



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Dear Candidate:

Attached are the Connecticut General Statutes and Regulations for Connecticut State Agencies applicable to the practice of naturopathy for you to study in preparation for the State Law Examination.

The State Law Examination consists of twenty (20) multiple-choice items, of which a minimum score of fourteen (14) correct is deemed passing. The examination is administered by this office six (6) times per year. For examination dates and deadlines, please contact this department at (860) 509-7603 or visit the department's website: <http://www.state.ct.us/dph/Publications/BRS/HSR/exams.htm>.

Only approved candidates will be admitted to the examination. Approved candidates are those deemed by the Department as having satisfied all of the requirements set forth by the Department. All applicants for naturopathic physician licensure must successfully complete the State Law Examination.

Please contact this office at (860) 509-7603 if you have additional questions.



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**CHAPTER 373
NATUREOPATHY**

Section 20-34. Practice defined. (a) The practice of natureopathy means the science, art and practice of healing by natural methods as recognized by the Council of Natureopathic Medical Education and approved by the State Board of Natureopathic Examiners, with the consent of the commissioner, and shall include (1) counseling and (2) the practice of the mechanical and material sciences of healing as follows: The mechanical sciences such as mechanotherapy, articular manipulation, corrective and orthopedic gymnastics, physiotherapy, hydrotherapy, electrotherapy and phototherapy; and the material sciences such as nutrition, dietetics, phytotherapy, treatment by natural substances and external applications.

(b) For purposes of subsection (a), "natural substances" are substances which are not narcotic substances as defined in subsection (30) of section 21a-240, do not require the written or oral prescription of a licensed practitioner to be dispensed and are only administered orally.

Section 20-35. Examining board. The State Board of Natureopathic Examiners shall continue to consist of three members, two of whom shall be practicing natureopathic physicians of this state and one of whom shall be a public member. The governor shall appoint the members of said board subject to the provisions of section 4-9a. Said board shall meet at least once during each calendar quarter and at such other times as the chairman deems necessary. Special meetings shall be held on the request of a majority of the board after notice in accordance with the provisions of section 1-21. Members shall not be compensated for their services. Any member who fails to attend three consecutive meetings or who fails to attend fifty per cent of all meetings held during any calendar year shall be deemed to have resigned from office. Minutes of all meetings shall be recorded by the board. No member shall participate in the affairs of the board during the pendency of any disciplinary proceedings by the board against such member. No professional member shall be an elected or appointed officer of a professional society of natureopathic physicians or have been such an officer during the year immediately preceding his appointment. Said board shall (1) hear and decide matters concerning suspension or revocation of licensure, (2) adjudicate complaints against practitioners and (3) impose sanctions where appropriate.

Section 20-36. Meetings. Powers and duties of examining board. Section 20-36 is repealed.

Section 20-37. Licensure. Examination. Fees. No person shall engage in the practice of natureopathy in this state until he has obtained a license. No person shall receive a license until he has passed an examination prescribed by the department with the advice and consent of the board. The examination shall be administered by the department of public health under the supervision of the board. Passing scores shall be established by the department with the consent of the board. Any person desiring to practice natureopathy shall make application to the department, upon such form as it adopts. Applications shall be in writing upon blanks furnished by said department, setting forth such facts concerning the applicant as said department requires and shall be signed by the applicant. Each applicant shall present to said department satisfactory evidence that he graduated from an approved high school, that he has completed a course of study of an academic year consisting of not less than thirty-two weeks' duration, or, if he begins the study of natureopathy after September 1, 1963, not less than sixty-four weeks' duration, in a college or scientific school approved by the board with the consent of the commissioner of public health or possessed educational qualifications equivalent to those required for graduation from such school before beginning the study of natureopathy and that he is a graduate of a legally chartered, reputable school or college of natureopathy, approved by said board with the consent of the Commissioner of Public Health. Said department shall issue a license to each applicant who passes the examination and who has met all other requirements of this chapter and any regulations adopted hereunder. There shall be paid to the department by such applicant a fee of five hundred sixty five dollars. Any person who has passed the prescribed examination shall receive from said department a license, which license shall include a statement that the person named therein is qualified to practice natureopathy. The secretary of said board

shall file annually with the department of public health a list of natureopathic colleges or institutions recognized by said board as legal and reputable.

Section 20-37a. Students and faculty, licensure exemption. Curriculum training and procedures.

(a) For purposes of this section:

“Council on Natureopathic Medical Education” or “council” means the Council on Natureopathic Medical Education or its successor organization; and

“Licensed faculty members” means faculty members or instructors licensed in this or another jurisdiction in the area of practice in which they are providing clinical instruction.

(b) Notwithstanding the requirements of section 20-37, no license to practice natureopathic medicine is required of:

(1) Students enrolled in a college or program or natureopathic medicine if (A) the college or program is recognized by the Council on Natureopathic Medical Education and (B) the practice that would otherwise require a license is pursuant to a course of instruction or assignment from an instructor and under the supervision of the instructor; or

(2) Licensed faculty members providing the didactic and clinical training necessary to meet the accreditation standards of the Council on Natureopathic Medical Education at a college or program recognized by the council or licensed or accredited by the Board of Governors for Higher Education.

