SANTA ROSA
MEMORIAL HOSPITAL

PRACTITIONER HEALTH POLICY

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PRACTITIONER HEALTH POLICY

1. POLICY STATEMENT

1.A ***General Policy.*** Santa Rosa Memorial Hospital ("Hospital") and its Medical Staff are committed to providing safe, quality care, and a safe environment for patients and other healthcare workers, which can be compromised if a Practitioner is suffering from a Health Issue that is not appropriately addressed. The Hospital is also committed to assisting Practitioners in addressing Health Issues so they may practice safely and competently.

1.B ***Definition of "Health Issue."***

(1) ***Definition.*** A "Health Issue" means any physical, mental, or emotional condition that could adversely affect a Practitioner's ability to practice safely and competently. This Policy generally requires that Health Issues be reported and reviewed, with exceptions for certain conditions. (See Section 2.A for more information.)

(2) ***Examples.*** Examples of Health Issues may include, but are not limited to, the following:

(a) substance or alcohol abuse;

(b) use of any medication, whether prescription or over-the-counter, whether used short-term or long-term, that can affect alertness, judgment, or cognitive function (such as, but not limited to, the use of pain or anti-anxiety medication following surgery);

(c) any temporary or ongoing mental health concern, including, but not limited to, chronic disorders or disorders caused by a major family event (e.g., death of spouse or child, divorce) or a major job-related event (e.g., termination, or death or significant injury to patient);

(d) medical treatments that may impact neurological, cognitive, or cardiac function, such as carotid, vertebral, or other brain artery surgery or intervention; chemotherapy with a drug known to effect neurotoxicity (brain) or to have cardiac or neurotoxicity (peripheral nerves); or radiation therapy to head;

(g) medical condition (e.g., stroke or Parkinson's disease), injury, or surgery resulting in temporary or permanent loss of fine motor control or sensory loss;

(h) shoulder surgery, brachial plexus surgery, hand or carpal tunnel surgery for a surgeon;

(i) a back injury impacting ability to stand in the OR or other procedure lab;

(j) major surgery;

(k) infectious/contagious disease that could compromise patient safety or jeopardize other health care workers; and

(l) any form of diagnosed dementia (e.g., Alzheimer's disease, Lewy body dementia) or other cognitive impairment.

1.C ***Scope of Policy.***

(1) This Policy applies to all Practitioners who provide patient care services at the Hospital.

(2) If the Practitioner involved is also employed by the Hospital, a Hospital-related entity, or a private group that has: (i) a contract for professional services with the Hospital; (ii) a written professional practice evaluation/peer review process within the group; and (iii) appropriate information sharing provisions within the professional services contract or in a separate agreement with the Hospital (each individually an "employing entity"), Medical Staff Leaders will consult with appropriate representatives of the employing entity and then determine which of the following two processes will be used for the review:

(a) If the matter will be reviewed using the Medical Staff process as set forth in this Policy, the Medical Staff will consider whether it is appropriate to invite a representative of the employing entity to attend relevant portions of committee meetings involving the Practitioner, as well as participate in any interventions that may be necessary following the review. The chair of the applicable committee may recuse the representative of the employing entity during any deliberations or vote on a matter. Documentation from the Medical Staff process will not be disclosed to the employing entity for inclusion in the employment file, but the employing entity will be permitted access to such documentation as needed to fulfill its operational and legal responsibilities; or

(b) If the matter will be reviewed by the employing entity pursuant to its policies and/or the relevant contract:

(i) the Leadership Council will be notified and, after reviewing the impact the Health Issue may have on Hospital patients, may choose to hold the Medical Staff process in abeyance if it makes a specific finding that the employing entity's process is sufficient to protect Hospital patients;

(ii) the PPE Support Staff will assist the employing entity with witness interviews, document review, data compilation, and similar fact-finding. Documentation of such fact-finding will be maintained in the Practitioner's Confidential Health File (see Section 2.D) consistent with the Medical Staff policies. Notwithstanding any other policy regarding confidentiality of medical staff information, the Medical Staff may permit the employing entity to review and copy approved documentation as needed to fulfill its operational and legal responsibilities. **However, the Hospital will not disclose to the employing entity any information it received from a federally assisted drug or alcohol treatment program governed by 42 C.F.R. Part 2 without an authorization to re-release such information signed by Practitioner (See Appendix I).** Moreover, any health assessment obtained by the employing entity will be maintained in a confidential manner in the employing entity's personnel files as required by the Americans with Disabilities Act;

(iii) the Leadership Council will be kept informed of the progress and outcome of the review by the employing entity; and

(iv) the Leadership Council may choose, at any time and in its sole discretion, that the matter shall also be reviewed pursuant to this Policy. However, neither such a review by the Leadership Council nor any other provision of this Policy shall be interpreted to affect the right of the employing entity to take any action authorized under its relationship with the Practitioner.

(3) All efforts undertaken pursuant to this Policy are part of the Hospital's performance improvement and professional practice evaluation/peer review activities.

(4) A flow chart depicting the review process for concerns regarding Practitioner Health Issues is attached as **Appendix A** to this Policy.

1.D ***Other Definitions.***

(1) "PPE Support Staff" means the clinical and non-clinical staff who support the professional practice evaluation ("PPE") process generally and the review of issues related to health described in this Policy. This may include, but is not limited to, staff from the Performance Improvement and Medical Staff Administration departments.

(2) "Practitioner" means any individual who has been granted clinical privileges and/or membership by the Board, including, but not limited to, members of the Medical Staff and Advanced Practice Professionals.

1.E. ***Health Screening.***

All Practitioners must participate in health screening processes, both new Practitioners and on an ongoing basis for all privileged Practitioners.

(1) Procedure for New Practitioners – TB Screening.

(a) The following procedure is required for practitioners who are applying for privileges and must be documented prior to approval of privileges or practice parameters:

i. Documentation of negative PPD within twelve (12) months;

ii. For Practitioners who have a positive PPD history, documentation of a chest x-ray performed within previous 12 months and complete the Employee Health Services TB screening questionnaire or results of a Quantiferon Gold or other Interferon Gamma-Release Assay (IGRA).

(c) If not tested at SRMH, PPD documentation will be accepted on a TB test form that includes the date tested, date read, results, measurement of induration and signature of the person who read/interpreted the results. The PPD must be read within 48-72 hours from the time of placement.

(d) The PPD test is not contraindicated in persons who were previously vaccinated with the BCG vaccine. The results are interpreted the same as in non- BCG vaccinated persons. (Consider Quantiferon Gold or other Interferon Gamma-Release Assay (IGRA) to confirm a positive PPD in persons with a history of BCG.)

