

Stark County Medical Society News

Winter 2020

President's Message

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Jason Bertram, M.D.

Patient Advocacy

As our world of healthcare becomes more complex, it is not uncommon for individual patients to see a team of doctors, surgeons, specialists, nurses and therapists as part of their routine care. One of the promises of the Electronic Health Record (EHR) was that it would simplify our lives and make all of this information available to everyone in the healthcare system. The reality of this promise is that, while we are making progress, we are not there yet. Information is frequently not available, incomplete or downright wrong. This leaves patients and families to ask themselves: "How can I help keep track of my own healthcare information?"

Before providing you some tips, I think it is reasonable to ask the question of WHY you would want to keep track of your own information? Isn't this the doctor's job? The nurse? The hospital? While it IS the

responsibility of your caregivers to maintain a chart, there are many different systems in use and most unfortunately still do not share information with each other as we would all hope. Keeping track of your own information not only assists those providers caring for you, it also helps you become a more educated and healthier patient. Knowing what conditions you are being treated for and why you take certain medications will help you understand your health as a whole. With this in mind, let's talk about a few tips you can follow to help keep track of your own health.

- 1. Create a medication list. This is one of the most basic aspects of a medical record and the single most identified error in electronic health records. Making (and maintaining) your own medication list is vital to help prevent errors and confusion. Whether it is on a notecard, a notebook or a piece of paper, this is something you should take to all doctor visits and all trips to the hospital. If changes are made, be sure to update your own list. Most visits will end with you being handed a print out of all your current medications: check it over and let your provider know if you have spotted any errors.
- 2. Create a diagnosis list. This is a mirror of what we discussed in point #1. Make sure you understand what your doctors are treating you for. Have them provide you a list of diagnoses they are treating. Much like with medications, usually your diagnoses are provided on a print out at the end of your visit. Keep track of these and/or keep the sheet that they provided.
- 3. Ask questions. It's true. Doctors, nurses, and pretty much everyone that works in healthcare are very busy people. While this may be true, we should not be too busy to answer your questions about the care we are providing to you. Approach each visit with your questions prepared and be sure to ask them. Sometimes we may explain things in a way that you continued on page 2

We have access to the politicians and the state medical association. Together, we have a voice that will be heard!

Contact us at starkmedical@ameritech.net or call 330-492-3333. We look forward to hearing from you!



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www.starkmedical.org



President's Message continued...

do not understand: do not be afraid to ask for clarification. It's not you: it's us. We speak the language of medicine all day every day and sometimes forget that patients do not. Try your best to understand the care being provided to you.

- 4. If possible, keep a running record of your health history. This often takes the form of a folder or notebook. In addition to keeping track of your diagnoses and medicines, keep a record of appointments, providers, and testing if you have had any. We often find that people will just place all of their printouts in a large folder. This is a very basic and yet still very effective solution. The more information you can provide, the better we can do our jobs.
- 5. Consider enlisting a family member. Two sets of ears are always better than one. If you are comfortable doing so, consider asking a family member to come to appointments and/or tests. Having two sets of ears (or hands to write) can increase your chances of understanding the information.

It is important to remember that the modern era of medicine is becoming one of patient education and understanding. While us in the healthcare field are trying our best to keep patients educated and help empower them to make choices for their own health, the simple tips above will help all of us do our jobs more effectively. One day we may have a system that puts all of your health information in one simple to use place but even if that is to ever come true, there is no substitute to being your own advocate and understanding your own health. And, as above, always remember to ask questions and be sure you are comfortable with the care that you are receiving.



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From The Desk of Carl Foster, M.D.

