



COLORADO

**Department of
Regulatory Agencies**

Division of Professions and Occupations

Advisory Notice to Complainants

The boards and programs within the Department of Regulatory Agencies, Division of Professions and Occupations (“Division”) are legally authorized to take licensure and disciplinary action relating to individuals’ licensure status. Disciplinary action may be taken only where an individual has violated the statutes and rules governing that individual’s profession.

Please be advised that the Division’s boards and programs operate under administrative law. The Division will process your complaint administratively, but the Division is not legally authorized to proceed with a criminal case or a private civil suit. This means:

1. The Division’s boards and programs are not legally authorized to impose civil remedies, such as monetary damages to compensate complainants, or to resolve fee disputes, which are civil matters.
2. The Division’s boards and programs are not legally authorized to impose criminal penalties, such as jail sentences or criminal probation.
3. The mission of the Division’s boards and programs is to take licensure related measures to protect the public with respect to licensed professionals. The Division’s Boards and programs are legally authorized to seek remedies related to the license status of the licensee only when legal grounds exist for such action.
4. The act of filing a complaint does not assure or imply that disciplinary action will be taken against the licensee.
5. Filing a complaint with the Division does not preclude you from filing a separate legal action. If you believe your allegations may constitute a criminal violation, please contact your local law enforcement agency regarding the procedure to file a criminal complaint. If you wish to pursue civil remedies, please consult a private attorney for guidance.

Additionally, if one of the Division’s boards or the Division Director determines after investigation that disciplinary proceedings should be initiated against the professional’s license, please be advised of the following:

1. You will not be considered a party to this proceeding. The parties in any administrative law proceeding are the Board or Division Director and the licensee. Please note, although you are not a party to the proceeding, the Division commits to keeping you informed as the case moves through each phase of the process.
2. The role of the Board and Division Director is to determine what is necessary for public protection, and is not to advocate on behalf of an individual complainant.
3. The Boards and Division Director are represented by Assistant Attorneys General in the state Attorney General’s Office. The Assistant Attorneys General do not represent you and cannot provide you with legal advice. You always have the right to consult an attorney regarding your own legal rights and responsibilities.
4. You may be asked to provide further information in our investigation or may be called as a witness in future proceedings, in which case we look forward to your cooperation. A Board or the Division Director may be able to proceed without your testimony, depending on the facts of the case.

Updated April 2015





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Division of Professions and Occupations

DIVISION OF PROFESSIONS AND OCCUPATIONS COMPLAINT FORM
For Health Care Related Professions

Board/Program: _____

For a list of the boards and programs, see the final page of this form

COMPLAINT FILED AGAINST:

Name: _____

License # (if known): _____

Specialty and/or Company (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home _____ Business _____ Cell _____

Email: _____

COMPLAINT FILED BY:

Name and Company (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home _____ Business _____ Cell _____

Email: _____

Relationship to the client/patient: _____

Client/Patient Name: _____ Client/Patient date of birth: _____

Date(s) of the Incident: _____

Have you read the Advisory Notice to Complainants (“Advisory Notice”)? It is recommended, but not required, that you review the information in the Advisory Notice, which provides instructions about complaints, legal authority of the Division’s boards and programs, and information about the investigative process. (Check the box below):

Yes No

DIVISION OF PROFESSIONS AND OCCUPATIONS COMPLAINT FORM PAGE 2

Nature of Complaint (check all that apply): Please note that the items listed below may not apply to all boards or programs with which you are filing the complaint.

- | | |
|---|--|
| <input type="checkbox"/> Substandard practice | <input type="checkbox"/> Fraud |
| <input type="checkbox"/> Mental/physical disability | <input type="checkbox"/> Diversion (drug) |
| <input type="checkbox"/> Non-compliance with Board order | <input type="checkbox"/> Failure to properly or accurately complete Health Professional Profile Program (HPPP) information |
| <input type="checkbox"/> Overutilization | <input type="checkbox"/> Improper prescriptions |
| <input type="checkbox"/> Unlicensed practice | <input type="checkbox"/> Client abandonment |
| <input type="checkbox"/> Abuse of client/patient | <input type="checkbox"/> Documentation issues |
| <input type="checkbox"/> Criminal conviction | <input type="checkbox"/> Inappropriate care of child client/patient |
| <input type="checkbox"/> Addiction to drugs/alcohol | <input type="checkbox"/> Other, please describe in the box below: |
| <input type="checkbox"/> Misdiagnosis of condition/problem | |
| <input type="checkbox"/> Sexual contact with client/patient | |
| <input type="checkbox"/> Poor communication | |
| <input type="checkbox"/> Failure to release records | |

* Fee disputes do not fall within the jurisdiction of the Division of Professions and Occupations.

