

Chapter 4731-15

Rules Governing Mandatory Reporting

4731-15-01 Licensee reporting requirement; exceptions.

(A) Licensees of the board shall be required to report as listed below:

(1) Subject to paragraph (B) of this rule, any individual licensed under Chapter 4731. of the Revised Code or any association or society of individuals licensed under Chapter 4731. of the Revised Code shall report to the board a belief that a violation of Chapter 4730., Chapter 4731., Chapter 4760. or Chapter 4762. of the Revised Code, or any rule of the board has occurred.

(2) Subject to paragraph (B) of this rule, any physician assistant or any association or society of physician assistants shall report to the board a belief that a violation of Chapter 4730. or 4731. of the Revised Code, or any rule of the board has occurred.

(3) Subject to paragraph (B) of this rule, any anesthesiologist assistant or any association or society of anesthesiologist assistants shall report to the board a belief that a violation of Chapter 4731. or 4760. of the Revised Code, or any rule of the board has occurred.

(4) Subject to paragraph (B) of this rule, any acupuncturist or any association or society of acupuncturists shall report to the Board a belief that a violation of Chapter 4731. or 4762. of the Revised Code, or any rule of the board has occurred.

(B) An individual, association or society shall be relieved of the obligation to report under paragraph (A) of this rule if one of the following requirements is met:

(1) The individual or organization is an approved treatment provider under section 4731.25 of the Revised Code or the individual is an employee, agent or representative of an approved treatment provider, and

(a) The practitioner maintains participation in treatment or aftercare in accordance with section 4731.25 of the Revised Code and any rules of the board adopted pursuant to that section; and

(b) There is no reason to believe that the practitioner has violated any provision of Chapter 4730., Chapter 4731., Chapter 4760. or Chapter 4762. of the Revised Code, or any rule of the board, other than impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice, as provided in division (B)(5) of section 4730.25 of the Revised Code, division

(B)(26) of section 4731.22 of the Revised Code, division (B)(6) of section 4760.13 of the Revised Code or division (B)(6) of section 4762.13 of the Revised Code.

(2) The individual is a member of an impaired practitioner committee, or the equivalent, established by a hospital or its medical staff, or is a representative or agent of a

committee or program sponsored by a professional association of individuals licensed under Chapter 4731. of the Revised Code to provide peer assistance to practitioners with substance abuse problems, and

(a) The practitioner has been referred for examination to an approved treatment program;

(b) The practitioner co-operates with the referral for examination and any determination that he or she should enter treatment; and

(c) There is no reason to believe that the practitioner has violated any provision of Chapter 4730., Chapter 4731., Chapter 4760. or Chapter 4762. of the Revised Code, or any rule of the board, other than impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol or other substances that impair ability to practice, as provided in division (B)(5) of section 4730.25 of the Revised Code, division

(B)(26) of section 4731.22 of the Revised Code, division (B)(6) of section 4760.13 of the Revised Code or division (B)(6) of section 4762.13 of the Revised Code.

(3) The individual believes all of the following:

(a) The practitioner has been referred for examination to an approved treatment program;

(b) The practitioner co-operates with the referral for examination and any determination that he or she should enter treatment; and

(c) There is no reason to believe that the practitioner has violated any provision of Chapter 4730., Chapter 4731., Chapter 4760. or Chapter 4762. of the Revised Code, or any rule of the board, other than impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol or other substances that impair ability to practice, as provided in division (B)(5) of section 4730.25 of the Revised Code, division

(B)(26) of section 4731.22 of the Revised Code, division (B)(6) of section 4760.13 of the Revised Code or division (B)(6) of section 4762.13 of the Revised Code.

(4) The individual is a member of a review committee described in section 2305.25 of the Revised Code and the sole source for the belief that a violation has occurred and there has been evidence or other matters produced or presented during the proceedings of such committee.

(5) The individual is otherwise prohibited from reporting to the board by a superseding state or federal law.

(6) For purposes of this paragraph any individual licensed under Chapter 4730., Chapter 4731., Chapter 4760. or Chapter 4762. of the Revised Code, or any association or society

of individuals so licensed, shall report a practitioner who has, at any time during or following treatment, experienced a relapse, as that term is defined in rule 4731-16-01 of the Administrative Code. The relapsing practitioner shall self-report the relapse.

(C) For purposes of paragraphs (B)(1)(b), (B)(2)(c), and (B)(3)(c) of this rule, violations of provisions of Chapter 4730., Chapter 4731., Chapter 4760. or Chapter 4762. of the Revised Code, or any rule of the board, other than impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impairability to practice, need not be reported if all of the following requirements are met, but if any or all of the following conditions are not met, the individual or organization shall report to the board all violations which are believed to have occurred:

(1) All acts or omissions by the practitioner which would otherwise have constituted violations occurred while the practitioner was impaired; and

(2) The practitioner has not been criminally convicted based on any such acts or omissions; and

(3) There is no reason to believe that such acts or omissions might have an adverse impact on other individuals.

(D) For purposes of section 4730.32 of the Revised Code, section 4731.224 of the Revised Code, section 4760.16 of the Revised Code, section 4762.16 of the Revised Code and this rule, "reason to believe" or "a belief" does not require absolute certainty or complete unquestioning acceptance, but only an opinion that a violation has occurred based upon firsthand knowledge or reliable information.

(E) Any report required under paragraph (A) of this rule shall be made to the board within forty-eight hours. Reporting of any belief that a violation has occurred to a review committee as described in section 2305.251 of the Revised Code or any entity other than the board does not discharge the duty or obligation to report to the board. In cases where the secretary and supervising member determined that peer review is being conducted by a review committee as described in section 2305.251 of the Revised Code for purposes of denying, determining, changing or modifying the scope of the licensee's clinical privileges, they may defer further investigation by the board while awaiting the outcome of that peer review.

(F) Any individual licensed under Chapter 4731. of the Revised Code or any association or society of individuals licensed under Chapter 4731. of the Revised Code or any physician assistant or society of physician assistants who reports to the board a belief that a violation of Chapter 4731. or Chapter 4730. of the Revised Code, or any rule of the board has occurred shall be considered to be reporting pursuant to the requirements of section 4731.224 of the Revised Code and shall be immune from civil liability as provided by division (H) of that section and paragraph (A) of rule 4731-15-05 of the Administrative Code. In order to invoke immunity, the practitioner who chooses to report

anonymously shall request and shall be assigned a confidential identifying number by the board. The practitioner shall be responsible for notifying the board that he or she is a licensee and shall be responsible for maintaining the confidential identifying number in order to verify that he or she has met the reporting obligations of section 4730.32 of the Revised Code or section 4731.224 of the Revised Code and this chapter.