US PREVENTIVE SERVICES TASK FORCE RECOMMENDATIONS FOR SCREENING FOR ABDOMINAL AORTIC ANEURYSM

In the December 10, 2019 issue of the Journal of the American Medical Association (JAMA) two articles discussed the new USPTF recommendations for screening for Abdominal Aortic Aneurysm (AAA). To review, an aneurysm is defined as an aortic enlargement greater than 3.0 cm or larger. The incidence of which in males greater than 60 years ranges from 1.2% to 3.3%. The reduction noted from the previous estimates, 1.6% to 7.2% has been attributed to the decrease in the prevalence of smoking over time. AAAs may be "ticking time bombs" since most are asymptomatic until they rupture. The risk of rupture is dependent on size and reaches as high as 11% for AAA diameter greater than 5.0 cm with an 81% association with death.

Advanced age, male sex (biologic sex rather gender identification), smoking, and having a first-degree relative with an AAA are all significant risk factors. Prior vascular aneurysms, coronary artery disease, cerebrovascular disease, atherosclerosis, hypercholesterolemia, and hypertension are of lesser significance. Non-whites enjoy a reduction in risk. Risk of rupture increases with advanced age, female sex, smoking, and hypertension. An "ever smoker" has been defined as someone that has smoked 100 or more cigarettes. Not only has smoking been found to be the strongest predictor of the prevalence, growth, and rupture of AAA, but there is a dose-response relationship such that greater smoking exposure increases AAA risk. The risk of AAA is doubled in individuals with a first-degree relative with an AAA. The risk is slightly greater if the first-degree relative is female (odds ratio [OR] 4.32) rather than male (OR, 1.61).

Conventional abdominal ultrasonography is the recommended method for screening for AAA. Ultrasound screening is simple, safe, and non-invasive. It provides both high sensitivity (94% to 100%) and specificity (98% to 100%) and does not risk exposure to radiation. Computed tomography accurately identifies AAAs but, its potential risk associated with radiation exposure makes it an unsuitable screening modality. Physical examination is not recommended for screening owing to its low sensitivity (39% to 68%) and specificity (75%). "Evidence is adequate to support 1-time screening for men who have ever smoked"1

Treatment of AAA is determined by the extent of aneurysm enlargement, rupture risk, and risk of operative mortality. Essentially the larger the size the greater the risk for rupture. "The annual risk for rupture is nearly 0% for persons with AAAs between 3.0 and 3.9 cm in diameter... and 11% for those with AAAs between 5.0 and 5.9 cm in diameter".1 Surgical repair is the standard of care (SOC) for men with AAA greater than 5.5 cm diameter or larger or if the AAA is 4.0 cm diameter and has increased 1.0 cm diameter in one year. Of the two surgical approaches to repair of AAAs, endovascular aneurysm repair (EVAR) and open repair, EVAR has become the most utilized approach to elective AAA repair. In fact, in the US, most intact AAA repairs (80%) and most ruptured AAA repairs (52%) are EVAR procedures.1 The current SOC is to maintain ultrasound surveillance of smaller AAAs at regular intervals due to the small risk of rupture. The estimated prevalence of AAA in women is about one-sixth the prevalence of men (1.6% vs 7.6% per the Chichester trial).1 Women tend to sustain AAA rupture at a later age (80 years or older) than males and one-fourth to one-third have a AAA of a diameter less than 5.5 cm at the time of rupture.

So, the USPSTF recommends 1-time ultrasound screening for AAA in males aged 65 to 75 who have ever smoked. The USPSTF recommends



that non-smoking males aged 65 to 75 be selectively offered ultrasound screening for AAA. The USPSTF recommends against routine ultrasound screening for AAA in nonsmoking women without a family history of AAA. The USPSTF has concluded that current data is insufficient to assess a risk-benefit analysis for ultrasound screening of women aged 65 to 75 who have ever smoked or have a family history of AAA.

REFERENCE:

USPSTF Recommendation Statement Screening for Abdominal Aortic Aneurysm, JAMA. 2019; 322(22): 2211-2218. doi:10.1001/ jama.2019.18928



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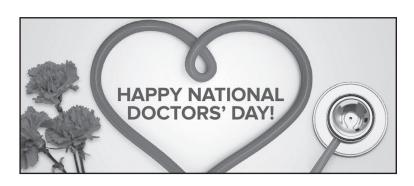
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CORONAVIRUS UPDATE FOR EMPLOYERS



LISTEN. SOLVE. EMPOWER.

