



The Missouri Board of Registration for the Healing Arts (“Board”) and its allied Advisory Commissions, within the State of Missouri Department of Insurance, Financial Institutions and Professional Registration, Division of Professional Registration, are legally authorized to take disciplinary action relating to individual’s licensure status.

Before you file a complaint with the Board, please ask the following questions:

1. Who are you complaining about?

Pursuant to Chapter 334, RSMo, the Board may only impose disciplinary action against licensees regulated by the Board—physicians and surgeons, assistant physicians, physician assistants, physical therapists, physical therapist assistants, speech language pathologists, speech language pathology assistants/aides, audiologists, audiology aides, athletic trainers, anesthesiologist assistants and perfusionists.

If you file a complaint against licensees not regulated by the Board, such as nurses, chiropractors, massage therapists, dentists, psychologists, or facilities such as hospitals, nursing home etc., the complaint will be forwarded to the appropriate agencies, board(s) or commission(s).

2. What kind of outcome are you expecting?

The Board and its Advisory Commissions will process your complaint administratively. That means the Board does not have the legal authority to impose civil remedies or have property returned to you. Any person seeking to recover fees or monetary compensation for injuries, or to resolve child custody issues, employment disputes, or disability claims, should contact a private attorney regarding such matters. The Board does not have authority to impose criminal penalties, such as jail sentences or criminal probation; nor does the Board oversee billing process, adjudicate insurance claims or administer Medicaid/Medicare services. However, the Board does investigate billing for services not rendered and willfully and continually over-treating patients.

The mission of the Board is to protect the public interest and public safety. The statute allows the Board to act on behalf of the people of Missouri at large by taking disciplinary action against a licensed professional’s license when legal cause exists for such action.

Note: The Board does not represent an individual patient and the staff cannot provide you with legal advice or help you to file a civil law suit. You will have to consult an independent attorney regarding your rights and responsibilities.

If the licensed professional (hereafter “licensee”) is found to have violated the statutes or regulations governing the licensee’s profession, the Board may choose one or more of the following actions against the licensee: Requirement for further education, training, tests and/or examinations; Public reprimand; Limitation or restriction on license; Probation of license; Suspension of license; Revocation of license; Surrender of license (voluntary or involuntary).

When you file the complaint, please follow these instructions:

Fill in the full name, address, telephone number, and license number (if known) of the person your complaint is against.

Write legibly or type your complaint. Briefly describe what actually occurred in a chronological order. Limit your comments to the facts. Identify dates, names, places, times of treatment, facility, and locations. Essentially, who was involved, what happened, when did it occur, where did it occur, and how did it occur. Describe any physical harm incurred by the patient.

Use a separate complaint form for each individual licensee if you are complaining about more than one (1) licensee.

Sign and date the complaint form and the Authorization for Release of Medical Information form. The Authorization for Release of Medical Information form allows the Board to obtain information related to the patient’s care from the licensees and/or facilities that provided the patient with medical services.

Note: Any extra comments, notations, or alterations will make the Authorization for Release of Medical Information form void and may cause delay or prevent investigation of your complaint.

Keep a copy of your complaint because all materials received in connection with the complaint become the property of the licensee’s file and cannot be returned to you without his/her consent.

After you file the complaint, please be aware that:

A copy of your complaint will be provided to the licensee identified in your complaint for a review and a response to the Board.

All complaints are carefully reviewed, but not every complaint will result in an action taken against the licensee. A case can be closed due to a lack of jurisdiction or insufficient evidence to substantiate the allegations in the complaint. You will be notified in writing when the Board has completed its review of the complaint.

If the Board determines that a disciplinary proceeding should be initiated, you will not be considered a party to the proceeding. The parties in such administrative proceeding will be the Board and the licensee. However, 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 are grateful for your cooperation and patience.

The Board will keep you informed of the status of the case as it moves forward. However, an investigation may take a year or longer, depending on the complexity of the matter.

Filing a complaint with the Board 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 how to file a criminal complaint. If you wish to pursue civil remedies, please consult a private attorney in a timely fashion.

The Board appreciates that you are bringing your concerns to its attention. The vigilance of citizens is critical to the Board's mission to protect the public through the licensing of physicians and other healthcare professionals, assessing their competency to practice and their moral character. It's also the Board's duty to investigate all complaints against its licensees in a fair and equitable manner.