(G) Each report pursuant to this rule shall include:

- (1) The name of the licensee or other individual in violation;
- (2) The violation which is believed to have occurred; and
- (3) The date(s) of and place(s) of occurrence(s), if known.

Effective: 06/30/2005

4731-15-02 Healthcare facility reporting requirement.

(A) The chief administrator or executive officer of any healthcare facility as defined in section 3702.51 of the Revised Code, including a hospital, healthcare facility operated by a health insuring corporation, ambulatory surgical facility or similar facility, shall report to the board any formal disciplinary action against any individual licensed under Chapter 4730., 4731., 4760. or 4762. of the Revised Code within sixty days after its completion.

(B) "Formal disciplinary action" means any procedure resulting in the revocation, restriction, reduction, or termination of clinical privileges for violations of professional ethics, or for reasons of medical incompetence, medical malpractice, or drug or alcohol abuse. Clinical privileges means the authorization by the healthcare facility to a person licensed under Chapter 4730., 4731., 4760. or 4762. of the Revised Code for the provision of health care services.

(C) Formal disciplinary actions shall include:

(1) Summary actions, actions that take effect notwithstanding any appeal rights that may exist and actions that result in an individual surrendering clinical privileges while under investigation during proceedings regarding the action being taken or in return for not being investigated or having proceedings held, resulting in revocation, restriction, reduction, or termination of privileges for the violations or reasons set forth in paragraph (B) of this rule; and

(2) Actions resulting in refusal or denial of clinical privileges for the violations or reasons set forth in paragraph (B) of this rule;

(D) Formal disciplinary actions shall not include any action taken for the sole reason of failure to maintain records on a timely basis, failure to pay dues, or failure to attend staff, department, or section meetings.

(E) Formal disciplinary actions need not be reported if:

(1) The practitioner has been referred for examination to an approved treatment program; and

(2) The practitioner cooperates with the referral for examination and any determination that he should enter treatment; and

(3) There is no reason to believe that the practitioner has violated any provision of Chapter 4730., Chapter 4731., Chapter 4760. or Chapter 4762. of the Revised Code, or any rule of the board, other than impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice, as provided in division (B)(5) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the

Revised Code, division (B)(6) of section 4760.13 of the Revised Code, or division (B)(6) of section 4762.13 of the Revised Code.

(F) Each report shall include:

- (1) The name and address of the facility reporting;
- (2) The licensee's name and license number;
- (3) The action taken by the facility;
- (4) The date of the action taken by the facility;
- (5) The effective date of the action taken by the facility; and
- (6) A summary of the underlying facts leading to the action.

(G) Upon receipt and review of a national practitioner data bank report by the board, the board shall contact the reporting facility to verify that the filing of the report has been approved by the peer review committee which reviewed the case or by the governing board of the facility, in accordance with division (A) of section 4731.224 of the Revised Code. Upon verification of the report, the timely filing of a national practitioner data bank adverse action report by the facility with the board shall satisfy the reporting requirement as set forth in paragraphs (A) to (G) of this rule.

(H) Any request for patient records by the board as provided under division (A) of section 4730.32 of the Revised Code, division (A) of section 4731.224 of the Revised Code, division (A) of section 4760.16 of the Revised Code or division (A) of section 4762.16 of the Revised Code shall be made by certified mail directed to the chief administrator or executive officer of the facility. Failure to provide the board with the requested patient records minus patient identifiers within thirty days of receipt of that request shall constitute a failure to comply with section 4730.32 of the Revised Code, section 4731.224 of the Revised Code, section 4760.16 of the Revised Code or section 4762.16 of the Revised Code, whichever is applicable, unless the board has granted a prior extension in writing.

Effective: 02/28/04

4731-15-03 Malpractice reporting requirement.

(A) Any insurer providing professional liability insurance or any other entity that seeks to indemnify the professional liability of any person holding a valid certificate issued pursuant to Chapter 4730., 4731., 4760. or 4762. of the Revised Code shall notify the board within thirty days after the final disposition of any written claim for damages where such disposition results in a payment which exceeds twenty-five thousand dollars.

(B) For purposes of division (D) of section 4730.32 of the Revised Code, division (D) of section 4731.224 of the Revised Code, division (D) of section 4760.16 of the Revised Code, division (D) of section 4762.16 of the Revised Code and this rule:

(1) The amount of payment shall mean the aggregate gross settlement, not including court costs or other litigation costs;

(2) The present value of future payments shall be utilized in calculating the aggregate gross settlement in cases of structured payments;

(3) In cases involving multiple defendants where payment exceeds twenty-five thousand dollars but no specific allocation is made in the disposition of the claim, a report shall be filed with the board for each of the defendants upon whose behalf the payment is made;

(4) Payments made solely for damages not arising from patient care need not be reported;

(5) The waiver of an outstanding debt is not construed as a payment.

(C) Each notification to the board shall include the following:

(1) The name and address of the person submitting the notification;

(2) The identity of the insurer or other indemnifying entity;

(3) The name and address of the insured who is the subject of the claim;

(4) The name of the person filing the written claim;

(5) The date of final disposition;

(6) The amount of payment;

(7) If applicable, the identity of the court in which the final disposition took place.

(D) The timely filing of a national practitioner data bank medical malpractice payment report by the insurer with the board shall satisfy the reporting requirement as set forth in paragraphs (A) to (D) of this rule.

(E) The reports received under division (D) of section 4730.32 of the Revised Code, division (D) of section 4731.224 of the Revised Code, division (D) of section 4762.16 of the Revised Code and this rule shall be listed for periodic review by the secretary and supervising member at least once every three months. Based upon that review, they shall determine the need to investigate possible violations of Chapter 4730., or 4731., 4760. or 4762. of the Revised Code or any rule of the board.

Effective: 02/28/04

4731-15-04 Professional society reporting.

(A) Any professional association or society composed primarily of doctors of medicine and surgery, doctors of osteopathic medicine and surgery, doctors of podiatric medicine and surgery, practitioners of the limited branches of medicine, anesthesiologist assistants, physician assistants or acupuncturists that suspends or revokes an individual's membership in that society for violations of professional ethics or for reasons of professional incompetence or professional malpractice shall report that action to the board within sixty days after a final decision.