(2) ***Procedure for All Practitioners – Annual TB Screening.***

The following procedure is required for practitioners annually:

(a) Annual TB tests will be offered by Employee Health Services during the month of October free of charge.

(b) Practitioners are responsible for providing evidence of compliance to the Employee Health Department that they have completed this testing during the month of October.

(c) A newly positive PPD will necessitate a chest x-ray. The practitioner will seek evaluation and treatment by a physician for a prophylaxis regime.

(d) Practitioners with Latent TB will complete a TB screening questionnaire during the month of October for signs and symptoms of possible active TB.

(e) Practitioners who have positive signs and/or symptoms on the screening questionnaire will also be referred to his/her primary care physician or another physician for follow up. Documentation from the follow-up physician will be requested regarding evaluation results.

(f) Failure to provide documentation of annual renewal of the TB test, as described in this policy will result in suspension of privileges.

(3) ***Procedure for All Practitioners – Annual Influenza Immunization.***

The following procedure is required for practitioners annually:

(a) Annual Influenza Immunizations will be offered by Employee Health Services during the month of October free of charge.

(b) Practitioners are responsible for providing evidence of compliance with Immunization or a completed Declination Form to the Employee Health Department no later than October 31st.

(c) Upon receipt of evidence of immunization or declination, practitioner will receive the appropriate badge tag identifying compliance and/or masking requirement.

(d) Those practitioners who decline the vaccination, are unvaccinated, or without a badge tag must wear a surgical mask in the following circumstances from November 1st until March 31st (unless flu season is extended):

(i) at any time Practitioner is in patient care areas, regardless of the setting (e.g. Hospital, Outpatient, and Hospice locations)

(ii) when in a patient room providing care or other services

(iii) when within 6 feet of a patient(s) for longer than 30 seconds

(e) Practitioners are encouraged to remind others without the appropriate tag or with a tag requiring masking to mask if they notice that the practitioner as not donned a mask as noted in subsection (d).

(f) Failure to comply could result in actions being taken by the MEC, Leadership Council, or Medical Staff Leaders.

1.F ***Role of Leadership Council.***

(1) Practitioner Health Issues shall be addressed by the Leadership Council as outlined in this Policy. It is expected that the Leadership Council will refer most Health Issues to the Physician Well-Being Committee, but there may be occasions when the Leadership Council chooses to handle a matter unilaterally (perhaps because of confidentiality or efficiency considerations). The Leadership Council shall promptly refer matters involving Health Issues to the Medical Executive Committee whenever it determines that patient care has been compromised, or it determines that corrective action may be necessary to address a Health Issue that may compromise patient care and safety.

(2) The Leadership Council may request other Practitioners to assist it, on an ad hoc basis, if additional expertise or experience would be helpful in addressing the health concerns that are identified in a particular case.

(3) The Leadership Council shall recommend to the Medical Executive Committee educational materials that address Practitioner Health Issues and emphasize prevention, identification, diagnosis, and treatment of Health Issues. This Policy and any educational materials approved by the Medical Executive Committee shall be made available to Practitioners and Hospital personnel. In addition, the Medical Executive Committee shall periodically include information regarding illness and impairment recognition issues in CME activities.

1.G ***Health Issues Identified During Credentialing Process.*** A Health Issue that is identified during the credentialing process shall be addressed pursuant to the Medical Staff Credentialing Policy. If a determination is made that the Practitioner is qualified for appointment and privileges, but has a Health Issue that should be monitored or treated, or requires reasonable accommodation, the matter shall be

referred to the Leadership Council for ongoing monitoring or oversight of treatment or accommodation pursuant to this Policy.

1.H. ***Patient Care and Safety.*** Nothing in this Policy precludes immediate referral to the Medical Executive Committee (or the elimination of any particular step in this Policy) if necessary to address a situation that may compromise patient care and safety.

1.I ***Delegation of Functions.*** When a function under this Policy is to be carried out by a member of Hospital management, by a Medical Staff Leader, or by a Medical Staff committee, that individual (or the committee through its chair) may delegate performance of the function to a qualified designee who is a Practitioner or Hospital employee (or a committee of such individuals). Any such designee must treat and maintain all information in a strictly confidential manner and is bound by all other terms, conditions, and requirements of this Policy. However, the delegating individual or committee is responsible for ensuring the designee performs the function as required by this Policy.

1.J ***No Legal Counsel or Recordings During Collegial Meetings.*** In order to promote the collegial and educational objectives of this Policy, all discussions and meetings with a Practitioner whose health is at issue shall involve only the Practitioner and the appropriate Medical Staff and Hospital leaders and support staff (unless the Medical Staff or Hospital leaders determine otherwise in a particular situation). No counsel representing the Practitioner or the Medical Staff or the Hospital shall attend any of these meetings, and no recording (audio or video) shall be permitted or made.

2. REPORTS OF POTENTIAL HEALTH ISSUES AND RESPONSE TO IMMEDIATE THREATS

2.A ***Duty to Self-Report.***

(1) ***General Duty.*** Practitioners who have a Health Issue are required to report it to the Chief of Staff, Chief Medical Officer, or another Medical Staff Leader as soon as possible, and no later than five days after becoming aware of the Health Issue. However, if the Health Issue impacts the practitioner's ability to safely and competently exercise clinical privileges it is required to be reported immediately.

(2) ***Exception.*** The duty to self-report does not apply to:

(a) a Health Issue that will be fully resolved before the Practitioner next exercises his or her clinical privileges and that will have no effect on the Practitioner's ability to safely and competently exercise his or her clinical privileges; or

(b) a Health Issue that was already evaluated as part of a Practitioner's application for appointment or reappointment to the Medical Staff.

2.B ***Reports of Suspected Health Issues by Others.***

(1) ***General.*** Any Practitioner or Hospital employee who is concerned that a Practitioner may be practicing while having a Health Issue, or who is told by a patient, family member, or other individual of a concern, shall report the concern to the Chief of Staff, Chief Medical Officer, another Medical Staff Leader, or to a member of Hospital management, who will report it to Medical Staff Administration. Individuals filing a report do not need to have proof of a potential Health Issue, but should describe the facts that form the basis for their concern.

(2) ***Anonymous Reports.*** Practitioners and employees may report concerns anonymously, but all individuals are encouraged to identify themselves when making a report. This identification promotes an effective review of the concern because it permits the PPE Support Staff to contact the reporter for additional information, if necessary.

