

**BEFORE THE BOARD OF DENTAL EXAMINERS  
OF THE STATE OF IOWA**

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IN THE MATTER OF: )

CHARITY LEWIS GATHRIGHT, R.D.H. )  
508 E. 8<sup>th</sup> Street )  
Muscatine, IA 52761 )

**REINSTATEMENT ORDER**

Dental Hygiene License#2824 )

Respondent )

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On this 19<sup>th</sup> day of January, 2006, the Iowa Board of Dental Examiners and Charity Lewis Gathright, R.D.H., each hereby agree with the other and stipulate as follows:

1. The reinstatement of Respondent's license to practice dental hygiene in the state of Iowa shall be resolved without proceeding to hearing, as the parties have agreed to the following Stipulation and Consent Reinstatement Order.
2. Respondent was issued a license to practice dental hygiene in the state of Iowa on February 17<sup>th</sup>, 2000, as evidenced by License Number 2824. Iowa Dental Hygiene License Number 2824 is currently suspended, pursuant to an Order of the Board dated April 15<sup>th</sup>, 2005.
3. The Iowa Board of Dental Examiners has jurisdiction over the parties and subject matter herein.
4. Respondent has reported to the Board that she has undergone an evaluation at a Board approved facility. Respondent has documented compliance with the evaluating facilities recommendations. The facility supports Respondent's return to the practice of dental hygiene.

**THEREFORE IT IS HEREBY ORDERED** that Respondent's license to practice dental hygiene in the state of Iowa shall be reinstated effective with the date of this Order and is hereby placed on indefinite probationary status subject to the following terms and conditions.

**SECTION I.**

1. Respondent shall completely abstain from the personal use and possession of alcohol and all controlled substances or drugs in any form, unless prescribed by a duly licensed and treating health care provider in consultation with her current treatment providers. The Respondent shall inform any treating health care provider of her prior chemical dependency prior to accepting any prescription drug and ensure that the treating health care provider consults with her current treatment providers before issuing any prescriptions for controlled substances. The Respondent shall report to the Board in writing within forty-eight (48) hours, any use of any prescription drugs. The report shall include the name and quantity of the prescription, the name and phone number of the prescribing health care provider, the reason for the prescription, and the name and telephone number of the pharmacy where the prescription was filled.
2. Respondent shall obtain and work with a local 12-step sponsor and attend meetings of Alcoholics Anonymous or Narcotics Anonymous at a rate determined by the Iowa Practitioner Review Committee (IPRC). Respondent shall document and submit written verification of attendance at these meetings. Verification of meeting attendance requires the date, time, and location of the meeting along with a signature or initials of another person in attendance accompanied by a phone number that they can be reached at for verification.

3. Respondent shall remain under the care of her substance abuse counselor(s) at Unity Healthcare. Respondent shall meet with her counselor(s) at a minimum of a twice per month basis for at least a one (1) year period from the date of this Order. Following this one (1) year period, Respondent shall meet at a rate to be determined by the counselor(s). This meeting rate may not exceed a three (3) month period (quarterly meetings) without prior written Board approval. Respondent shall sign releases to allow the Board to fully communicate with her counselor(s). Respondent shall promptly document compliance with any and all recommendations made by her counselor(s).
4. Respondent is responsible for ensuring that her counselor(s) submit written quarterly reports concerning Respondent's treatment and progress. The report shall include, but is not limited to, the Respondent's progress, participation in treatment, and compliance with the counselor(s) recommendations. The counseling shall be at Respondent's expense.
  - a. The Board's approval of the counselor(s) may be rescinded by the Board for good cause.
  - b. If the Respondent or counselor(s) feel it is necessary to terminate their doctor/patient relationship, a written explanation by both parties must be submitted to the Board at least thirty (30) days before termination of the relationship.
  - c. In either case, the Respondent shall submit other names of physician counselors for the Board's approval within fifteen (15) days from the date of the Board's rescission Order or date of doctor/patient relationship termination.

5. Any relapse of Respondent shall be immediately reported to the Board by the Respondent, as well as by any treating health care provider/counselor who provides care to Respondent. Respondent authorizes any treating provider to immediately make such report without need for further authorization.
6. Respondent shall submit to unannounced random witnessed blood, hair or urine samples on demand by any agent or designee of the Board. The samples shall be used for drug and alcohol screening and all costs associated with the drug and alcohol screening shall be promptly paid by Respondent.
7. Respondent shall participate in and remain in good financial standing with a Board approved drug testing program and shall promptly remit for such costs.