(B) Each report shall include:

- (1) The licensee's name and license number;
- (2) The action taken; and
- (3) A summary of the underlying facts leading to the action.

(C) The timely filing of a national practitioner data bank adverse action report by the society with the board shall satisfy the reporting requirement as set forth in paragraphs (A) and (C) of this rule.

Effective: 02/28/04

4731-15-05 Liability; reporting forms; confidentiality and disclosure.

(A) Any person, health care facility, association, society, or insurer who reports to the board or who refers an impaired practitioner to an approved treatment program shall not be subject to suit for civil damages as a result of the report, referral, or provision of information.

(B) The board shall provide, upon request, forms for reporting under the provisions of section 4730.32 of the Revised Code, section 4731.224 of the Revised Code, section 4762.16 of the Revised Code and this chapter of the Administrative Code.

(C) When a national practitioner data bank report form is accepted by the board for the purpose of satisfying the requirements of section 4731.224 of the Revised Code and this chapter of the Administrative Code, the board shall redact the following information prior to disclosing the report as authorized under section 4731.224 of the Revised Code and this chapter of the Administrative Code:

(1) National practitioner data bank identification number of the reporting entity, and

(2) All national practitioner data bank references and federal form indicia.

(D) All summaries, reports, and records received and maintained by the board pursuant to section 4730.32 of the Revised Code, section 4731.224 of the Revised Code, section 4760.16 of the Revised Code, section 4762.16 of the Revised Code and this chapter of the Administrative Code shall be held in confidence and shall not be subject to discovery or introduction in evidence in any federal or state civil action involving a health care professional or facility arising out of matters which are the subject of such reporting to the board. The board may only disclose the summaries and reports to hospital committees which are involved in credentialing or recredentialing the certificate holder or in reviewing the practitioner's clinical privileges. Such disclosure may be made through an independent credentialing service if the service merely communicates the information to the hospital committees and maintains strict confidentiality as provided in a written agreement with the board. Reports filed by an individual licensee pursuant to division (B) of section 4730.32 of the Revised Code, division (B) of section 4731.224 of the Revised Code, division (B) of section 4760.16 of the Revised Code, division (B) of section 4762.16 of the Revised Code and rule 4731-16-01 of the Administrative Code shall not be disclosed.

(E) Except for reports filed by an individual licensee pursuant to division (B) of section 4730.32 of the Revised Code, division (B) of section 4731.224 of the Revised Code, division (B) of section 4760.16 of the Revised Code, division (B) of section 4762.16 of the Revised Code and rule 4731-15-01 of the Administrative Code, a copy of any reports or summaries received by the board pursuant to section 4730.32 of the Revised Code, section 4731.224 of the Revised Code, section 4760.16 of the Revised Code, section 4762.16 of the Revised Code and Chapter 4731-15 of the Administrative Code shall be sent to the certificate holder by the board. The certificate holder shall have

the right to file a statement with the board concerning the correctness or relevance of the information. Such statement, upon receipt by the board, shall at all times accompany that part of the record in contention.

(F) The board need not accept reports, summaries, or statements that consist of or include proceedings or records of review committees as described in section 2305.25 of the Revised Code. If the board determines that materials submitted are unacceptable, it shall return those materials to the submitting individual or entity, and provide an opportunity for submission of appropriate materials.

Effective: 02/28/04

Chapter 4731-16

Rules Governing Impaired Practitioners and Approval of Treatment Programs

4731-16-01 Definitions.

As used in this chapter of the Administrative Code:

(A) "Impairment" means impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice. Impairment includes inability to practice in accordance with such standards, and inability to practice in accordance with such standards without appropriate treatment, monitoring or supervision.

(B) "Relapse" means any use of, or obtaining for the purpose of using, alcohol or a drug or substance that may impair ability to practice, except pursuant to the directions of a treating physician who has knowledge of the patient's history and the disease of addiction, or pursuant to the direction of a physician in a medical emergency. An instance of use that occurs during detoxification treatment or inpatient or residential treatment before a practitioner's disease of addiction has been brought into remission does not constitute a relapse.

(C) "Approved treatment provider" means a treatment provider approved pursuant to section 4731.25 of the Revised Code and this chapter of the Administrative Code.

(D) "The board" means the state medical board of Ohio.

(E) "Sobriety" means abstinence from alcohol, and from drugs or substances that may impair ability to practice, except pursuant to the directions of a treating physician who has knowledge of the patient's history and the disease of addiction, or pursuant to the direction of a physician in a medical emergency.

Effective: 11/30/02

4731-16-02 General procedures in impairment cases.

(A) Should the board have reason to believe that any licensee or applicant suffers from impairment, as that term is used in division (B)(5) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (B)(6) of section 4760.13 of the Revised Code or division (B)(6) of section 4762.13 of the Revised Code, it may compel the individual to submit to a mental or physical examination, or both. Such examinations shall be undertaken by an approved treatment provider designated by the board. The notice issued ordering the individual to submit to examination shall delineate acts, conduct or behavior committed or displayed which establish reason to believe that the individual is impaired. Failure to submit to examination ordered by the board constitutes an admission of impairment unless the failure is due to circumstances beyond the individual's control.

(B) In cases where the board has not initiated a disciplinary action for violations of any provisions of Chapter 4731., Chapter 4730., Chapter 4760. or Chapter 4762. of the Revised Code or any of its rules other than division (B)(5) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (B)(6) of section 4760.13 of the Revised Code or division (B)(6) of section 4762.13 of the Revised Code the following general pattern of action shall be followed:

(1) Upon identification by the board of reason to believe that a licensee or applicant is impaired it may compel an examination or examinations as set forth in paragraph (A) of this rule. The examination must include monitoring in an inpatient setting for at least seventy-two hours, and must meet all other requirements of rule 4731-16-05 of the Administrative Code.

(2) If the examination or examinations fail to disclose impairment, no action shall be initiated pursuant to division (B)(5) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (B)(6) of section 4760.13 of the Revised Code or division (B)(6) of section 4762.13 of the Revised Code unless other investigation produces reliable, substantial, and probative evidence demonstrating impairment.