(3) ***Warning Signs.*** Warning signs of a potential Health Issue include, but are not limited to:

- problems with judgment;
- problems with speech;
- emotional outbursts;
- alcohol odor;
- behavior changes and mood swings;
- diminishment of motor skills;
- unexplained drowsiness or inattentiveness;
- progressive lack of attention to personal hygiene;
- unexplained frequent illness;
- patients with pain out of proportion to charted narcotic dose;
- arrests for driving under the influence; and

- increased quality problems.

(4) ***Treatment Relationships.*** A Practitioner who becomes aware of a Health Issue affecting another Practitioner as a result of his or her treatment relationship with that Practitioner is not expected to report the Health Issue internally pursuant to this Policy. However, the treating Practitioner should encourage the Practitioner to self-report the issue to the extent required by Section 2.A of this Policy.

(5) ***False Reports.*** Intentionally false reports that a Practitioner may have a Health Issue will be grounds for disciplinary action. False reports by Practitioners will be reviewed by the Leadership Council pursuant to the Medical Staff Professionalism Policy, while false reports by Hospital employees will be referred to human resources. Reports that are determined to be unsubstantiated, but were not intentionally false, are not grounds for discipline.

2.C ***Notification to Leadership Council and Employed Practitioner Triage.*** The Leadership Council shall be notified of any report of a suspected Health Issue. If the Practitioner with the potential Health Issue is employed by an employing entity as described in Section 1.B(2), the triage process described in Section 1.B(2) will be used to determine which review process will be used to evaluate the matter.

2.D ***Logging of Reports in the Confidential File.*** The PPE Support Staff shall be notified of any report of a suspected Health Issue, even if a decision is made that the matter will be reviewed by an employing entity as described in Section 1.B(2). The PPE Support Staff will log the report and place the report in a Confidential File that is maintained separately from the credentials or quality files (see Section 9 of this Policy for more information on Confidential Files).

2.E ***Gathering Information.*** The person receiving a report or the PPE Support Staff may request the reporting individual to provide a written description of the events that led to the concern or may prepare a written description based on receipt of a verbal report. As necessary, the person receiving the report or the PPE Support Staff may also interview the reporting individual and gather any other relevant facts, including speaking with any other individuals who may have relevant information.

2.F ***Feedback to Reporter.*** The PPE Support Staff shall inform the individual who reported the concern that the report will be treated confidentially and that his or her identity will not be disclosed to the Practitioner unless:

(1) the individual specifically consents to the disclosure;

(2) the Leadership Council determines that an exception must be made in a particular situation to ensure an appropriate review (in these instances, the

individual in question will be given prior notice that the disclosure will be made and informed that no retaliation will be permitted against the individual); or

(3) information provided by the individual must be disclosed pursuant to the Hearings and Appeal provisions of the Medical Staff Bylaws.

The individual shall also be informed that no retaliation is permitted against anyone who reports a concern. A sample letter that may be used for this purpose is attached as **Appendix B**. The individual who filed the report may subsequently be informed that follow-up action was taken, but the specifics of any action may not be shared in light of their confidential and privileged nature.

3. RESPONSE TO IMMEDIATE THREATS

3.A ***Scope of Section.*** This section applies if a report of a potential Health Issue is received and either:

(1) the Practitioner is providing services at the Hospital at that time; or

(2) the Practitioner is expected to provide services in the near future such that the Leadership Council would not have time to meet prior to the Practitioner's provision of services.

By way of example and not limitation, this section applies if a Practitioner is suspected of being under the influence of drugs or alcohol immediately prior to commencing a surgical procedure or while rounding on patients.

3.B ***Assessment.*** If a report covered by this section suggests that a Practitioner may have a Health Issue that poses an immediate threat to patients or others, the Chief of Staff, Chief Medical Officer, or another Medical Staff Leader shall immediately and personally assess the Practitioner. In accordance with the Credentialing Policy, the Practitioner may be required to submit to a blood, hair, or urine test (or other appropriate evaluation) to determine his or her ability to safely practice. Failure of the Practitioner to undergo such testing upon request will result in the automatic suspension of the Practitioner's clinical privileges pending Leadership Council review of the matter. (See Section 8 for additional information on automatic suspension.)

3.C ***Protection of Patients and Others.*** If the individual who assesses the Practitioner believes the Practitioner may have a Health Issue and that action is necessary to protect patients and others, the Practitioner may be asked to voluntarily refrain from exercising his or her clinical privileges or to agree to conditions on his or her practice while the matter is being reviewed. Such a request may be made to the Practitioner either before or after any tests or evaluations regarding the Practitioner have been completed.

(1) If the Practitioner agrees to voluntarily refrain from exercising his or her privileges, the Practitioner's patients may be assigned to another individual with appropriate clinical privileges or to the appropriate Practitioner on the Emergency Department call roster. Affected patients shall be informed that the Practitioner is unable to proceed with their care due to illness. Any wishes expressed by patients regarding a covering Practitioner will be respected to the extent possible.

(2) If the Practitioner will not agree to voluntarily refrain from exercising his or her privileges, an individual authorized by the Credentialing Policy to impose a summary suspension will consider whether a summary suspension or some other measure is necessary as a safeguard while the Health Issue is assessed.

If the Practitioner agrees to voluntarily refrain from practice, or if a summary suspension is imposed, the leader or executive involved will inform the Medical Executive Committee as soon as practical after the Practitioner agrees or the suspension is imposed. The Medical Executive Committee will comply with the Medical Staff Bylaws and/or Credentialing Policy provisions regarding summary suspension if one is imposed. Additionally, the Chief of Staff will inform legal counsel as soon as practical after the agreement or suspension is in place to determine whether a report must be filed to the Practitioner's licensing body under Business and Professions Code Section 805 or to the National Practitioner Data Bank.

3.D ***Referral to Leadership Council.*** Following the immediate response described above, the matter shall be referred to the Leadership Council for review pursuant to this Policy.

4. LEADERSHIP COUNCIL REVIEW

4.A ***Initial Review.*** The Leadership Council shall act expeditiously in reviewing concerns regarding a potential Health Issue referred to it. As part of its review, the Leadership Council may meet with the individual who initially reported the concern, as well as any other individual who may have relevant information. **Appendix C** contains a script that may be used for interviews, along with sample interview questions.