The key point for Employers to remember: It will be difficult for Employers to make a wrong decision.

The Coronavirus/COVID-19 is a "pandemic," which means that there is sustained human-to-human transmission which is not geographically contained. It also means that Employers are given leeway in their workforce decisions.

"During a pandemic, employers should rely on the latest CDC and state or local public health assessments." – EEOC

Employers are expected to make their best efforts to obtain public health advice that is contemporaneous and appropriate for their location, and to make reasonable assessments of conditions in their workplace based on this information.

WHAT ARE THE SOURCES FOR RELIABLE INFORMATION?

- Centers of Disease Control and Prevention -www.cdc.gov
 - Updated almost daily
 - Information for United States
- World Health Organization <u>www.who.int</u>
 - Updated daily
 - Focus is international
- State Public Health Agencies
 - Ohio Department of Health www.odh.ohio.gov

WHAT ARE THE LEGAL CONSIDERATIONS?

Workers' Compensation

- I became sick at work because you made me work with sick co-employees.
- Not an issue
- Must be "occupational" meaning that it arose out of and in the course and scope of employment, and it must arise out of or be caused by conditions "peculiar" to the work. (e.g., black lung from coal mining; asbestosis from asbestos removal)

Intentional Tort and Third-Party Negligence Claims

- I became sick because you failed to train, let in sick customers, or didn't provide equipment.
- Not an issue of concern
- These claims require either the intent to injure, or the belief that the injury was substantially certain to occur
- Solution: Post a Caution Sign at the entrance requiring anyone experiencing flu symptoms (fever, cough, shortness of breath) to not enter or to call before entering so that they may be greeted by someone who has taken precautionary measures

Americans with Disabilities Act (ADA)

 I'm at-risk of getting sick and I want a disability accommodation, such as the right to work from home.

- Not an issue of concern because temporary conditions, which do not substantially limit a major life activity, are not disabilities (i.e., the flu)
- Caution: It may become an issue if the Employer treats those with coronavirus or those at-risk of coronavirus as having a disability because ADA prohibits discrimination against those with actual and "regarded as" disabilities

National Labor Relations Act (NLRA)

- My coworkers and I are banding together and not coming to work because you are letting a sick person sit in a common area without any protective measures or equipment.
- Employees, union and non-union, have a protected right to raise concerns about terms and conditions of work, including safety
- A refusal to work may be deemed a concerted protected activity for which employers must comply with NLRA
- Caution: Employers cannot discipline employees who are engaging in a concerted protected activity

Occupational Safety & Health Administration (OSHA)

- If we are coming to work, what are you doing to protect us?
- All employers are subject to the General Duty Clause to provide a place
 of employment that is free from recognized hazards that cause or are
 likely to cause death or serious physical harm
- There is no universal standard for coronavirus, yet
- OSHA is creating and updating steps to reduce risks of exposure, including low, medium, and high/very high-risk level jobs:
- https://www.osha.gov/Publications/OSHA3990.pdf
- Be sure to also check on:
 - Requirements for specific industries
 - PPE requirements
 - Required reporting of recordable illnesses for infection on the job

Family and Medical Leave Act (FMLA)

- I'm sick and I should get paid leave.
- Coronavirus may not be technically FMLA- eligible without incapacitation and either ongoing physician visits or regimen of continuing treatment
- Rest and OTC pain relief is not a regimen of treatment
- FMLA provides unpaid leave for employees who worked 1,250 hours at a workplace with 50 or more employees
- BUT WAIT...

