHealth Dental will utilize a flexible approach and work with the individual to determine the possible reasonable accommodations. Where more than one possible reasonable accommodation exists, ProHealth Dental will give consideration for the individual's preference, while also using discretion to choose among various appropriate reasonable accommodations that will enable the patient to access ProHealth Dental's dental services. ProHealth Dental may consider factors, such as relative ease in providing a particular accommodation as compared to others, expenses associated with each accommodation, the impact of a proposed accommodation may have on the other persons and the overall reasonableness of the accommodation. If there are two or more possible reasonable accommodations and one is less costly or burdensome, ProHealth Dental may choose the less expensive or less burdensome accommodation.

6. ProHealth Dental is not required to grant a request for an accommodation that would result in undue hardship to ProHealth Dental. A determination of undue hardship will be based on an individualized assessment of the circumstances at the time of the accommodation request and the review of the request. An undue hardship includes any accommodation that would be unduly costly, extensive, substantial, or disruptive or that fundamentally alter the nature or operation of ProHealth Dental's business. If a particular accommodation imposes an undue hardship, ProHealth Dental will consider whether an alternative accommodation is available that does not impose an undue hardship. The determination of undue hardship may be based on several factors, including without limitation: (i) the nature and cost of the accommodation, (ii) the overall financial resources and size of the organization (including the effect on expenses and resources or the impact on the organization), (iii) the type of operation of ProHealth Dental, including composition, structure, functions, geographic separateness, and fiscal relationship of the facilities in question of ProHealth Dental, (iv) identifiable cost of the accommodation, (v) number of individuals who will need the particular accommodation, and (vi) the degree to which the geographic separateness of each office location will make the accommodation more difficult or expensive.

7. ProHealth Dental will respond in a timely fashion and will make reasonable efforts to respond and resolve all requests for reasonable accommodation within thirty (30) days from the date of the initial request. A grant, denial or modification of a reasonable accommodation request will be made by the Compliance Officer in writing to the individual within five (5) days of determination of the decision, either explaining the approved accommodation that will be provided, or the reason the request was denied. The attached forms may be used to document internally the decision granting or denying an individual's reasonable accommodation request. If the attached form is not used, the Compliance Officer must nonetheless document the request and decision-making and maintain such record internally in accordance with ProHealth Dental's document retention policies. A letter briefly explaining the outcome must be sent to the individual within five (5) days of determination of the decision. Applicable staff members will be notified regarding necessary accommodations that are granted. Individuals will be notified in writing regarding their right to appeal an adverse determination with the Chief Executive Officer of ProHealth Dental within thirty (30) days of the date of the decision. ProHealth Dental's Chief Executive Officer will thereafter issue a final written determination on the appeal. A written record of the appeal will be maintained by the Compliance Officer along with the decision of the Chief Executive Officer.

8. To the extent the Compliance Officer approves a reasonable accommodation, ProHealth Dental will provide those individuals with disabilities with such aides and accommodations- at no cost to the individual- to support the individual's access to high quality dental care.

9. ProHealth Dental will periodically inform its staff of this Anti-Discrimination and Accommodation Policy, which may include distributing a copy of the policies and procedures to all staff annually via email; referring to the policy on an annual basis in correspondence with staff; or advising staff of where the policy is available. ProHealth Dental will also provide training and education to all ProHealth Dental staff members to be incorporated as part of orientation and to be provided annually thereafter. Evidence of such training will be maintained by Human Resources.

10. ProHealth Dental will post a notice in all patient-facing office locations notifying patients of ProHealth Dental's Anti-Discrimination and Accommodation Policy and providing the contact information for the Compliance Officer in order to request a reasonable accommodation. Such notice will also be posted on ProHealth Dental's website.

11. ProHealth Dental will keep confidential all medical information pertaining to the request for reasonable accommodation in accordance with ProHealth Dental's HIPAA policies and procedures. ProHealth Dental will maintain all documentation and records pertaining to a request for reasonable accommodation for a period of at least six (6) years, or as otherwise required in accordance with ProHealth Dental's record retention policies.

12. If an individual is not directed to the Compliance Officer in response to a request for accommodation and believes that ProHealth Dental has failed to provide services to assist with disabilities or feels they have been discriminated against on another protected basis, he or she can file a direct complaint and/or grievance with the Compliance Officer. The complaint/grievance may be filed in person or via mail, phone, or email: Gina Schroeter 516-654-4400 x 1650; 3333 New Hyde Park Road, Suite 310, New Hyde Park, NY 11042; gschroeter@phdental.com. If an individual needs help filing a complaint/grievance, the Compliance Officer is available to assist.

13. The Compliance Officer will document all requests for accommodation, all responses from ProHealth Dental, and internal decision-making and reasons for those decisions. The Compliance Officer will make a record of all exchanges with patients and prospective patients regarding a request for an accommodation. If needed to analyze the request, ProHealth Dental may ask the individual to provide reasonable medical documentation sufficient to describe the nature, severity, and duration of the impairment, limitations posed in receiving care, and specific accommodations sought, if any, and the need for the accommodations sought. ProHealth Dental will not require a specific type or form of documentation, and the term 'medical documentation' will be considered broadly. If documentation is deemed insufficient, the individual should be given an opportunity to have their medical provider submit additional documentation.