4.B ***Individuals Participating in Review.*** If the Leadership Council determines that it would be necessary or helpful in addressing the reported concern, it may consult with or include in the review a relevant expert (e.g., an addictionologist or psychiatrist) or the relevant service chair. Any individual who participates in a review is an integral part of the Hospital's review process, and shall be governed by the same responsibilities and legal protections (e.g., confidentiality, indemnification, etc.) that apply to other participants in the process.

4.C ***Meeting with Practitioner.*** If the Leadership Council believes that a Practitioner may have a Health Issue, the Leadership Council shall meet with the Practitioner. At this meeting, the Practitioner will be told that there is a concern that his or her ability to practice safely and competently may be compromised by a Health Issue and advised of the nature of the concern. The Practitioner will not be told who initially reported the concern except as permitted by Section 2.F of this Policy. The Practitioner will also be reminded that retaliation against anyone who may have reported a concern is prohibited. **Appendix D** includes talking points that may be used to help the Leadership Council prepare for and conduct such meetings.

4.D ***Assessment of Health Status.***

(1) The Leadership Council may require the Practitioner to do one or more of the following to facilitate an assessment of the Health Issue:

(a) undergo a physical or mental examination or other assessment (e.g., neurocognitive, motor skills, sensory capacity, vision, hearing, infectious disease) by another individual;

(b) submit to an alcohol or drug screening test (blood, hair, or urine);

(c) be evaluated by a physician or organization specializing in the relevant Health Issue, and have the results of any such evaluation provided to the Leadership Council; and/or

(d) obtain a letter from his or her treating physician confirming the Practitioner's ability to safely and competently practice, and authorize the treating physician to meet with the Leadership Council.

(2) The Leadership Council shall select the health care professional or organization to perform the examination, testing, or evaluation, but may seek input from the Practitioner. More than one health care professional or organization may be asked to perform an examination, test, or evaluation, and this may occur either concurrently or serially (e.g., a substance abuse assessment following a positive drug screen). The Practitioner shall be responsible for any costs associated with obtaining this health status information.

(3) A form authorizing the Hospital to release information to the health care professional or organization conducting the evaluation is attached as **Appendix E**. A form authorizing the health care professional or organization conducting the evaluation to disclose information about the Practitioner to the Leadership Council is attached as **Appendix F**. A Health

Status Assessment Form that may be used to document the results of an evaluation is attached as **Appendix G**.

4.E ***Interim Safeguards.*** While the assessment of health status described above is ongoing, the Leadership Council may recommend that the Practitioner voluntarily take one or more of the following actions based on the nature and severity of the potential Health Issue:

(1) agree to specific conditions on his or her practice;

(2) refrain from exercising some or all privileges;

(3) take a leave of absence; or

(4) relinquish certain clinical privileges.

4.F ***Referral to Medical Executive Committee.*** If a Practitioner does not agree to take the voluntary actions recommended by the Leadership Council while the assessment of the Practitioner's health status is ongoing, the matter shall be referred to the Medical Executive Committee for review and further action pursuant to the Medical Staff Credentialing Policy.

4.G ***Determination that No Health Issue Exists***. At any point during its review, the Leadership Council may determine that the Practitioner does not have a Health Issue. In such case, the matter shall be closed. The individual who filed the report may be notified that the report was not substantiated, at the discretion of the Leadership Council. If it is believed that that the report was an intentionally false report, it will be addressed as described above.

5. PARTICIPATION IN A TREATMENT PROGRAM

In some instances, the assessment described in Section 4 of this Policy will lead to a recommendation by the Leadership Council that the Practitioner enter a treatment program. In other instances, the need for a Practitioner to enter a treatment program will be self-evident, and each of the steps required in Section 4 may not be required. In either case, the Leadership Council will, as requested, assist the Practitioner in identifying an appropriate program.

6. REINSTATEMENT/RESUMING PRACTICE

6.A ***Request for Reinstatement or to Resume Practicing.***

(1) If a Practitioner was granted a formal leave of absence to participate in a treatment program or otherwise address a Health Issue, the Practitioner must apply for reinstatement of privileges using the process set forth in the Medical Staff Credentialing Policy. However, prior to applying for

reinstatement through the process outlined in the Credentialing Policy, the Practitioner must first submit a written request to the Leadership Council for clearance to apply for reinstatement, and be granted written permission by the Leadership Council.

(2) In all other circumstances where the Practitioner refrained from practicing (e.g., voluntary agreement between Practitioner and Leadership Council; Practitioner was absent from Medical Staff duties while participating in a treatment program or otherwise addressing a Health Issue), the Practitioner must submit a written request to the Leadership Council and receive written permission to resume exercising his or her clinical privileges.

6.B ***Additional Information.*** Before acting on a Practitioner's request for clearance to apply for reinstatement or to resume practicing, the Leadership Council may request any additional information or documentation that it believes is necessary to evaluate the Practitioner's ability to safely and competently exercise clinical privileges. This may include requiring the Practitioner to undergo a health assessment conducted by a physician or entity chosen by the Leadership Council in order to obtain a second opinion on the Practitioner's ability to practice safely and competently.

6.C ***Determination by Leadership Council.***

(1) In evaluating: (i) a request for clearance to apply for reinstatement from a leave of absence; or (ii) a request to resume practicing where no leave of absence was taken, the Leadership Council will review all information available to it and determine if the Practitioner is capable of practicing safely and competently.

(2) If the Leadership Council determines that the Practitioner is capable of practicing safely and competently without conditions, this decision will be documented. The Practitioner may then: (i) proceed with the reinstatement process outlined in the Medical Staff Credentialing Policy, if a leave of absence was taken; or (ii) resume practicing, if no leave of absence was taken.

(3) If the Practitioner desires to return to practice, and the Leadership Council believes that the Health Issue may continue to pose a danger to patients, it will meet with the Practitioner to discuss. If the Practitioner insists on returning to practice, the Leadership Counsel will refer the matter to the Medical Executive Committee, and any Leadership Council member with authority to impose a summary suspension shall consider whether, under the circumstances, a summary suspension or restriction pursuant to the Medical Staff Bylaws is appropriate.

(4) If the Leadership Council determines that conditions should be placed on a Practitioner's practice as a condition of reinstatement or resuming practice, it will consult with the Practitioner in developing any necessary conditions. The Leadership Council will inform the Medical Executive Committee of any conditions imposed, and the Medical Executive Committee will determine with legal counsel whether the Medical Staff must report the conditions to the Practitioner's licensing board or to the National Practitioner Data Bank.

