



Dental Regulatory Compliance Checklist: State & Federal Guidelines

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HIPAA Compliance

Ensuring patient privacy and data security according to HIPAA regulations.

Do you have a designated HIPAA Compliance Officer?

☐ Yes

☐ No

Describe your Business Associate Agreements (BAAs) process.

Write something...



Are all staff members trained on HIPAA regulations annually?

- ☐ Yes
- ☐ No

Last HIPAA training date.

Enter date...

Describe your procedures for handling patient data breaches.

Write something...

Are patient portals secured with multi-factor authentication?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Upload a copy of your HIPAA Privacy Notice.

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OSHA Compliance

Maintaining a safe work environment and adhering to OSHA standards for infection control and workplace safety.

Last eyewash station inspection date

Last sharps container replacement

Type of PPE readily available (e.g., gloves, masks, gowns)

- ☐ Gloves
- ☐ Masks
- ☐ Gowns
- ☐ Face Shields

Hazard Communication Plan components reviewed?

- ☐ Chemical Inventory
- ☐ SDS Availability
- ☐ Employee Training

Respiratory Protection Program in place?

- ☐ Yes
- ☐ No

Summary of recent OSHA training topics

Write something...

Date of last hazard assessment

Enter date...

State Dental Board Regulations

Compliance with specific rules and requirements set by the state dental board regarding licensing, practice standards, and continuing education.

Last License Renewal Date

Enter date...

Continuing Education Credits Earned (Current Reporting Period)

Enter a number...

Current License Status

- ☐ Active
- ☐ Inactive
- ☐ Suspended
- ☐ Expired

Date of Last Board Audit (if applicable)

Enter date...

Summary of any Disciplinary Actions (if applicable)

Write something...

Supervision Type (for Dental Hygienists/Assistants, if applicable)

- ☐ Direct Supervision
- ☐ General Supervision
- ☐ No Supervision Required

Number of Registered Dentists in Practice (if group practice)

Enter a number...

DEA Compliance (if applicable)

Adherence to Drug Enforcement Administration regulations for controlled substances, including proper storage, inventory, and dispensing.

DEA Registration Status?

- ☐ Active
- ☐ Inactive
- ☐ Pending

Registration Number

Enter a number...

Registration Expiration Date

Enter date...

Summary of Controlled Substances on Hand (as of last inventory)

Write something...

Inventory Count - Morphine (mg)

Enter a number...

Inventory Count - Hydrocodone (mg)

Enter a number...

Secure Storage Method?

- ☐ Safe
- ☐ Vault
- ☐ Double-Locked Cabinet

Date of Last Physical Inventory

Enter date...

Medicare/Medicaid Compliance (if applicable)

Following guidelines for billing and documentation for patients covered by Medicare or Medicaid programs.

Provider Enrollment Status

- ☐ Enrolled
- ☐ Pending
- ☐ Not Enrolled

NPI Number

Enter a number...

Tax Identification Number (TIN)

Enter a number...

Last Medicare/Medicaid Audit Date

Enter date...

Summary of Recent Audit Findings (if applicable)

Write something...

Claims Submission Method

☐ Electronic

☐ Paper

Copy of Current Enrollment Agreement

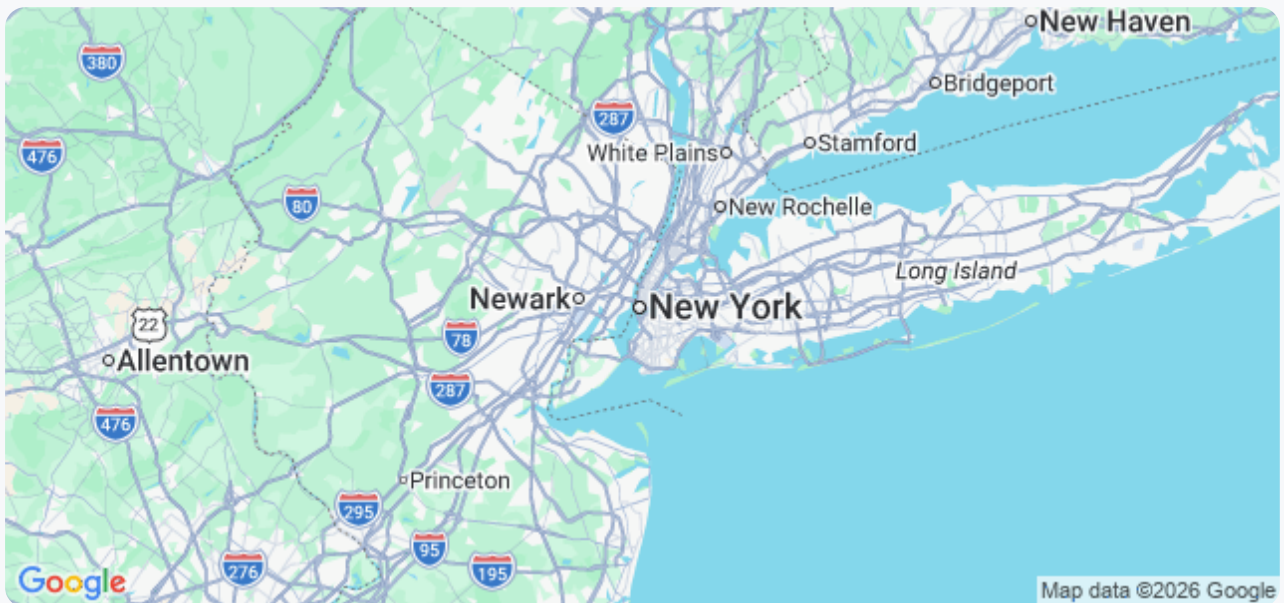
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ADA Standards for Accessibility