Families First Coronavirus Response Act

- Amends and expands FMLA for 2020
- Covers workplaces with fewer than 500 employees
- Lowers hours of work to only 30 days prior to leave
- The first 14 days are unpaid, but employee can use accrued paid time off
- After 14-days, employees receive two- thirds the regular rate for normal schedule

continued on page 6



continued from page 5

- Expands the definition of "parent"
- If the FFCRA passes, it will go into effect by the end of March 2020 and remain in effect until the end of 2020
- * We will provide a supplemental update

Fair Labor Standards Act (FLSA)

- If you send me home, you still have to pay me.
- Employers must pay hourly employees for hours actually worked
- Employers must pay salaried employees for the full week in which the employee performed any work or used any accumulated paid leave
- Employers do not need to pay salaried employees for days they miss on their own volition

Ohio Unemployment

- Once you send me home without pay, I'm entitled to unemployment benefits.
- If an employer shuts down operations or lays off employees due to loss of production due to coronavirus, employees may be eligible for immediate



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- unemployment benefits
- If an employee is in mandatory quarantine because of coronavirus or suspicion of having the coronavirus, the employee is considered unemployed and may be eligible for immediate unemployment benefits
- If an employee is asymptomatic and self-quarantines, the employee is choosing not to work and not eligible for unemployment benefits
- Rules are continuing to update throughout the day http://jfs.ohio.gov/ouio/CoronavirusAndUI.stm

WHAT SHOULD EMPLOYERS DO NOW?

- Prepare for work disruptions with the attached survey to determine who may need to work remotely
- Start a Coronavirus Workforce File. For any workforce decision, look to the CDC, WHO, or Public Health for justification because... "During a pandemic, employers should rely on the latest CDC and state or local public health assessments." EEOC
- Print out the page from the website that supports the decision; type
 or write your workforce decision; staple the decision to the webpage
 guidance; and, place it in the Coronavirus Workforce File

FREQUENTLY ASKED QUESTIONS

- Can we send employees for testing/medical examinations? Yes, if
 employer has a reasonable belief that either an employee's ability to
 perform will be impaired by a medical condition; or, an employee
 will pose a direct threat due to a medical condition
 - A direct threat is based on objective, factual information such as the latest CDC and state or local public health assessments
- Can we send employees home? Yes
- Even salaried employees? Yes
- Can we ask employees about symptoms?
 Yes, related to disease (fever, cough, shortness of breath)
- Can we take their temperature? Yes, but be careful to protect privacy, and be careful of asymptomatic employees
- Can we inquire about exposure (travel, intimacy, family care)? Yes
- Can we enforce measures to prevent the spread? Yes. Including distancing, telework, hand washing, coughing etiquette; required PPE, offer vaccine (but be careful of ADA and religion issues)
- Can we allow telework? Yes
- Do we have to allow telework? No
- Can we ask why employees missed work? Yes
- Can we require employees who miss work to use accrued paid leave? Yes
- Can we require a fitness for return to work? Yes
- Can we continue to pay employees even though our office is closed?
 Yes, but if the employees are in a union, it must be negotiated with the union
- Do we have to give time off? No, subject to the following exceptions:
 - Implementation of FFCRA
 - Federal contractors complying with paid sick leave
 - Paid sick leave by state and local laws
 - Collective bargaining agreements
 - Employee contracts

EMPLOYER CONCERNS

- Consistency of decisions
- Requiring employees who are on leave to continue to work remotely
- Failing to pay employees for all hours worked while working remotely
- Allow essential employees to work remotely at full productivity
- Paying attention to CDC, OSHA, and FFCRA