### **SECTION III.**

1. Respondent shall enter into a monitoring agreement with the Iowa Practitioner Review Committee (IPRC) for continued monitoring of her substance abuse recovery. That agreement shall include all the requirements of this Order, and any other provisions the IPRC deems appropriate. Upon the IPRC's acceptance of the monitoring agreement, responsibility for supervision of Respondent's substance abuse recovery will transfer from the Board to the IPRC.
2. Respondent shall fully comply with the IPRC monitoring agreement and all recommendations made by the IPRC. Respondent's failure to comply with the IPRC monitoring agreement or any IPRC recommendations shall be referred by the IPRC to the Board for appropriate action.
3. Respondent's failure to comply with the IPRC monitoring agreement or any recommendations made by the IPRC constitutes failure to comply with an Order of the Board and is grounds for further disciplinary action, in accordance with Iowa Code Section 272C.3(2)(a)(2005).

#### SECTION IV.

1. Respondent shall immediately sign releases to allow for the free flow of information between the Board and all of Respondent's current treatment providers and counselors. Respondent also agrees to sign similar releases for all new treating providers and counselors.
2. Respondent shall fully cooperate with random unannounced visits by agents of the Board to determine compliance with this Order.
3. Respondent shall be responsible for all costs associated with compliance with this Order, and shall also be responsible for all costs incurred by the Board in the monitoring of this Order to determine compliance. Respondent shall promptly remit one hundred (\$100.00) dollars on or before the first day of January, April, July, and October, of each calendar year for such costs.
4. Respondent shall submit quarterly reports detailing compliance with this Order during the entire probationary period. These reports shall include, but not be limited to, verification of Alcoholics Anonymous/Narcotics Anonymous attendance and participation with all counselor/aftercare provider(s).
5. Respondent shall disclose to all current and future employers who employ her as a dental hygienist, of this Stipulation and Consent Order and the Board's April 15<sup>th</sup>, 2005, Order. The Respondent shall report back to the Board with signed statements from all such employers within fourteen (14) days of the date of this Order, and thereafter within fourteen (14) days of any new employment relationship, indicating that they have read these actions, and understand the current terms and conditions placed on Respondent's dental hygiene license.

6. Respondent shall upon reasonable notice, and subject to the waiver provisions of Board rule 650 Iowa Administrative Code 31.6, appear before the Board at the time and place designated by the Board.
7. Periods of residency outside of the state of Iowa may be applied toward period of probation if prior approved by the Board. Any changes in residency must be provided to the Board in writing within fourteen (14) days of departure.

#### **SECTION V.**

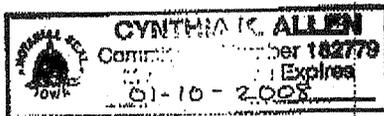
1. Respondent acknowledges that she has read in its entirety the foregoing Stipulation and Consent Reinstatement Order and that she understands its content and that she executed the Order freely, voluntarily, and with no mental reservation whatsoever.
2. Respondent acknowledges her right to a hearing as provided for by law and waives her right to a hearing in this matter.
3. Respondent acknowledges that she has the right to be represented by counsel in this matter.
4. Respondent understands that this Order is a public record and is therefore subject to inspection and copying by members of the public.
5. Respondent understands that the Board is required by Federal law to report this Order to the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank.
6. Respondent acknowledges that no member of the Board, nor any employee, nor attorney for the Board, has coerced, intimidated, or pressured her, in any way whatsoever, to execute this Order.

7. Respondent acknowledges that this Order is subject to approval of a majority of the full Board. If the Board fails to approve this proposed Order, it shall be of no force or effect as to either party.
8. Respondent shall fully and promptly comply with all Orders of the Board and the statutes and rules regulating the practice of dental hygiene in the state of Iowa. Any violation of the terms of this Order is grounds for further disciplinary action, upon notice and opportunity for hearing, for failure to comply with an Order of the Board, in accordance with Iowa Code Section 272C.3(2)(a) (2005).
9. The Board's approval of this Stipulation and Consent Reinstatement Order shall constitute a FINAL ORDER of the Board.

This Stipulation and Consent Order is voluntarily submitted on this 11<sup>th</sup> day of January, 2006.

*Charity Lewis Gathright R.D.H.*  
 Charity Lewis Gathright, R.D.H.  
 Respondent

Subscribed and Sworn to before me on this 11<sup>th</sup> day of January, 2006.



*Cynthia K. Allen*  
 Notary Public in and for  
 the state of Iowa

This Stipulation and Consent Order is accepted by the Iowa Board of Dental Examiners on this 18<sup>th</sup> day of January, 2006.

*Deena R. Kuempel, D.D.S.*  
 DEENA R. KUEMPEL, D.D.S.  
 Chairperson  
 Iowa Board of Dental Examiners  
 400 SW 8<sup>th</sup> Street, Ste. D  
 Des Moines, IA 50309

cc: Theresa O'Connell Weeg  
Assistant Attorney General  
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