(3) If the examination or examinations disclose impairment, or if the board has other reliable, substantial and probative evidence demonstrating impairment, the board shall initiate proceedings to suspend the license or deny the applicant. The board may issue an order of summary suspension as provided in division (G) of section 4730.25 of the Revised Code, division (G) of section 4731.22 of the Revised Code, division (G) of section 4760.13 of the Revised Code or division (G) of section 4762.13 of the Revised Code. The presence of one or more of the following circumstances shall constitute independent proof of impairment and shall support license suspension or denial without the need for an examination:

(a) The individual has relapsed during or following treatment;

(b) The individual has applied for or requested treatment in lieu of conviction of a criminal charge or intervention in lieu of conviction of a criminal charge, or has applied for or requested entry into a similar diversion or drug intervention program;

(c) The individual has pled guilty to or has had a judicial finding of guilt of a criminal offense that involved the individual's personal use or abuse of any controlled substance.

(4) Before being eligible to apply for reinstatement of a license suspended under this paragraph the impaired practitioner must demonstrate to the board that the practitioner can resume practice in compliance with acceptable and prevailing standards of care under the provisions of the practitioner's certificate. Such demonstrations shall include but shall not be limited to the following:

(a) Certification from a treatment provider approved under section 4731.25 of the Revised Code that the practitioner has successfully completed any required inpatient treatment. For purposes of this certification, inpatient treatment shall include inpatient or residential treatment. The required inpatient treatment must extend a minimum of twenty-eight days with the following exceptions: If the practitioner has previously completed an inpatient or residential treatment program of at least twenty-eight days and was able to maintain sobriety for a least one year following completion of that inpatient or residential treatment, the treatment required shall be determined by the treatment provider;

(b) Evidence of continuing full compliance with an aftercare contract that meets the requirements of rule 4731-16-10 of the Administrative Code, and with any consent agreement or order of the board then in effect;

(c) Two written reports indicating that the individual's ability to practice has been assessed and that the individual has been found capable of practicing according to acceptable and prevailing standards of care. The reports shall be made by individuals or providers approved by the board for making such assessments and shall describe the basis for this determination. A physician who is the medical director of a treatment provider approved under section 4731.25 of the Revised Code and this chapter of the Administrative Code may perform such an assessment without prior board approval.

(5) Subject to the provisions of paragraph (D) of this rule, the board may reinstate a license suspended under this paragraph after the demonstration described in paragraph (B)(4) of this rule and after the individual has entered into a written consent agreement which conforms to the requirements set forth in rule 4731-16-06 of the Administrative Code, or after the board has issued a final order in lieu of a consent agreement.

(6) When the impaired practitioner resumes practice after license reinstatement, the board shall require continued monitoring of the practitioner. This monitoring shall include but not be limited to compliance with the written consent agreement entered into before reinstatement or compliance with conditions imposed by board order after a hearing, and, upon termination of the consent agreement, submission by the practitioner

to the board, for at least two years, of annual written progress reports made under penalty of perjury stating whether the license holder has maintained sobriety.

(C) In cases where the board has initiated a disciplinary action for violations of any provisions of Chapter 4731. Chapter 4730. Chapter 4760. or Chapter 4762. of the Revised Code or any of its rules in addition to division (B)(5) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (B)(6) of section 4760.13 of the Revised Code or division (B)(6) of section 4762.13 of the Revised Code, the general pattern of action described in paragraph (B) of this rule will be followed with the following exceptions:

(1) If the board permanently revokes a license, the individual shall not be eligible for further consideration for licensure or license reinstatement;

(2) If the board imposes a period of ineligibility for licensure, the individual shall not be eligible for licensure or license reinstatement until the period of ineligibility has lapsed;

(3) If the board imposes an indefinite period of ineligibility, licensure or license reinstatement shall depend upon successful completion of the requirements in paragraphs (B)(4) and (B)(5) of this rule and determination by the board that the period of suspension or ineligibility served is commensurate with the violations found.

(D) Except as provided in this paragraph, a practitioner who has relapsed during or following treatment shall be ineligible to apply for reinstatement for at least ninety days following the date of license suspension for a first relapse, for at least one year following the date of license suspension for a second relapse, and for at least three years following the date of license suspension for a third relapse. A practitioner who suffers a relapse, as that term is defined in paragraph (B) of rule 4731-16-01 of the Administrative Code, will not be subjected to suspension or other board discipline based on that relapse if all of the following conditions are met:

(1) The relapse was the first ever suffered by the practitioner;

(2) The relapse occurred under circumstances that the board finds minimized the probability that the practitioner would either provide patient care while under influence of alcohol or drugs or leave patients without necessary care while under the influence of alcohol or drugs;

(3) The relapse involved a single occasion of use for less than one day;

(4) The practitioner self-reported the relapse within forty-eight hours in accordance with rule 4731-15-01 of the Administrative Code;

(5) The practitioner does not thereafter suffer another relapse;

(6) The board does not obtain evidence of acts, conduct or omissions that would support the imposition of discipline, apart from the relapse itself;

(7) The relapse does not lead to the practitioner being charged with any criminal offense;

(8) The practitioner reported the relapse to an approved treatment provider within forty-eight hours, submitted to evaluation as requested by the approved treatment provider, and obtained any additional treatment recommended;

(9) The practitioner suspended practice until the approved treatment provider reported in writing to the board that it had made a clear determination that the practitioner was capable of practicing according to acceptable and prevailing standards of care; and

(10) The approved treatment provider provides the board a full report of the evaluation, and the board's secretary and supervising member decide that there are not circumstances warranting the initiation of disciplinary action.

Effective: 11-30-02

4731-16-03 Mental or physical impairment.

"Inability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills," as that language is used in division (B)(4) of section 4730.25 of the Revised Code, in division (B)(19) of section 4731.22 of the Revised Code, in division (B)(5) of section 4760.13 of the Revised Code and in division (B)(5) of section 4762.13 of the Revised Code, includes inability to practice in accordance with such standards without appropriate treatment, monitoring or supervision.

Effective: 11-30-02

4731-16-04 Other violations.

For purposes of board disciplinary action for violations of any board rule or any provision of Chapter 4731. Chapter 4730. Chapter 4760. or Chapter 4762. of the Revised Code other than division (B)(26) of section 4731.22 of the Revised Code, division (B)(5) of section 4730.25 of the Revised Code, division (B)(6) of section 4760.13 of the Revised Code or division (B)(6) of section 4762.13 of the Revised Code, impairment shall not excuse acts which result in conviction or which might, as determined by the board, have an adverse impact on other individuals. Such acts shall constitute independent basis for disciplinary action.