SCMSA NEWS

Name: __

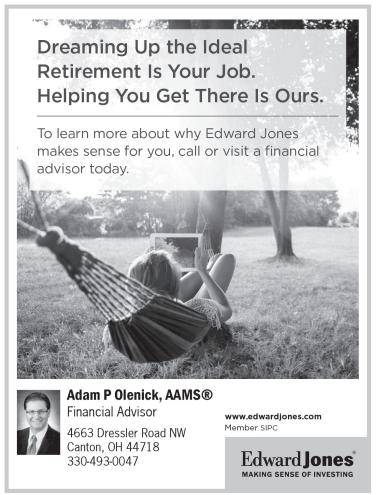
Attention all SCMS members: If your spouse or domestic partner is not already a member of the SCMSA, please sign them up! The group was established as an extension to the SCMS. Our main function is to create fellowship amongst physician's families. We also raise money for our charitable fund, which gives scholarships and also does outreach in the Stark community. The dues are only \$25.00 per year and \$20.00 for the spouse or domestic partner of a resident.

Stark County Medical Society Auxiliary

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Access Health Stark County



Access Health Stark County (AHSC) trains Community Health Workers to connect those that are underserved and uninsured to the community resources that they need. A Community Health Worker (CHW) is certified through the Ohio Board of Nursing and understands that social determinants affect a patient's health. A CHW can connect patients to resources in the community such as housing, food, and transportation and are generally from the patient's neighborhood. If your office is no longer accepting Medicaid patients, please refer them to a CHW at Access Health Stark County for assistance; we will help patients find a primary physician. If you want a CHW to come to your office to assist those in need or you prefer sending us a referral so we may make arrangements to meet the patient at another location, please call us @ 330-437-3715.

Let's Work Together to Build a Healthier Community!!



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5 THINGS YOUR AGENT SHOULD BE DOING

If you find yourself humming Janet Jackson's "What Have You Done for Me Lately" when thinking about your health insurance agent it might be time to make a change. Choosing the right insurance agent is just as important as finding the right plan for you. Here are some things to consider when evaluating your agent:

1. IS MY AGENT SHOPPING THE MARKET?

The mission of your broker is simple: find the best possible plan available. Find an agent that has carrier independence and does not place your insurance based on their bottom line. Your broker should look for plans that make sense for your budget and benefit goals every year.

2. IS MY AGENT HELPING IMPLEMENT MY PLAN?

A good broker will hold your hand though the decision making and implementation process. From shopping the market to paperless enrollment your agent should be there to answer any questions about the process. Changing plans can be scary for an employee, especially if they have ongoing medical conditions that require continuous care. Having an agent who supports your employees through a transition is vital to a successful transition.

3. IS MY AGENT CHECKING IN?

Is the only time you realize you have a health insurance agent when they show up with your yearly renewal? Do they check in to see how your plan is going or if you have any questions throughout the year? They should. Your needs and the needs of your employees are always changing and it is important to have a dedicated person to handle those twists and turns.

4. IS MY AGENT MAKING SURE I AM COMPLIANT?

Offering employee benefits also means you have to be up to date on the current laws surrounding those benefits. Your broker should keep you up to date on changing regulations and let you know if there are any legislative changes on the horizon.

5. IS MY AGENT AN EXTENSION OF MY HR DEPARTMENT?

Your HR department should feel like your agent is an extension of their team. In addition, your broker should be providing value added benefit education for your HR team and employees. Sometimes employees may have to ask intimate medical questions and not feel comfortable talking to their HR contact about them. When employees see your broker team as someone they can trust, those awkward conversations disappear.

Take some time to think through these questions. At AUI we are proud to say "What have you done for me lately?" is not a question our clients ask. Our health clients receive regular phone calls from their dedicated customer care team, monthly education from AUI University and our compliance officer, and a detailed and thorough renewal process. To learn more about the AUI advantage and how it can benefit your team, contact us.

CHECK OUT AUI GIVES BACK YEAR IN REVIEW

Chrissy Myers, CEO

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IS YOUR WEBSITE A LAWSUIT WAITING TO HAPPEN?

Scott P. Sandrock and David J. Hrina Brennan, Manna & Diamond, LLC

Most practices have a website which contains a description of the practice professionals and their background, the areas of their practice and perhaps some patient education material. Many sites currently also provide patient portals for patients to electronically communicate with their provider. While you may spend a lot of time making sure your website is user-friendly and convenient, we hope that you also spend some time in making sure that your website does not violate the intellectual property rights of others, particularly with regards to the copyrights associated with the pictures and other images included on your website.