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
COMPLAINT

**MISSOURI STATE BOARD OF
 REGISTRATION FOR THE HEALING ARTS**

TYPE OR PRINT WITH BLACK INK

Missouri statute section 575.060, RSMo — false declaration. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty may be guilty of a class B misdemeanor. Please complete this form and return to: **Missouri Board of Registration for the Healing Arts, 3605 Missouri Blvd., P.O. Box 4, Jefferson City, Missouri 65102.**

PLEASE NOTE: ALL FIELDS OF THE FORM MUST BE COMPLETED IN ITS ENTIRETY OR THE FORM CANNOT BE PROCESSED PURSUANT TO 20 CSR 2150-1.011.

COMPLAINANT INFORMATION

COMPLAINANT LAST NAME	COMPLAINANT FIRST NAME	PREFIX (MR., MRS., MS., OR DR.)	TELEPHONE NUMBER
ADDRESS: STREET	CITY	STATE AND ZIP CODE	EMAIL ADDRESS

IF YOU ARE NOT THE PATIENT, WHAT IS YOUR RELATIONSHIP TO THE PATIENT?

PATIENT INFORMATION

PATIENT LAST NAME	PATIENT FIRST NAME	PATIENT DATE OF BIRTH	PATIENT SOCIAL SECURITY NUMBER (LAST 4 DIGITS)
ADDRESS: (IF DIFFERENT THAN ABOVE) STREET	CITY	STATE AND ZIP CODE	TELEPHONE NUMBER

SUBJECT OF COMPLAINT (Use a separate form for each licensee if your complaint involves multiple licensed professionals.)

LICENSEE LAST NAME	LICENSEE FIRST NAME	PROFESSION (IF UNLICENSED, PLEASE SO INDICATE)	LICENSE NUMBER (IF KNOWN)
ADDRESS: STREET	CITY	STATE AND ZIP CODE	TELEPHONE NUMBER

Write legibly or type your complaint. Briefly describe what actually occurred in a chronological order. Limit your comments to the facts. Identify dates, names, places, times of treatment, treating facilities, and locations. Essentially, who was involved, what happened, when did it occur, where did it occur, and how did it occur. Describe any physical harm incurred by the patient. If the patient has been seen by a different practitioner who is not the subject of this complaint, please include such practitioner's name, address and phone number. **If you need more space, please continue on another sheet of paper.**

(continued from last page)

ATTACH COPIES OF ANY AND ALL RELATED DOCUMENTS TO THIS FORM

COMPLAINANT'S SIGNATURE

DATE



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

PATIENT NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER (LAST 4 DIGITS)
PATIENT ADDRESS: STREET	CITY	STATE AND ZIP CODE

TO: Any and all treating health care providers and facilities

I, _____ (print your name) hereby request and authorize the release of full and complete medical records and information pertaining to the care of _____ (print the name of the patient) provided by any and all treating health care providers, hospitals, pharmacy or other facilities to

**Missouri Board of Healing Arts
Attn: Enforcement
3605 Missouri Blvd
PO Box 4
Jefferson City, 65102**

for the purposes of reviewing and investigating complaint(s) I have submitted to the Missouri Board of Registration for the Healing Arts ("Board").

I also authorize any and all licensed health care providers who participated in treating the patient to discuss any communication, whether confidential or privileged, and to provide patient reports and records, including but not limited to patient histories, diagnostic images (e.g. X-rays, CT scans), discharge summaries, operative notes, office notes, examination and test results, and any reports or information prepared by other persons that may be in your possession to the Board (or any official representative of the Board).

I understand that the information being disclosed may include diagnosis and treatment related to physical or mental illness, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), communicable disease, and/or alcohol and controlled substance abuse. The communications and documents may also include information protected by a legal privilege and, if so, my signature constitutes the knowledge and voluntary consent for the disclosure.

I understand that the recipient of my records is not a health plan or health care provider and the released information may be further disclosed to organizations or persons not referenced herein and may no longer be protected by federal privacy regulations.

I also understand that the Board, as a health oversight agency under HIPAA, is not a covered entity and therefore not subject to the requirements of HIPAA. The Board may use its subpoena power to obtain records it deems necessary to review and investigate complaint(s).

This authorization will expire at the conclusion of the investigation and/or any disciplinary proceeding which arises from the filing of the complaint. I understand I have the right to revoke this authorization at any time by sending a written notification to the Board at the address above. My written revocation will be effective upon receipt by the Board but will not be effective to the extent that information has already been released or such authorization has been acted in reliance upon by the health care providers or treating facilities.

I understand that signing this authorization is voluntary. I also understand that a photocopy or facsimile of this authorization shall be accepted as the original in all instances.

SIGNATURE OF PATIENT		DATE
SIGNATURE OF LEGAL REPRESENTATIVE	RELATIONSHIP	DATE