Effective: 11-30-02

4731-16-05 Examinations.

(A) Any examination ordered by the board under division (F)(2) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (F)(2) of section 4760.13 of the Revised Code or division (F)(2) of section 4762.13 of the Revised Code in order to determine impairment, or any examination of an applicant for or a holder of a certificate issued under Chapter 4730., Chapter 4731., Chapter 4760. or Chapter 4762. of the Revised Code performed by an approved treatment provider shall include all of the following:

(1) Urine screening or blood alcohol testing, or both, with legal chain of custody and forensic capability protocol;

(2) Comprehensive evaluation pertinent to the reasons for referral, including:

(a) Complete medical history and physical examination;

(b) Psychiatric evaluation and mental status examination;

(c) Comprehensive chemical use history; and

(3) Observation of the individual in an inpatient setting for at least seventy-two consecutive hours, unless the approved treatment provider diagnoses the individual as chemically dependent and formulates a treatment plan in a shorter time period.

(B) A diagnosis made by an approved treatment provider based on an examination ordered by the board under division (F)(2) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (F)(2) of section 4760.13 of the Revised Code or division (F)(2) of section 4762.13 of the Revised Code shall be made solely for the purpose of providing evidence for use by the board. A licensee or applicant who undergoes an examination ordered by but who refuses to authorize the treatment provider to release reports or information to the board shall be deemed to have failed to submit to the examination due to circumstances within the individual's control, and a default and final order may be entered without the taking of testimony or presentation of evidence as provided in division (F)(2) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (F)(2) of section 4760.13 of the Revised Code or division (F)(2) of section 4762.13 of the Revised Code.

(C) The report issued pursuant to an examination ordered by the board shall be submitted to the board within five days following completion of the examination.

Effective: 11-30-02

4731-16-06 Consent agreements and orders for reinstatement of impaired practitioners.

(A) The written consent agreement required under division (F)(2) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (F)(2) of section 4760.13 of the Revised Code or division (F)(2) of section 4762.13 of the Revised Code and rule 4731-16-02 of the Administrative Code prior to reinstatement of a suspended license, or any board order entered in lieu of a consent agreement, shall require, at a minimum, the following probationary and limiting terms:

(1) Obedience of all federal, state, and local laws, and all rules governing practice in Ohio;

(2) Submission of quarterly declarations under penalty of perjury stating whether there has been compliance with all conditions of the consent agreement;

(3) Periodic appearances before the board or its representatives as requested;

(4) Permission from the board for departures or absences from Ohio. Such periods of absence shall not reduce the probationary term, unless otherwise determined by motion of the board for absences of three months or longer, or by the secretary or the supervising member of the board for absences of less than three months, in instances where the board can be assured that probationary monitoring is otherwise being performed;

(5) Restriction, surrender, or suspension of the practitioner's U.S. drug enforcement administration certificate, where appropriate;

(6) Maintenance of a log of all controlled substances, and other drugs as directed by the board, which the practitioner prescribes, dispenses, or administers, where appropriate;

(7) Prohibition of authority to prescribe, administer, dispense, order, or possess controlled substances and other substances which may impair ability to practice, where appropriate;

(8) Abstinence from the use of alcohol;

(9) Abstinence from the use or personal possession of drugs, except those prescribed, administered, or dispensed by another person so authorized by law who has knowledge of the patient's history and disease of addiction;

(10) Submission of witnessed urine or blood samples upon request of the board, and without prior notice;

(11) Undertaking and maintaining participation in alcoholics anonymous, narcotics anonymous or other self help support group acceptable to the board, where appropriate, in accordance with the terms of the aftercare contract entered into with the approved

treatment provider, with evidence of compliance to be provided to the board in each quarterly report;

(12) Undertaking psychiatric evaluation, and, where appropriate, continuing treatment acceptable to the board, with evidence of compliance to be provided in each quarterly report; and

(13) Monitoring of progress and status by a physician approved by the board, with reports to be provided to the board quarterly;

(14) Prior approval by the board of any practice arrangements or any health care field employment, where appropriate;

(15) Copies of the agreement to be provided by the individual to all current or prospective employers and hospital chiefs of staff, and to all persons and entities that provide the individual chemical dependency treatment or monitoring;

(16) Contacting the appropriate impaired physicians committee, such as the physician effectiveness program, to arrange for assistance in recovery or aftercare;

(17) Continuing compliance with the terms of the aftercare contract entered into with the treatment provider, provided, that where terms of the aftercare contract conflict with the terms of consent agreement, the terms of the consent agreement shall control;

(18) Continuing authorization, through appropriate written consent forms, for disclosure by the treatment provider to the board, to treating and monitoring physicians, and to others involved in the monitoring process, of information necessary for them to fulfill their respective duties and obligations;

(19) Minimum probationary term of at least five years, except that a practitioner who first applies for licensure or license restoration after receiving treatment for impairment may be given probation of less than five years if the practitioner demonstrates continuous current sobriety of more than one year but less than five years, and a practitioner who first applies for licensure or license restoration after receiving treatment for impairment may be licensed without probation if the practitioner demonstrates continuous current sobriety of at least five years;

(20) Periods during which the probationer is not in compliance with all probationary terms, or during which all probationary monitoring provisions have not yet been implemented, as determined by the secretary of the board, shall not reduce the term of probation;

(21) No requests by the probationer for modifications to probationary terms for at least one year; and

(22) Prohibition of consumption of poppy seeds or any other food or liquid that may produce false results in a toxicology screen.

(B) A violation of any term of the consent agreement described in this rule shall constitute grounds to take disciplinary action in accordance with Chapter 119. of the Revised Code.

Effective: 11-30-02

4731-16-07 Treatment provider program obligations.