7. CONDITIONS OF CONTINUED PRACTICE

7.A ***General.*** The Leadership Council may ask the Practitioner to agree to comply with certain conditions in order to receive clearance to apply for reinstatement of privileges from a leave of absence or to otherwise resume practicing. If the Practitioner does not agree to such conditions, the matter will be referred to the Medical Executive Committee as set forth in Section 8 of this Policy. By way of example and not of limitation, such conditions may include:

(1) ***Coverage.*** The Practitioner may be asked to identify at least one Practitioner who is informed of the Health Issue and is willing to assume responsibility for the care of his or her patients in the event of the Practitioner's inability or unavailability.

(2) ***Changes in Practice.*** The Practitioner may be asked to make certain changes to his or her practice, such as changing the frequency and/or schedule with which the Practitioner takes call, limiting inpatient census to a manageable number, or beginning elective procedures prior to a certain time of day.

(3) ***Ongoing Monitoring.*** The Practitioner's exercise of clinical privileges may be monitored. The individual to act as monitor shall be appointed by the Leadership Council or the service chair. The nature of the monitoring shall be determined by the Leadership Council in consultation with the service chair.

(4) ***Periodic Reports of Health Status.*** If the Practitioner is continuing to receive medical treatment or to participate in a substance abuse rehabilitation or after-care program, the Leadership Council may ask the Practitioner to agree to submit periodic reports from his or her treating physician or the substance abuse rehabilitation/after-care program. The nature and frequency of these reports will be determined on a case-by-case basis depending on the Health Issue.

(5) ***Random Alcohol or Drug Screens.*** A Practitioner who has undergone treatment for substance abuse may be asked to submit to random alcohol or drug screening tests at the request of any member of the Leadership Council.

7.B ***Reasonable Accommodations.*** Reasonable accommodations may be made consistent with Hospital policy to assist the Practitioner in resuming his or her practice. Examples of reasonable accommodations include, but are not limited to, providing assistive technology or equipment or removing architectural barriers. The Leadership Council will consult with Hospital executive personnel to determine whether reasonable accommodations are feasible.

7.C ***Reporting of Voluntary Conditions.*** The Medical Staff's general policy is to address health concerns in a voluntary, non-punitive manner that will not require a report to the Practitioner's state licensing board or agency or to the National Practitioner Data Bank. The Medical Staff also recognizes that, depending on the circumstances and the conditions voluntarily agreed to, the Medical Staff may have an obligation to file a report to the Practitioner's state licensing board or agency or to the National Practitioner Data Bank. This is a legal determination; therefore, the Leadership Council will discuss with legal counsel whenever conditions are agreed upon to determine whether they must be reported and will communicate with the Practitioner about the matter.

8. NONCOMPLIANCE

8.A ***Automatic Suspension/Relinquishment .***

(1) If a Practitioner fails or refuses to:

(a) provide information requested by the Leadership Council or any other individual authorized by this Policy to request such information (including a request for a medical assessment); or

(b) meet with the Leadership Council or other specified individuals when requested to do so in accordance with this Policy,

the Practitioner will be required to meet with the Leadership Council to discuss why the requested information was not provided or the meeting was not attended. Failure of the Practitioner to either meet with the Leadership Council or provide the requested information prior to the date of that meeting will result in the automatic relinquishment suspension of the Practitioner's clinical privileges until the Practitioner meets with the Leadership Council or the information is provided.

(2) If the Practitioner fails to provide information requested by the Leadership Council within thirty (30) days of the automatic suspension, the Practitioner's Medical Staff membership and clinical privileges will be deemed to have been automatically relinquished.

(3) If a Practitioner's Medical Staff membership and clinical privileges are deemed to have been automatically relinquished, the Medical Staff shall consult with legal counsel to determine whether or not, under the circumstances, the hospital must file a report to the Practitioner's licensing body or to the National Practitioner Data Bank.

8.B ***Referral to Medical Executive Committee.*** A matter shall be immediately referred to the Medical Executive Committee for its review and action pursuant to the Medical Staff Credentialing Policy if the Practitioner fails to:

(1) complete an agreed-upon evaluation, treatment, or rehabilitation program;

(2) agree to conditions requested by the Leadership Council to receive clearance to apply for reinstatement of privileges from a leave of absence or to otherwise resume practicing;

(3) continually comply with any agreed-upon condition of reinstatement or continued practice; or

(4) cooperate in the monitoring of his or her practice.

Following its review, the Medical Executive Committee shall take appropriate action under the Medical Staff Credentialing Policy. This may include, but is not limited to, initiating an investigation.

9. DOCUMENTATION

9.A ***Creation of Confidential File.*** Reports of potential Health Issues and documentation received or created pursuant to this Policy shall be included in the Practitioner's Confidential File, which shall be maintained by Medical Staff Administration as a separate file and shall not be included in the credentials file.

9.B ***Information Reviewed at Reappointment.***

(1) The information reviewed by those involved in the reappointment process will not routinely include all documentation in a Practitioner's Confidential File. Instead, the process set forth in this subsection will be followed.

(2) When a reappointment application is received from an individual who has a Health Issue that is currently being reviewed or monitored by the Leadership Council, or that has been reviewed and resolved in the past reappointment cycle, the Medical Staff Office shall contact the Leadership Council.

(3) The Leadership Council will prepare a confidential summary health report to the Credentials Committee. The summary health report shall be included

in the credentials file, and will be reviewed by the Credentials Committee only after the Credentials Committee has determined that the applicant is otherwise qualified for clinical privileges.

(4) The Leadership Council's summary health report will state that the Council is actively monitoring, or has monitored in the past reappointment cycle, a Health Issue involving the Practitioner. The summary health report will also include a recommendation regarding the Practitioner's ability to perform the duties of Medical Staff membership and safely exercise clinical privileges. A sample summary health report is included as **Appendix H**.

(5) If the Credentials Committee, Medical Executive Committee, or Board of Trustees has any questions about the Practitioner's ability to safely practice, the relevant entity will discuss the issue with a member of the Leadership Council. If the relevant entity still believes additional information is necessary, members of that entity may review the Practitioner's Confidential File in Medical Staff Administration.

10. CONFIDENTIALITY, PEER REVIEW PROTECTION, AND REPORTING

10.A ***Confidentiality.*** The Leadership Council and Medical Executive Committee will handle Health Issues in a confidential manner. Throughout this process, all parties should avoid speculation, gossip, and any discussions of this matter with anyone other than those described in this Policy.