14. The Compliance Officer will also document all discrimination complaints in writing, including the specific details of the perceived discrimination, the date(s) of the action(s), the names of the people involved, and names of any witnesses. All discrimination complaints will be promptly investigated by the Compliance Officer. The Compliance Officer will take any action it deems appropriate following the investigation, which may include disciplinary action against those employees that violate this Anti-Discrimination and Accommodation Policy.

15. The Compliance Officer shall investigate all complaints of discrimination and may utilize internal and external resources with knowledge of the applicable laws, rules and/or regulations. When appropriate, the Compliance Officer will involve legal counsel to conduct an inquiry. All staff involved in an investigation shall follow the direction of the Compliance Officer and shall be required to submit relevant evidence, notes, and other documentation or reports to the Compliance Officer. Cooperation is expected from all staff related to an investigation. The objective of an inquiry shall be to determine whether, first, a compliance issue exists or if there has been a violation of the Anti-Discrimination and Accommodation Policy or applicable laws, rules, and regulations. The Compliance Officer will identify individuals who may have knowledge of the facts surrounding the reported conduct and/or who were involved in the conduct which led to the report. Investigative techniques shall be implemented to facilitate the correction of any practices not in compliance with applicable laws, rules, and regulations and to promote, where necessary, the development and implementation of policies and procedures to ensure future compliance. The Compliance Officer will determine the root cause of any noncompliance so that appropriate corrective action can be instituted.

16. Individuals may file a discrimination complaint with the New York State Division of Human Rights, online at <https://forms.ny.gov/s3/nysdhrcomplaint>, or send fill out the complaint form found at: <https://dhr.ny.gov/system/files/documents/2022/04/nysdhr-public-accommodations-complaint-form.pdf> and return by email to complaints@dhr.ny.gov. Individuals have the right to file a civil rights complaint with the U.S. Department of Health and Human Services' Office for Civil Rights (OCR) electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

17. ProHealth Dental does not tolerate retaliation against anyone that files a good faith complaint and will not condone retaliation by management, employees, or other workers. All employees have a duty to report retaliation and such reports may be made anonymously to the Compliance Officer. All reports of suspected retaliation should be made to the Compliance Officer by telephone at 516-654-4400 x 1650 by mail at 3333 New Hyde Park Road, Suite 310, New Hyde Park, NY 11042, or by email at gschroeter@phdental.com.

18. In the event a ProHealth Dental staff member is found to have violated this Anti-Discrimination and Accommodation Policy, ProHealth Dental will consider the facts on a case-by-case basis to determine the appropriate sanction. Disciplinary or corrective actions for violations will be fairly and firmly enforced and will be administered in an appropriate and consistent manner. Disciplinary and/or corrective action may include, without limitation, one or more of the following: (i) verbal counseling, (ii) issuing an oral or written warning, (iii) entering into and monitoring a corrective action plan, (iv) probation for a specified period, (v) suspension for a specified period, (vi) modification of assigned duties, or (vii) termination. All complaints, findings and disciplinary actions will be documented and included as part of the staff member’s human resources file.

Revision History	
Adoption Date	August 2023
Review Dates	
Date of Last Review	
Date of Last Revision	
Person Responsible for Revisions	



Reasonable Accommodation Request Form

Date: _____

Name: _____

Phone: _____ Email: _____

Home Address: _____

ProHealth Dental Provider Name: _____

ProHealth Dental Office Location: _____

Describe the nature, extent, and duration of your disability:

Describe the accommodations you believe are needed to enable you to take advantage of the services provided by ProHealth Dental:

Provide the name, address, telephone and fax numbers of your health care provider. The provider may receive a request from us for information regarding your impairment/disability and recommendations for accommodations.

Attach any supporting documentation that may be helpful in evaluating this request for accommodation.

I authorize the release of information regarding my disability to ProHealth Dental in connection with my treatment, and as deemed necessary to facilitate this request for accommodation.

I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information, and belief.

Signature: _____

Print Name: _____

Date: _____

Reasonable Accommodation Request Record of Steps and Outcome

Date: _____

Name: _____

Phone: _____ Email: _____

Home Address: _____

ProHealth Dental Provider Name: _____

ProHealth Office Location: _____

Method of Filing: In person Phone Mail Email

Documentation of Steps Taken to Consider Request

Date:	Comments:

Resolution

<input type="checkbox"/> Granted Date Granted: Deciding Official:	Type of accommodation granted: <input type="checkbox"/> As requested <input type="checkbox"/> Different from what was requested Please provide specifics (attach additional sheets as needed):
<input type="checkbox"/> Denied Date Denied: Deciding Official:	Reason for Denial:
Date of letter granting or denying request:	

Signature: _____ **Date:** _____



ProHEALTH Dental Management, LLC

3333 New Hyde Park Road Suite 310, New Hyde Park, 11042 • 516-654-4400 • phdental.com