(A) In order to hold a certificate of good standing pursuant to this chapter of the Administrative Code, a treatment provider must:

(1) Report to the board the name of any practitioner suffering or showing evidence of suffering impairment as described in division (B)(5) of section 4730.25 of the Revised Code division (B)(26) of section 4731.22 of the Revised Code, division (B)(6) of section 4760.13 of the Revised Code or division (B)(6) of section 4762.13 of the Revised Code who fails to comply within one week with a referral for examination;

(2) Report to the board the name of any impaired practitioner who fails to enter treatment within forty-eight hours following the program or provider's determination that the practitioner needs treatment;

(3) Require every practitioner who enters treatment to agree to a treatment contract establishing the terms of treatment and aftercare, including any required supervision or restrictions of practice during treatment or aftercare;

(4) Require a practitioner to suspend practice upon entry into any required inpatient treatment;

(5) Report to the board any failure by an impaired practitioner to comply with the terms of the treatment contract during inpatient or outpatient treatment or aftercare;

(6) Report to the board the resumption of practice of any impaired practitioner before the treatment provider has made a clear determination that the practitioner is capable of practicing according to acceptable and prevailing standards of care;

(7) Require a practitioner who resumes practice after completion of treatment to sign and comply with an aftercare contract that meets the requirements of rule 4731-16-10 of the Administrative Code;

(8) Report the identity of any practitioner practicing under the terms of an aftercare contract to hospital administrators, medical chiefs of staff, and chairpersons of impaired physicians committees of all health care institutions at which the practitioner holds clinical privileges. If the practitioner does not hold clinical privileges at any health care institution, the treatment provider shall report the practitioner's identity to the impaired physicians committee of the county medical society, osteopathic academy, or podiatric medical association in every county in which the practitioner practices. If there are no impaired physicians committees in the county, the treatment provider shall report the practitioner's identity to the president or other designated member of the county medical society, osteopathic academy, or podiatric medical association;

(9) Report to the board the identity of any practitioner who suffers a relapse at any time during or following aftercare. In making such a report, the treatment provider may

include a statement of its assessment of the severity of the relapse, a current prognosis for the practitioner, and an opinion whether board action would be beneficial or detrimental to the practitioner's recovery. The board shall consider that statement in deciding whether to take disciplinary action against the practitioner; and

(10) Fulfill all recordkeeping requirements applicable under state and federal laws. In addition, the treatment provider shall fulfill the recordkeeping requirements set forth in paragraphs (C) and (D) of this rule.

(B) In furtherance of paragraphs (A)(5), (A)(6), (A)(8), and (A)(9) of this rule, the treatment provider shall require every practitioner who enters treatment to execute a release with respect to issuance of the reports enumerated therein. The treatment provider shall not report to the board regarding a practitioner who has been referred for treatment by a party other than the board, so long as the practitioner maintains participation in accordance with requirements of section 4731.25 of the Revised Code.

(C) The treatment provider shall complete and maintain records, separate from all other records, containing the following information for each practitioner seen for evaluation or treatment:

(1) Date of referral and identity of referral source;

(2) Date of admission for evaluation;

(3) Date treatment recommendations are made;

(4) Date referral source is notified of treatment recommendations;

(5) Beginning and ending dates of each treatment phase (e.g.—inpatient, intensive outpatient, extended residential treatment, and aftercare);

(6) Dates of all reports made under paragraph (A)(8) of this rule, and identities of individuals to whom made;

(7) Dates and sources of information received, if any, indicating there are grounds to believe the practitioner has relapsed during or following aftercare;

(8) In the event of the practitioner's refusal to execute appropriate releases under paragraph (B) of this rule, or in the event of revocation of such releases, the date that the referral source is notified that no further information can be given regarding that practitioner under federal law; and

(9) In the event the treatment provider is required to report to the board pursuant to one of the provisions of paragraph (A) of this rule, such report shall be made by telephone to the board's executive director or the executive director's designee as soon as

practicable, and confirmed by letter mailed within seventy-two hours after the reporting requirement arises.

(D) No later than two weeks following the end of each one year period during which the treatment provider has held a certificate of good standing under this chapter of the Administrative Code, the treatment provider shall file with the board a report containing all of the following information for that year:

(1) Number of practitioners referred for evaluation; (including self-referrals);

(2) Number of practitioners evaluated;

(3) Number of referral sources by category (e.g., – self-referrals, board referrals, medical society referrals, referrals by colleagues);

(4) Number of practitioner evaluations which resulted in treatment recommendations for chemical dependency;

(5) Number of practitioners treated based on the treatment providers own recommendations;

(6) Number of practitioners treated based on transfer or referral from other treatment providers;

(7) Number of practitioners who entered each phase of treatment;

(8) Number of practitioners engaged in each phase of treatment (including those who began treatment in prior years);

(9) Number of practitioners who successfully completed each phase of treatment;

(10) Number of practitioners discharged from each phase of treatment other than upon successful completion, and the rationale for each such discharge;

(11) Number of practitioner relapses identified during aftercare and following aftercare;

(12) Number and names of practitioners reported to the board under this chapter of the Administrative Code; and

(13) Number and identities of referral sources notified of the treatment provider's inability to release information under federal law.

Effective: 11-30-02

4731-16-08 Criteria for approval.

(A) Criteria for approval of treatment providers shall include all of the following:

(1) The philosophy and individualized treatment plan of the program is based on the disease concept.

(2) The chemical dependency model of treatment is based on a twelve-step program such as alcoholics anonymous.

(3) The program provides specialized medical and nursing care during detoxification and appropriate health care professionals during treatment phase.

(4) The evaluation process is an objective, measurable program which uses tools and testing procedures to identify patterns, progression, and stages of recovery at appropriate times in the treatment program. The evaluation shall also emphasize patient self-assessment.

(5) The treatment provider has a network of referral agencies or professionals which meets the needs of the practitioner and significant others in the event that the needs go beyond the program's expertise or available facilities.

(6) The treatment provider has a variety of treatment plan options including inpatient detoxification treatment, inpatient or residential treatment, and outpatient services.

(7) The involvement and treatment of family and significant others is provided.

(8) The cost of the treatment program is covered by most insurance companies or the treatment provider is willing to help work out realistic payment arrangements with the patient.

(9) The provider gives each patient who has been diagnosed as in need of treatment a written list of approved treatment providers from whom indicated inpatient or residential treatment, outpatient treatment, or aftercare can be obtained.

(10) The provider holds certification as an alcoholism program or drug treatment program by the Ohio department of alcohol and drug addiction services, or if located outside Ohio, holds appropriate certification or registration with an agency exercising a similar function in the state in which it is located.

(11) The provider provides advocacy services only at no cost to the patient, or provides such services only after obtaining the signature of the patient acknowledging that he or she has been notified:

(a) That advocacy is not treatment;

(b) That nothing in Chapter 4730., 4731., 4760. or 4762. of the Revised Code or this chapter of the Administrative Code requires a practitioner to obtain aftercare, monitoring or advocacy from the provider of inpatient or extended residential treatment; and

(c) That the practitioner's refusal to obtain aftercare, monitoring, or advocacy services from the provider of inpatient treatment shall not constitute grounds to report to the board so long as the practitioner demonstrates that the practitioner has contracted with another approved treatment provider to receive any further recommended treatment.