10.B ***Peer Review Protection.*** All minutes, reports, recommendations, communications, and actions made or taken pursuant to this Policy are intended to be covered by the provisions of the Health Care Quality Improvement Act of 1986, 42 U.S.C.A. 11101 et seq., and California laws governing peer review. Furthermore, the committees or individuals charged with making reports, findings, recommendations or investigations pursuant to this Policy shall be considered to be acting on behalf of the Hospital and the Board of Trustees when engaged in such professional review activities and thus are "professional review bodies" as that term is defined in the Health Care Quality Improvement Act.

10.C ***Required Reporting; Contact with Law Enforcement Authorities or Governmental Agencies.*** The Hospital President or Chief of Staff shall file reports with the appropriate California licensing board, and the Hospital's authorized agent shall file reports to the NPDB, as may be required by applicable statutes or regulations. In addition, if at any time it becomes apparent that a particular matter cannot be handled internally, or jeopardizes the safety of the Practitioner or others, the President, Chief Medical Officer, Chief of Staff, or the Hospital's counsel may contact law enforcement authorities or other governmental agencies.

10.D ***Redisclosure of Drug/Alcohol Treatment Information.*** In the course of addressing a Health Issue pursuant to this Policy, the Hospital may receive written

or verbal information about the treatment of a Practitioner from a federally assisted drug or alcohol abuse program as defined by 42 C.F.R. Part 2. The Hospital may not redisclose such information without a signed authorization from the Practitioner. **Appendix I** includes an authorization that may be used for this purpose.

10.E ***Requests for Information Concerning Practitioner with a Health Issue.*** All reference requests or other requests for information concerning a Practitioner with a Health Issue shall be addressed in accordance with the Medical Staff's process for responding to reference requests or forwarded to the Chief Medical Officer, Chief of Staff or President for response.

APPENDIX A

[Insert flow chart of review process for practitioner health issues.]

APPENDIX B

LETTER TO RESPOND TO INDIVIDUAL WHO REPORTS POTENTIAL HEALTH ISSUE*

Dear _____:

Thank you for reporting your concerns. We appreciate your participation in our efforts to promote and maintain a culture of safety and quality care at our Hospital.

Your concerns will be reviewed in accordance with the Practitioner Health Policy. We will contact you if we need additional information.

Because your report may involve matters that are confidential under California law, we may not be able to inform you of the specific outcome of the review. However, please be assured that your report will be fully reviewed and appropriate steps will be taken to address the matter.

Your report will be treated with the utmost confidentiality. Your identity will not be disclosed to the subject of the report unless:

(a) you consent;

(b) the Leadership Council determines that an exception must be made in a particular situation to ensure an appropriate review. In these instances, you will be given prior notice that the disclosure will be made; or

(c) information provided by you is later relevant to an adverse professional review action that results in a Medical Staff hearing (which is an extremely rare occurrence).

In any event, as part of our culture of safety and quality care, no retaliation is permitted against you for reporting this matter. This means that the individual who is the subject of your report may not approach you directly to discuss this matter or engage in any abusive or inappropriate conduct directed at you. If you believe that you have been subjected to any retaliation as a result of raising these concerns, please report that immediately to your supervisor, the Chief Medical Officer or any Medical Staff Officer.

Once again, thank you for bringing your concerns to our attention. If you have any questions or wish to discuss this matter further, please do not hesitate to call me at _____.

Sincerely,

* ***As an alternative to sending a letter, the content of this letter may be used as talking points to respond verbally to the individual who reported a potential Health Issue.***

APPENDIX C

INTERVIEW TOOL (SCRIPT AND QUESTIONS)

I. SCRIPT FOR INTRODUCTORY STATEMENTS

Instructions: Prior to the interview, the following information should be provided to each individual who is interviewed.

1. A concern about a Practitioner's health is being reviewed under the Practitioner Health Policy. We would like to speak with you because you *[raised the concern]* **or** *[may have relevant information]*.

2. Any information you provide will be treated with the utmost confidentiality. It will not be shared with anyone outside the Hospital's peer review process. Also, Hospital policy states that your identity will generally not be disclosed to the Practitioner whose health is being reviewed except in extremely rare situations (for example, a Medical Staff hearing).

3. As part of our culture of safety and quality care, no retaliation is permitted against you for *[reporting this matter]* **or** *[providing information about this matter]*. This means that the Practitioner under review may not approach you to discuss this matter or engage in any abusive or inappropriate conduct directed at you. If you believe you have been retaliated against, please report immediately to your supervisor or any Medical Staff Leader.

4. Optimizing peer review protection and patient safety requires the Hospital to maintain any information related to this review in a ***strictly confidential*** manner and we may not be able to inform you of the outcome of the review. Do not discuss this conversation or process with any unauthorized persons, but if you have any questions about this review process following this interview, please direct them to the Chief of Staff, Chief Medical Officer, or PPE Support Staff.

II. SAMPLE INTERVIEW QUESTIONS

Note: The following questions are intended to elicit basic information about an incident. These questions may be modified as appropriate, and should be supplemented with additional questions that specifically pertain to the health matter being reviewed.

1. What was the date of the incident?

2. What time did the incident occur?

3. Where did the incident occur?

4. What is the name of the Practitioner in question?

5. Who was involved? What are their titles and duties?

6. What happened? What did you see and hear?

7. Are you aware of any attempts that were made to address this behavior with the Practitioner when it occurred?

8. Are there any notes or other documentation regarding the incident(s)?

9. Was a patient or a visitor directly or indirectly involved in the event? If so, name and medical record number.

10. Did you tell anyone about the incident?

    a. Whom did you tell?

    b. When and where did you tell them?

    c. What did you tell them?

11. How did you react to this incident at the time?

12. Did you experience or witness any retaliation or threatened retaliation by the Practitioner?

13. Do you think this incident affected patient care generally, Hospital operations, the work of your team, or your ability to do your job? If so, how?

14. Have other incidents occurred, either before or after this incident? ***[If yes, repeat above questions for each incident.]***

15. Do you have any other information we should know about this matter? Please contact me if you recall or learn something new after we are finished talking.

APPENDIX D

TALKING POINTS
FOR MEETING WITH PRACTITIONER
ABOUT HEALTH ISSUE

- ***Thank you*** for meeting with us. These types of meetings are difficult for all of us, but they are important and we appreciate your cooperation and professionalism.

- ***Reason for Meeting.*** Our reason for requesting this meeting is that we have concerns about your health status based on _____ *[briefly summarize basis for concern, but without revealing identity of anyone who provided information*].

- ***Not Disciplinary.*** This is not a disciplinary meeting. This is a meeting regarding a health issue with a colleague.