On a separate sheet of paper, type or legibly print your complaint. Please address the following:

1. Provide a chronological summary of your complaint, including dates.
2. List names, addresses and telephone numbers of witnesses including other professionals. Report any police investigation including case number and submit the written report (if available).
3. Attach copies of all documents relevant to your complaint such as letters and other correspondence, police reports, contracts, witness statements.
4. Have you filed a complaint with anyone else, retained an attorney, or had the case reviewed by any experts? If so, please provide detailed information for each.

Dental Complaints Only: Pursuant to section 12-35-129.2(1)(b), C.R.S, if you are filing a complaint with the Colorado Dental Board related to the standard of care delivered to a patient and you are not the patient of record nor a state agency, you must notify the patient of this complaint before filing it with the Colorado Dental Board. By submitting this form, you attest that you are either the patient of record, a state department or agency, or you have notified the patient of this complaint prior to filing it with the Colorado Dental Board.

I ATTEST THAT ALL STATEMENTS MADE BY ME RELATED TO THIS COMPLAINT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

| | | |
|------------|-----------|------|
| Print Name | Signature | Date |
|------------|-----------|------|

Important Note: A refusal to sign the “Authorization for Release of Medical Records and Medical Information” form does not limit the board or program’s authority to obtain documents. However, it may delay the investigation of your complaint. You should be aware that the board or program may use its subpoena authority to obtain records that are deemed necessary to investigate the complaint.

AUTHORIZATION FOR RELEASE
OF MEDICAL RECORDS AND MEDICAL INFORMATION

I _____ (fill in your name) hereby authorize the release of records and information pertaining to _____ (fill in name of patient) provided by any treating health care provider, hospital, pharmacy or other facility. The records and information may be released to Department of Regulatory Agencies "DORA" and the investigators of the Division of Registration and others directly involved in the review process.

Patient's date of birth: _____

COMPLETE THE INFORMATION BELOW IF the patient is someone other than the person signing this release.

I have authority to authorize release of these records and information because of my relationship to the patient, which is (fill in custodial parent, guardian, legal power of attorney) _____ (If relationship is legal power of attorney, please provide copy of legal document showing power of attorney).

I understand that signing this authorization is voluntary. I understand that the release of these records and this information is for the purpose of investigation and proceedings involving issues relating to the complaint I have submitted to DORA and may include my personal records. I further consent to the use of these records in a criminal investigation or proceeding by any law enforcement agency against the Health Care provider who is the subject of my complaint. I also understand that the board or program may use their subpoena power to obtain records it deems necessary to investigate the complaint.

HIPAA applies only to covered entities, which are defined in the regulations to include only a health plan, health care clearing house and health care provider who transmits certain covered transactions electronically. 45 C.F.R. §160.103. In contrast, state health professional licensure agencies, boards, and programs were specifically included in the definition of a health oversight agency under HIPAA in the preamble to the regulations. 65 Fed. Reg. 82492 (Dec. 28, 2000). As health oversight agencies under HIPAA, these boards and programs are not covered entities and therefore not subject to the requirements of HIPAA.

I understand that this release does not include records of identity, diagnosis, prognosis or treatment maintained in connection with the performance of any program or activity relating to alcoholism or alcohol abuse education, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States.

Date

Signature of complainant

Return this completed form and additional documentation to:
Colorado Department of Regulatory Agencies
Division of Professions and Occupations
1560 Broadway, Suite 1350
Denver, CO 80202

LIST OF BOARDS AND PROGRAMS
DIVISION OF PROFESSIONS AND OCCUPATIONS

- Accountancy
- Acupuncture
- Addictions Counselors
- Architects, Engineers and Land Surveyors
- Athletic Trainers
- Audiology
- Barber and Cosmetology
- Boxing
- Chiropractic
- Dental
- Electrical
- Funeral Home and Crematory
- Hearing Aid Providers
- Landscape Architects
- Marriage and Family Therapy
- Massage Therapy
- Medical
- Midwives
- Naturopathy
- Nursing
- Nursing Home Administrators
- Occupational Therapy
- Optometric
- Outfitters
- Passenger Tramway
- Pharmacy
- Physical Therapy
- Plumbing
- Podiatry
- Private Investigators
- Professional Counselors
- Psychology
- Respiratory Therapy
- Social Work
- Speech-Language Pathology
- Surgical Assistants and Surgical Technologist
- Registered Psychotherapy
- Veterinary