(12) The provider has the capability of making an initial examination to determine what type of treatment an impaired practitioner requires.

(13) The provider requires that each patient who is subject to the jurisdiction of the board complete a minimum of twenty-eight days of inpatient or residential treatment, or a combination thereof, during which the patient shall be prohibited by the terms of the treatment contract from conducting any practice or practice related activities, and after which the provider shall evaluate the patient and determine the necessity for further treatment based solely on clinical grounds. The exceptions in paragraph (C) of this rule notwithstanding, the provider must personally provide the required inpatient or residential treatment and the assessment or must confirm that another approved treatment provider has provided the inpatient or residential treatment and the assessment before providing any outpatient treatment or aftercare. The inpatient or residential treatment program must have a continuing inpatient or residential patient census sufficient to provide an appropriate treatment milieu for patients receiving treatment in the inpatient or residential setting. This paragraph shall not apply to a patient who has previously completed an inpatient or residential treatment program of at least twenty-eight days if the patient was able to maintain sobriety for at least one year following completion of that inpatient or residential treatment.

(14) If the provider did not hold approval under this chapter prior to January 1, 2001, the provider is accredited by the joint commission on accreditation of health care organizations or by CARF (commission on accreditation of rehabilitation facilities).

(B) A treatment provider which does not meet the criteria of paragraph (A)(1) or (A)(2) of this rule may nonetheless be considered for approval if it establishes by evidence acceptable to the board that its philosophy, individualized treatment plan, or model of treatment is based on current scientific advances in the field of chemical dependency, and that its success in treatment is comparable or superior to that obtained by treatment providers which meet all the criteria of paragraph (A) of this rule.

(C) A treatment provider that does not meet the criteria of paragraph (A)(3) or (A)(6) of this rule because it does not offer all phases of treatment may nonetheless be considered for approval if it meets both of the following requirements.

(1) If it does not offer detoxification treatment, its policies and procedures are structured to assure that all patients who enter treatment have completed detoxification where detoxification is medically indicated.

(2) If it does not offer one or more required treatment phases (e.g. – inpatient treatment, intensive outpatient treatment, or extended residential treatment), it has affiliation agreements or working relationships with other treatment providers to which patients can be referred for any necessary treatment it does not offer.

Effective: 11-30-02

4731-16-09 Procedures for approval.

(A) Following receipt of a completed application for program approval, an investigation shall be conducted by the board with respect to whether the requirements of this chapter of the Administrative Code have been met. An on-site inspection of the program may be conducted.

(B) If the board determines that the treatment provider applying meets the requirements set forth in this chapter of the Administrative Code, it shall issue its certificate of good standing.

A certificate of good standing is valid for three years unless suspended or revoked by the board for cause and is valid only for the program approved. It does not cover other programs operated by the owner. Prior to the end of the three-year period, the board will send a renewal application to the treatment provider to be completed and sent back to the board. An on-site visit may be conducted prior to renewal of the certificate.

(C) A certificate of good standing is not transferable.

(D) The treatment provider shall notify the board of any of the following changes prior to their becoming effective and these changes shall result in reevaluation of any certificate of good standing held by the treatment provider:

- (1) Transfer of ownership of the program; or
- (2) Change in location or locations of the program.

(E) Upon receipt of notice as provided in paragraph (D) of this rule, the board shall forward the appropriate forms in order to initiate review and investigation to determine whether a new certificate of good standing should be issued. An on-site inspection, maintaining program participant confidentiality, may be conducted in the event of a change of program location.

Effective: 9-30-01

4731-16-10 Aftercare contracts.

(A) Post discharge aftercare contracts signed by the practitioner patient shall include all of the following requirements:

(1) Group therapy, support groups, or, when appropriate, individual counseling, or a combination of the above;

(2) Periodic, random, unannounced blood or urine screens, or both;

(3) Mandatory participation in alcoholics anonymous, narcotics anonymous, or a similar twelve-step program, or its equivalent;

(4) Abstinence from use of alcohol;

(5) Abstinence from use of drugs, except those prescribed, administered or dispensed by another person so authorized by law who has knowledge of the patient's history and who is qualified by training or experience, or both, to provide medical care to chemically dependent persons, or those administered by another person so authorized by law during a bona fide medical emergency;

(6) Regular contact with a certified alcoholism counselor, or with a physician qualified by training or experience, or both, to treat chemically dependent persons, who assumes responsibility for monitoring defined aspects of aftercare contract compliance, and who agrees to:

(a) Report any noncompliance to the treatment provider; and

(b) Report any relapse to the treatment provider and the board;

(7) Transition or re-entry interview between the employer or the designated person monitoring, or both, and the recovering practitioner;

(8) A length of contract specified with a minimum of at least two years and at least one hundred and four weekly aftercare sessions, with missed sessions to be made up;

(9) Professional therapy, where indicated, to resolve family and work-related problems;

(10) Treatment of any ongoing medical problems to be managed by a physician qualified by training or experience, or both, to provide medical care to chemically dependent persons, provided that where such a physician is unavailable due to geographic or other reasonable constraints, treatment shall be managed by a physician in consultation with one so qualified; and

(11) Referral to other forms of extended care, when indicated.

(B) No post discharge aftercare contract shall require or recommend that aftercare services be obtained from the approved treatment provider who is a party to the contract.

Effective: 11-30-02

4731-16-11 Revocation, suspension, or denial of certificate of good standing.

(A) The board may refuse to issue or renew, suspend, or revoke a certificate of good standing based upon non-compliance with the provisions of this chapter of the Administrative Code or applicable provisions of Chapter 4731. of the Revised Code.

(B) If the board proposes to refuse to issue or renew, suspend, or revoke a certificate of good standing, the applicant or the certificate holder shall be entitled to a hearing on the issue of such proposed denial or such proposed revocation or suspension. Notice and hearing requirements will comply with the provisions of Chapter 119. of the Revised Code and any rules adopted by the board.

(C) In determining the effective date of any suspension or revocation of a certificate, the board shall take into consideration those practitioners currently receiving treatment in the treatment program or by the treatment provider subject to the revocation or suspension.

(D) If the board refuses to renew, suspends or revokes a certificate of good standing, the treatment provider shall be required to notify those practitioners currently receiving treatment in the treatment program that the certificate of good standing has been suspended or revoked.