- ***Input from Practitioner.*** Please give us your perspective on the concerns that have been raised. Do you feel you have been experiencing any health issues that could put you or your patients at risk?

- ***Evaluation Requested [if applicable].*** We are asking you to obtain an assessment from an appropriate specialist who is acceptable to the Leadership Council. It is in everyone's best interest, especially yours, for this to occur as soon as possible. We will be happy to work with you to identify an appropriate person or entity to perform the assessment.

- ***HIPAA and Other Forms [if applicable].*** Once an appropriate evaluator is identified to conduct the assessment, we will provide you the HIPAA-compliant authorization forms and releases you will need to sign to facilitate the evaluation process. The evaluator may require you to sign his or her own authorizations and releases, and you will need to sign those as well. *[These forms are included as Appendices to the Practitioner Health Policy.]*

- ***Voluntary and Temporary Agreement Not to Practice [if applicable].*** Until the assessment can be completed, we need to make sure that we protect you and patients. To that end, while we recognize the difficulty and inconvenience involved, we would like you to voluntarily refrain from exercising your clinical privileges until the evaluation is complete. Is there anything we can do to help you accomplish this? *[The Practitioner may work with partners for coverage, take a couple of weeks of vacation, take a LOA, etc.]*

- ***Other Practice Sites (affiliated and non-affiliated).*** We know you also practice at other sites. Based on the concerns identified above, it would be important for both you and your patients to take the same voluntary safeguards at those sites as well. How do you think we can accomplish that in the same spirit of cooperation*?*

- ***Confidentiality*.** We will treat this matter in the most highly confidential manner possible, consistent with our policies and with California's peer review protection law. We understand how sensitive this issue is, and we certainly intend to proceed accordingly. Any communication about this matter will be the minimum necessary to accomplish your voluntary agreement.

- ***Non-Retaliation.*** While we do not expect it at all, as a courtesy to you, we want to make sure that we remind you to avoid any type of action that could be viewed as retaliation against any individual who you believe may have expressed a concern or provided information in this matter. As such, please avoid discussing this matter with any such individual, because even well-intentioned conversations can be perceived as intimidating. Any questions or concerns or additional information that you wish to provide should be given to one of us.

- ***Thank you*.** We understand what a difficult and uncomfortable situation this is, and we want to thank you again for your professionalism and cooperation.

***ADDITIONAL INFORMATION TO PLAN FOR THE MEETING*:**

1. If the Practitioner refuses to obtain an assessment, the refusal will result in the "automatic suspension" of clinical privileges until an assessment is obtained. See Section 8 of the Practitioner Health Policy.

2. Consult with Hospital counsel if you have any questions about what is and is not reportable to the California licensing boards and the NPDB.

3. If the Practitioner refuses to voluntarily and temporarily refrain from exercising privileges as requested pending completion of an evaluation, a "summary suspension" could be imposed if it meets the standards set forth in the Bylaws. However, that would be the last option. The best approach is to explain to the Practitioner why it is in his or her best interest to voluntarily refrain from practicing while the matter is reviewed.

APPENDIX E

CONFIDENTIAL PEER REVIEW DOCUMENT

CONSENT FOR DISCLOSURE OF INFORMATION
AND
RELEASE FROM LIABILITY

I hereby authorize Santa Rosa Memorial Hospital and its Leadership Council, Medical Executive Committee, and Medical Staff Leaders (the "Hospital") to provide _____ *[the facility or individual performing the health assessment]* (the "Evaluator") all information, regardless of format (for example, written, electronic, or oral), relevant to an evaluation of my health status.

I understand that the purpose of this Authorization and Release is to allow the Evaluator to conduct a full and complete evaluation of my health status so that the Hospital can determine if I am able to care for patients safely and competently.

I also understand that the information being disclosed is protected by certain California laws and that the Hospital, the Evaluator, and others involved in the peer review process will maintain the confidentiality of peer review information in a manner consistent with the Medical Staff's Practitioner Health Policy and confidentiality of information policies.

I release from any and all liability, and agree not to sue, the Hospital, any of its officers, directors, or employees, any physician on the Hospital's Medical Staff, or any authorized representative of the Hospital, for any matter arising out of the release of information by the Hospital to the Evaluator.

I also release from any and all liability, and agree not to sue, the Evaluator or any of its officers, directors, employees, or authorized representatives for any matter arising out of the Evaluator's provision of an evaluation of my health status to the Hospital.

_____ _____

Date Signature of Practitioner

_____

Printed Name

APPENDIX F

CONFIDENTIAL PEER REVIEW DOCUMENT

AUTHORIZATION FOR RELEASE
OF PROTECTED HEALTH INFORMATION

I hereby authorize _____ *[the facility or individual performing the health assessment]* (the "Evaluator") to provide all information, both written and oral, relevant to an assessment of my health status and my ability to safely practice, to Santa Rosa Memorial Hospital and its Leadership Council, Medical Executive Committee, and Medical Staff Leaders (the "Hospital"). The information to be released includes, but is not limited to, answers to the questions on the attached Health Status Assessment Form, along with the following (as applicable):

1. my current health condition;

2. whether I am continuing to receive medical treatment and, if so, the treatment plan;

3. whether I am continuing to participate in a substance abuse rehabilitation program or an after-care program, and whether I am in compliance with all aspects of the program;

4. to what extent, if any, my behavior and clinical practice need to be monitored;

5. whether I am capable of resuming clinical practice and providing continuous, competent care to patients as requested; and

6. any conditions that are necessary for me to safely exercise my clinical privileges.

I understand that the purpose of this Authorization is to allow the Hospital to obtain information that is relevant to my qualifications for Medical Staff appointment and clinical privileges, including, but not limited to, my ability to care for patients safely and competently and to relate cooperatively with others in the Hospital.

I understand that the willingness of the Evaluator to conduct this assessment or provide treatment does not depend on my signing this Authorization.

OR

Since the Hospital is paying for the health assessment and/or treatment and has conditioned payment for the assessment and/or treatment on receipt of a report, the Evaluator may refuse to conduct the assessment or provide treatment if I refuse to sign this Authorization.

I understand that my health information is protected by a federal law known as the HIPAA Privacy Rule and may not be disclosed by the Evaluator without this Authorization. Once my health information is disclosed to the Hospital pursuant to this Authorization, the HIPAA Privacy Rule

may no longer apply to the information. However, in that case, the Hospital may be limited by California law and Hospital procedures in how it discloses health information it receives about me to anyone outside of its confidential review process. In addition, if the information in question relates to my treatment at a federally-assisted drug or alcohol treatment facility, federal law would also prevent the Hospital from disclosing that information without me signing a separate Authorization form to do so.