Ensuring the dental practice is accessible to individuals with disabilities, complying with ADA requirements for physical access and communication.

Entrance Ramps: Verify presence and slope (max 1:12)

 [Set My Current Location](#)



Doorway Width: Measure clear width (minimum 32 inches)

Enter a number...

Exam Room Door Width: Measure clear width (minimum 32 inches)

Enter a number...

Accessible Parking: Is accessible parking available?

- ☐ Yes
- ☐ No
- ☐ N/A

Accessible Restroom: Is an accessible restroom available?

- ☐ Yes
- ☐ No
- ☐ N/A

Accessible Toilet Height: Record the height of the toilet seat (minimum 17-19 inches)

Write something...

Accessible Sink: Clearance beneath sink (minimum 28 inches)

- ☐ Compliant
- ☐ Not Compliant
- ☐ N/A

Photos of Accessible Areas (Entrance, restroom, exam room)

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Controlled Substance Management

Verification of secure storage, detailed record-keeping, and proper disposal procedures related to controlled substances.

Last Controlled Substance Inventory Date

Starting Quantity of [Substance Name]

Quantity Used/Dispensed During Period

Quantity on Hand at End of Period

Discrepancy Found?

☐ Yes

☐ No

Description of Discrepancy (if applicable)

Write something...

Method of Reconciliation

- ☐ Investigated & Corrected
- ☐ Reported to Authorities
- ☐ Other

Notes/Comments

Write something...

Environmental Regulations

Adherence to local, state, and federal environmental regulations regarding waste disposal, water usage, and emissions.

Water Usage (Gallons/Month)

Enter a number...

Waste Volume (lbs/Month)

Enter a number...

Waste Disposal Method

- ☐ Recycling
- ☐ Incineration
- ☐ Landfill

Last Wastewater Discharge Permit Review Date

Enter date...

Hazardous Materials Stored

- ☐ Mercury
- ☐ X-ray Processing Chemicals
- ☐ Anesthetics
- ☐ Cleaning Solvents

Description of Waste Management Procedures

Write something...

Infection Control Protocols

Regular review and adherence to established infection control protocols including sterilization, disinfection, and personal protective equipment (PPE).

Autoclave Cycle Count

Last Instrument Reprocessing Validation Date

Surface Disinfectant Used

- ☐ Chlorhexidine Gluconate
- ☐ Quaternary Ammonium Compound
- ☐ Hydrogen Peroxide
- ☐ Other (Specify)

PPE Used During Procedures

- ☐ Gloves
- ☐ Mask
- ☐ Eye Protection
- ☐ Gown

Notes on Unusual Issues/Deviations

Write something...

Date of last surface disinfection

Enter date...

Type of Water System

- ☐ City Water
- ☐ Well Water
- ☐ Reverse Osmosis System

Record Keeping & Documentation

Ensuring accurate and complete patient records, adherence to retention policies, and secure storage of sensitive information.

Record Retention Policy Review Date

Enter date...

Number of Years Patient Records Retained (Digital)

Enter a number...

Number of Years Patient Records Retained (Physical)

Enter a number...

Record Storage Method (Digital/Physical)

☐ Digital

☐ Physical

Summary of Record Destruction Procedure

Write something...

HIPAA Business Associate Agreements Current?

☐ Yes

☐ No

Date of Last Audit of Patient Records

Enter date...

Details of any Corrective Actions following Audit

Write something...