Effective: 9-1-99

4731-16-12 Out-of-state impairment cases.

(A) If the board orders a certificate holder who neither resides nor practices in Ohio to submit to an evaluation under division (B)(26) of section 4731.22 of the Revised Code, division (F)(2) of section 4730.25 of the Revised Code, division (F)(2) of section 4760.13 of the Revised Code or division (F)(2) of section 4762.13 of the Revised Code, or commences disciplinary proceedings against such a certificate holder based on an alleged violation of either of those divisions, the board may waive any or all applicable provisions of this chapter of the Administrative Code, if it finds that alternative means exist to protect the public. Factors the board may consider in determining whether the public will be adequately protected include, but are not limited to, the following:

(1) Whether the certificate holder is being monitored by the proper licensing authority in the jurisdiction where the certificate holder resides;

(2) Whether the certificate holder has received or is receiving evaluation and treatment from a treatment provider acceptable to the proper licensing authority in the jurisdictions where the certificate holder resides, and whether the treatment provider has agreed to report to the board on the certificate holder's diagnosis and progress in treatment, and to provide the board copies of all reports required to be submitted to the licensing authority in the jurisdiction where the certificate holder resides, if requested by the board;

(3) Whether the certificate holder is being monitored by a monitoring or advocacy group acceptable to the proper licensing authority in the jurisdiction where the certificate holder resides;

(4) Whether the certificate holder's employer or professional associates are aware of the certificate holder's impairment or alleged impairment.

(B) Grant of a waiver or waivers pursuant to this rule shall be conditioned on the certificate holder agreeing by a signed notarized statement to notify the board in writing of any intent to practice medicine or reside in Ohio, to submit to an evaluation by an approved treatment provider at the certificate holder's expense at that time if requested by the board, and to refrain from commencing practice in Ohio without prior board approval.

(C) A certificate holder who neither resides nor practices in Ohio who is diagnosed or treated for chemical dependency outside Ohio must report that diagnosis or treatment in renewing his or her certificate. A certificate holder who neither resides nor practices in Ohio who relapses must report that relapse immediately, as required by rule 4731-15-01 of the Administrative Code.

(D) If a certificate holder self-reports as required by paragraph (C) of this rule, the board may forgo disciplinary action if it determines that the certificate holder:

(1) Has not been subject to discipline in any other jurisdiction;

(2) Is receiving or has completed treatment with a treatment provider acceptable to the medical licensing authority of the jurisdiction in which he or she resides;

(3) Has not relapsed;

(4) Is participating in or has successfully completed participation in a monitoring program or diversion program acceptable to the medical licensing authority of the jurisdiction in which he or she resides.

(E) A certificate holder who neither resides nor practices in Ohio who relocates to Ohio after being diagnosed or treated for chemical dependency must submit to an evaluation by a treatment provider approved under section 4731.25 of the Revised Code and this chapter of the Administrative Code.

(1) If the certificate holder has less than one year documented sobriety at the time of relocation to Ohio, he or she must submit to an evaluation that meets all the requirements of rule 4731-16-05 of the Administrative Code, and must complete at least twenty-eight days of inpatient treatment and two years of aftercare.

(2) If the certificate holder has more than one year but less than five years documented sobriety at the time of relocation to Ohio, he or she must submit to an evaluation that the treatment provider determines to be clinically appropriate, and must obtain the treatment recommended by the treatment provider.

Effective: 11-30-02

4731-16-13 Patient consent; revocation of consent.

Division (B) of section 4731.224 of the Revised Code requires any individual licensed under Chapter 4731. of the Revised Code or any association or society of individuals so licensed to report to the board a belief that a practitioner suffers from impairment. Division (B) of section 4730.32 of the Revised Code requires any physician assistant, society of physician assistants, physician or society of physicians that believes a violation of any provision of Chapter 4730., Chapter 4731. of the Revised Code, or rule of the board has occurred shall report to the board the information upon which the belief is based. That reporting requirement is relieved if the practitioner cooperates with a referral to an approved treatment provider, and so long as the individual, association or society has no reason to believe that the practitioner has ceased to participate in the treatment program in accordance with section 4731.25 of the Revised Code. A practitioner who has been referred to an approved treatment provider shall execute, and shall not revoke, appropriate release forms to allow the referring party to monitor his progress in treatment. The referring individual, association or society shall contact the approved treatment provider to ascertain the practitioner's progress at least once weekly during the first four weeks following referral, and at least once monthly thereafter. If at any time the approved treatment provider indicates that the practitioner has not continued to participate in accordance with section 4731.25 of the Revised Code, or if the approved treatment provider refuses to release information, the individual, association or society shall report to the board all information which led to the belief that the practitioner suffers from impairment, as required by division (B) of section 4731.224 or division (B) of section 4730.32 of the Revised Code and Chapter 4731-15 of the Administrative Code.

Effective: 9-1-99

4731-16-14 Caffeine, nicotine, and over-the-counter drugs.

The provisions of this chapter of the Administrative Code that prohibit use of drugs or substances do not apply to use of caffeinated foods or beverages, to tobacco products containing nicotine, or to the occasional therapeutic use of drugs available over the counter which lack the ability to alter mood or level of consciousness.

Effective: 9-1-99

4731-16-15 Patient rights.

(A) An approved treatment provider shall deal honestly with its patients and afford them the dignity and respect to which they are entitled as human beings.

(B) While it is recognized that the high levels of denial and other defenses often displayed by patients in early recovery may necessitate the use of practices which might otherwise be viewed as coercive or heavy handed, an approved treatment provider shall employ such practices solely in the best interest of the patient. Under no circumstances shall such practices be employed to influence a patient to obtain aftercare or other forms of extended care from any particular treatment provider. Such practice may be employed in appropriate cases to influence a patient to obtain needed extended care from any approved treatment provider which has the capability to provide the care indicated.

(C) An approved treatment provider shall maintain complete and accurate records for the benefit of the patient and the provider of any necessary extended residential treatment, aftercare, or counseling.

(D) An approved treatment provider shall disclose to the patient in writing all known or reasonably anticipated costs of extended care which it proposes to render, and afford the patient the opportunity to obtain cost comparisons from other approved treatment providers.

(E) Each patient who falls under the regulatory authority of the state medical board shall be given a written explanation, approved by the board, of the mandatory reporting requirements contained in Chapter 4731. of the Revised Code.

Effective: 9-1-99