I understand that I may revoke this Authorization at any time, in writing, except to the extent that the Evaluator has already relied upon it in making a disclosure to the Hospital. My written revocation will become effective when the Evaluator has knowledge of it.

This Authorization expires when my Medical Staff appointment and clinical privileges at the Hospital end. Once this Authorization has expired, the Evaluator may no longer use or disclose my health information for the purpose listed in this Authorization, unless I sign a new Authorization form.

Date	Signature of Practitioner
	Printed Name

APPENDIX G

CONFIDENTIAL PEER REVIEW DOCUMENT

HEALTH STATUS ASSESSMENT FORM

Please respond to the following questions based upon your assessment of the current health status of _____ (the "Practitioner"). If additional space is required, please attach a separate sheet.

CURRENT HEALTH STATUS	YES	NO
1. Does the Practitioner have any medical, psychiatric, or emotional conditions that could affect his/her ability to exercise safely the clinical privileges set forth on the attached list and/or to perform the duties of Medical Staff appointment, including response to emergency call? If "yes," please provide the diagnosis and prognosis: _____ _____ _____	❑	❑
2. Is the Practitioner continuing to receive medical treatment for any conditions identified in Question 1? If "yes," please describe treatment plan: _____ _____ _____	❑	❑
3. Has the Practitioner been prescribed or is the Practitioner currently taking any medication that may affect the Practitioner's ability to practice? If "yes," please specify medications and any side effects: _____ _____ _____	❑	❑
4. Is the Practitioner currently under any limitations concerning activities or workload? If "yes," please specify: _____ _____ _____	❑	❑

SUBSTANCE ABUSE/AFTER-CARE PROGRAM *(If the Practitioner is participating in a substance abuse or after-care program, please also answer the questions in this section.)*	**YES**	**NO**
1. Please specifically describe the substance abuse rehabilitation or after-care program: _____ _____		
2. Is the Practitioner in compliance with all aspects of the program? If "no," please explain: _____ _____ _____	❑	❑
CONDITIONS, RESTRICTIONS, AND ACCOMMODATIONS	**YES**	**NO**
1. Does the Practitioner's behavior and/or clinical practice need to be monitored? If "yes," please describe: _____ _____ _____	❑	❑
2. In your opinion, are any conditions or restrictions on the Practitioner's clinical privileges, or are there reasonable accommodations, necessary to permit the Practitioner to exercise privileges safely and/or to fulfill Medical Staff responsibilities appropriately? If "yes," please describe such restrictions, conditions, or accommodations: _____ _____	❑	❑
3. In your opinion, is the Practitioner capable of resuming clinical practice and providing continuous, competent care to patients, with or without reasonable accommodations, as requested? If "no," please explain: _____ _____ _____	❑	❑

_____ _____

Date Signature of Evaluating Practitioner

APPENDIX H

CONFIDENTIAL PEER REVIEW DOCUMENT

SAMPLE SUMMARY HEALTH REPORT

TO: Credentials Committee

FROM: Leadership Council

DATE: _____

RE: Summary Health Report

This summary health report is submitted pursuant to Section 9.B of the Practitioner Health Policy of Santa Rosa Memorial Hospital.

During the past appointment cycle, the Leadership Council has worked with _____ (the "Practitioner") to address a Health Issue.

The Leadership Council conducted its review according to the detailed procedures set forth in the Practitioner Health Policy. The Leadership Council obtained input from the Practitioner, gathered information from witnesses, and evaluated the results of a health assessment of the Practitioner. The Practitioner cooperated fully with the review process.

The Leadership Council has determined that the Practitioner's Health Issue does <u>not</u> prevent the Practitioner from safely exercising his or her clinical privileges. Moreover, the Leadership Council does not believe it is necessary for any conditions to be placed on the Practitioner's practice. ***<u>or</u>***

The Leadership Council has determined that the Practitioner's Health Issue does <u>not</u> prevent the Practitioner from safely exercising his or her clinical privileges. The Practitioner is voluntarily complying with certain conditions developed by the Leadership Council to ensure patient safety. The Leadership Council will continue to work with the Practitioner to address and monitor the Health Issue.

Pursuant to Section 9.B of the Practitioner Health Policy, if any member of the Credentials Committee, Medical Executive Committee or Board of Directors has any question about the Practitioner's ability to safely practice, that member should feel free to contact a member of the Leadership Council to discuss the matter further. The Leadership Council is comprised of: _____.

If additional information is necessary after such conversation, the Practitioner's confidential file may be reviewed in Medical Staff Administration.

APPENDIX I

CONFIDENTIAL PEER REVIEW DOCUMENT

AUTHORIZATION FOR REDISCLOSURE OF DRUG/ALCOHOL TREATMENT INFORMATION

In the course of credentialing and peer review activities, Santa Rosa Memorial Hospital and its Leadership Council, Medical Executive Committee, and Medical Staff Leaders (the "Hospital") have received information about me from _____, a federally assisted drug or alcohol treatment program governed by 42 C.F.R. Part 2 (the "Program").

I hereby authorize the Hospital to redisclose to _____ (the "Receiving Entity") any and all information the Hospital received from the Program regarding my treatment. This includes, but is not limited to, any written report or correspondence from the Program, notes to file regarding verbal conversations between the Program and the Hospital, and the contents of any verbal conversations between the Program and the Hospital.

I understand that the purpose of the disclosure of this information is to allow the Receiving Entity to _____ *[Describe the purpose of the disclosure, such as "allow the Receiving Entity to evaluate my health status and my ability to safely practice medicine."]*

I understand that I may revoke this Authorization at any time, in writing, except to the extent that the Hospital has already relied upon it in making a disclosure to the Receiving Entity. My written revocation will become effective when the Hospital has knowledge of it.

This Authorization shall remain in effect while I am a Medical Staff member or while I hold clinical privileges. It is my intention for this Authorization to remain in effect beyond the expiration of my current appointment term, and for as long as I continue to be appointed to the Medical Staff or granted clinical privileges. This Authorization expires when my Medical Staff appointment and clinical privileges at the Hospital end and are not renewed. Once this Authorization has expired, the Hospital may no longer disclose the information described above unless I sign a new Authorization form.

I understand that this Authorization is governed by 42 C.F.R. §2.31. I also understand that the Receiving Entity is prohibited from further disclosing my information unless I sign a separate authorization form.

_____ _____

Date Signature of Practitioner

_____

Printed Name