West Virginia Board of Medicine
COMPLAINT PROCESS and INSTRUCTION SHEET

The West Virginia Board of Medicine is the state agency charged with protecting the health and safety of the public through licensure, regulation and oversight of medical doctors (MDs), podiatric physicians (DPMs), and collaborating physician assistants (PAs).

The Board may only investigate matters related to a specific, individual MD, DPM or PA; it is not permitted, by law, to investigate clinics, health centers or hospitals. The Board has no jurisdiction over business disputes, general billing disputes, insurance coverage, personality conflicts, or employee / employer disputes. If you disagree with your provider's recommended treatment for your medical condition, that does not necessarily mean that professional misconduct has occurred.

A patient or the patient's legal representative may file a complaint with the West Virginia Board of Medicine against a MD, DPM or PA by completing the Board's Complaint Questionnaire form. Others who want to make a complaint or report about a provider should submit a written statement or contact the Board for further direction.

- Enter the information requested in each section of the Complaint Questionnaire. Please submit a separate form for each MD, DPM or PA complaint. Please keep a copy of any important materials you provide to the Board as they will not be returned to you at the end of the process.

- Once a signed, dated and completed Complaint Questionnaire is received by the Board, it will be reviewed to determine if the allegations fall within the Board's investigatory authority. If they do, a copy will be sent to the individual MD, DPM or PA for a response. The provider will have 30 days to respond to the complaint.

- The provider response is sent to the person who filed the Complaint Questionnaire, who is given the option of submitting a final reply to the Board within 30 days. *The Board encourages the submission of a final reply.*

- The Complaint Questionnaire, the response and the final reply are reviewed by the members of the Board's Complaint Committee at its next regularly scheduled meeting. *The Committee meets each year in January, March, May, July, September and November.*

- The Complaint Committee evaluates each case and makes recommendations to the full Board. The Complaint Committee may recommend that a case be closed with no disciplinary action, set for a disciplinary hearing, or resolved through a Consent Order which disciplines the provider. Possible disciplinary actions include an administrative fine, continuing education, a reprimand, license probation or suspension, and/or revocation or surrender of a license.

- When a final decision is reached, the person who filed the complaint is notified in writing. Until the final decision is made, all information is confidential. After the final decision, the Complaint Questionnaire, including the identity of the complaining party, becomes a matter of public record. However, specific patient medical information will remain confidential.

Questions about the Complaint Questionnaire and/or complaint process should be directed to the Board's Complaints Coordinator at (304) 558-2921, extension 70008.

State of West Virginia
Board of Medicine

101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084
www.wvbom.wv.gov

COMPLAINT QUESTIONNAIRE

Name of MD, DPM, or PA: _____

Practice Address: _____

_____

_____

Telephone Number: _____

Person Making Complaint: _____

Mailing Address: _____

_____

_____

Telephone Number: _____

E-Mail Address: _____

Patient Information: ***(complete this section if the patient is not the same as the person making the complaint)***

Patient Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Date of Birth: _____

Date of treatment: _____

Relationship to Patient: _____

Submit documentation of your legal status with this form if you are the legal guardian or legal representative of the patient.

Facilities involved in the incident:

_____

_____

_____

_____

Names of prior and/or subsequent treating healthcare providers:

_____

_____

_____

_____

Have you filed a complaint elsewhere: Yes _____ No _____

If so, where and when? _____

_____

_____

PLEASE NOTE:

The West Virginia Board of Medicine licenses and regulates the practice of medical doctors (MDs), podiatric physicians (DPMs), and physician assistants (PAs) who violate the law or applicable Legislative Rule. The Board has no jurisdiction over business disputes, general billing disputes, insurance coverage, personality conflicts, or employee/employer disputes. This complaint will be sent to the medical doctor, podiatric physician or physician assistant you have identified.

Please describe your complaint in detail: Please type or clearly print your concerns and explain as many specific details as possible (who, what, when, where and why). Attach additional pages and supporting documentation as necessary.

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YOUR SIGNED FORM IS A MATTER OF PUBLIC RECORD ONCE THE BOARD HAS COMPLETED ITS INVESTIGATION. TO PROTECT YOUR PRIVACY, DETAILED MEDICAL INFORMATION AND THE PATIENT'S DATE OF BIRTH WILL BE REDACTED FROM PUBLICLY AVAILABLE COPIES OF THIS FORM.

The West Virginia Board of Medicine may provide a copy of this form to the healthcare provider I have identified on page one of this form. I understand that to evaluate this claim, the Board will need to review information related to my/this patient's treatment by the provider. I consent to the release of my/this patient's medical records to the West Virginia Board of Medicine. I also authorize the healthcare providers identified on this form to provide the Board with access to records and information related to my/this patient's medical care.

I certify that the above information is true and correct to the best of my knowledge and belief. I agree to voluntarily appear and testify to the facts in this complaint if requested by the West Virginia Board of Medicine.

Signature: _____

Date: _____

AUTHORIZATION AND CONSENT FOR RELEASE OF MEDICAL INFORMATION

I, the undersigned, hereby authorize:

Provider/Facility: _____

Address: _____

_____

to disclose the complete medical record in the identified provider/facility's possession which was made in the course of the diagnosis and treatment of:

Full Patient Name: _____

Date of Birth: _____

to the West Virginia Board of Medicine, a healthcare oversight agency. I consent to the disclosure of my complete medical record, including any records that may contain protected health information related to HIV/AIDS, alcohol and drug abuse, and/or mental health.

The disclosure of records authorized herein is required for official use, including investigation and possible administrative proceedings regarding any violations of the laws of West Virginia governing the professional practice of medical doctors, podiatric physicians and/or physician assistants.

I understand that I may revoke this Authorization and Consent for Release of Medical Information at any time, except to the extent that action has been taken in reliance thereon, by sending written notification to: West Virginia Board of Medicine, c/o Executive Director, 101 Dee Drive, Suite 103 Charleston, West Virginia 25311. My written revocation will become effective upon receipt by the West Virginia Board of Medicine. This authorization automatically expires two years from the date of signature. A copy of this authorization shall be as valid as the original. Information used or disclosed under this Authorization may no longer be protected by federal privacy regulations.

Patient Signature: _____ Date _____

OR

Legal Representative
Signature and Relationship: _____ Date _____

Signature of Witness: _____ Date _____

Provider/Facility: Please note that records should be sent to:

West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, West Virginia 25311

*Please complete separate Authorization and Consent for Release of Medical Information forms for each healthcare provider, practice, hospital or clinic which provided the treatment relevant to your complaint. If you elect not to execute this Authorization, it may delay the processing of your complaint.