COPYRIGHT

Copyright is the legal protection given to a person who creates an original work of art, which can include photographs, drawings, written materials such as books or articles (like this article), music, plays or movies, and fixes the same in a tangible medium. Additionally, copyright can also extend to other things you might not ordinarily think of such as architectural designs, computer software or fabric. The basic idea is that someone who invests their time and talent in creating something, such as a picture, does have the right to commercially market that creation and prevent others from copying or using that image without the copyright owner's permission. The essence of the copyright is to protect original works of art against others stealing that work for commercial gain.

Copyright in the United States is protected by a federal statute, which permits copyright owners to register their copyrighted works with the U.S. Copyright Office. Owners that timely register their copyright with the U.S. Copyright Office are entitled to statutory damages. Nonetheless, even if a person does not register his or her copyright, copyright protection extends automatically upon the creation of the work and there is a presumption of copyright. Years ago, if a creator of a work failed to put the copyright notice on the imagine there could be some defenses against potential infringement, but anymore, there is now a presumption that everything is subject to copyright protection.

You might ask how this might apply to a physician's website. Frequently, the websites are created by a member of the physician's staff, or a third-party web designer. Hopefully, if you use an experienced commercial service, they have appropriately sought and obtained licenses to use copyrighted images on the website, such as drawings or photographs, and the appropriate releases from the individuals appearing in the photographs. There are commercial services that have many stock photographs for example that can be licensed to be included. If, however, there are images or drawings on your website for which you cannot verify that you have obtained a license, the practice is at risk for a copyright infringement claim. If the image for example came from a site which expressly states that the images are free to use, the site developer should take a screenshot of that section so that you could prove at a later date that the image

was available without a fee. The burden is on you to prove that you obtained the appropriate rights to use copyrighted work, such as images and/or text, or that you created the image or wrote the text yourself. Therefore, you should keep records of any licenses or authorizations that you obtain, or the source of the free material.

OWNERSHIP OF YOUR WEBSITE

You should also verify that you actually own the copyrights associated with your website. If you hired a third-party to create the website, that by itself does not transfer the ownership of the copyright in the website to you unless the agreement specifically includes language that the website is a "work made for hire" and/or that the copyright has been expressly assigned to the practice. If your contract does not expressly say this, we have worked with other businesses in having a short agreement executed between the parties to protect your rights and have the copyright ownership transferred to you. While not a copyright issue, similar issues also come up with respect to the creation of trademarks, service marks and who registered the domain name for your website and if done in the name of the developer or one of their employees, problems can arise in the future as to the actual ownership of the forgoing including your domain name. You should make sure the ownership of your intellectual property is assigned to you.

DAMAGES

Under the copyright statute, if a work has been timely registered, the copyright owner may choose between its actual damages plus the infringer's profits or statutory damages, which may range from \$200 if you can demonstrate a good-faith mistake (simply "I did not know better" is not a good defense) to up to \$150,000 for willful infringement. In addition to the statutory damages, if a lawsuit is filed, the registered copyright owner would also be entitled to recover their attorneys' fees.

As websites have become ubiquitous as part of most professional practices today, the practice owner should inquire and take steps to make sure that their site is fully compliant to have appropriate licenses for pictures, artwork and text material that you did not create yourself. If you include language on your website that came from another source, such as a description of a medical condition and the like, you should verify that you have a license to use that description or get confirmation that the use is of such a limited nature that it may satisfy one of the exceptions to liability available under copyright law.

If you have any questions, concerning copyright issues, the website, agreements, advertising materials and the like, please contact Scott Sandrock at 330-253-4367, spsandrock@bmdllc.com or David Hrina at djhrina@bmdllc.com.

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