A college or program of natureopathic medicine pursuant to section 20-37 may include within its curriculum such didactic and clinical training necessary for such college or program to qualify for accreditation by the Council on Natureopathic Medical Education, including such training that is outside the scope of the practice of naturopathy, as defined in section 20-34. Students and licensed faculty members of such college or program and the student conducting such procedures is under the direct supervision of a faculty member who is licensed to perform such procedures in this state.

Sec. 20-37b. License by endorsement. Notwithstanding the provisions of section 20-37 of the general statutes, the Department of Public Health may grant a license by endorsement to a natureopathic physician who presents evidence satisfactory to the Commissioner of Public Health that the applicant is licensed or certified as a natureopathic physician, or as a person entitled to perform similar services under a different designation, in another state of jurisdiction whose requirements for practicing on such capacity are substantially similar to or higher than those of this state. The department may require such applicant to provide evidence satisfactory to the commissioner that the applicant understands Connecticut laws and regulations relating to the practice of natureopathy. The fee for such license shall be five hundred sixty five dollars. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint.

Section 20-38. Receipts to be credited to General Fund. Section 20-38 is repealed.

Section 20-39. Subjects of examination. Each applicant for the certificate of registration provided for in section 20-37 shall take a written examination on the following subjects: Anatomy, physiology, histology, psychology, chemistry, hygiene, public health, dietetics, jurisprudence, natureopathic pathology, diagnosis and theory and practice of natureopathic therapeutics.

Section 20-39a. Professional liability insurance required, when. Amount of insurance. Reporting requirements. (a) Each person licensed to practice natureopathy under the provisions of section 20-37 who provides direct patient care services shall maintain professional liability insurance or other indemnity against liability for professional malpractice. The amount of insurance which each such person shall carry

as insurance or indemnity against claims for injury or death for professional malpractice shall not be less than five hundred thousand dollars for one person, per occurrence, with an aggregate of not less than one million five hundred thousand dollars.

(b) Each insurance company which issues professional liability insurance, as defined in subdivisions (1),(6),(7),(8) and (9) of subsection (b) of section 38a-393, shall on and after January 1, 1995, render to the commissioner of public health a true record of the names, according to classification, of cancellations of and refusals to renew professional liability insurance policies and the reasons for such cancellation or refusal to renew said policies for the year ending on the thirty-first day of December next preceeding.

Section 20-40. Refusal of license. Disciplinary grounds. Said department may refuse to grant a license to practice natureopathy or may take any of the actions set forth in section 19a-17 of the 2008 supplement to the general statutes for any of the following reasons: The employment of fraud or material deception in obtaining a license, habitual intemperance in the use of ardent spirits, narcotics or stimulants to such an extent as to incapacitate the user for the performance of professional duties, violations of the provisions of this chapter or regulations adopted hereunder, engaging in fraud or material deception in the course of professional services or activities, physical or mental illness, emotional disorder or loss of motor skill, including but not limited to, deterioration through the aging process, or illegal, incompetent or negligent conduct in his practice, failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as provided in subsection (a) of section 20-39a, or failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j, as amended by public act 08-109. Any applicant for a license to practice natureopathy or any practitioner against whom any of the foregoing grounds for refusing a license or action under said section 19a-17 of the 2008 supplement to the general statutes are presented to said board shall be furnished with a copy of the complaint and shall have a hearing before said board in accordance with the regulations adopted by the commissioner of public health. The commissioner of public health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17 of the 2008 supplement to the general statutes.

Section 20-41. Renewal of Licenses. Fee. Section 20-41 is repealed.

Section 20-42. Penalties. Any person, except a licensed natureopath or a physician licensed to practice medicine as provided by chapter 370, who practices or attempts to practice natureopathy, or any person who buys, sells or fraudulently obtains any diploma or license to practice natureopathy whether recorded or not, or any person who uses the title "natureopath" or any word or title to induce the belief that he is engaged in the practice of natureopathy, without complying with the provisions of this chapter, or any person who violates any of the provisions of this chapter, shall be fined not more than five hundred dollars or imprisoned not more than five years or both. For the purposes of this section, each instance of patient contact or consultation which is in violation of any provision of this chapter shall constitute a separate offense. Failure to renew a license in a timely manner shall not constitute a violation for the purposes of this section.

Sec. 12. of PA 08-184

- (1) "Commissioner" means the Commissioner of Public Health;
- (2) "Contact hour" means a minimum of fifty minutes of continuing education activity;
- (3) "Department" means the Department of Public Health;
- (4) "Licensee" means any person who receives a license from the department pursuant to chapter 373 of the general statutes; and
- (5) "Registration period" means the one-year period for which a license renewed in accordance with section 19a-88 of the 2008 supplement to the general statutes is current and valid.

(b) Except as otherwise provided in this section, for registration periods beginning on and after October 1, 2009, a licensee applying for license renewal shall earn a minimum of fifteen contact hours of continuing education within the preceding registration period. Such continuing education shall (1) be directly related to the practice of natureopathy; and (2) reflect the professional needs of the licensee in order to meet the health care needs of the public. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, offered or approved by the Association of Accredited Naturopathic Medical Colleges, regionally accredited institutions of higher education or a state or local health department.

(c) Each licensee applying for license renewal pursuant to section 19a-88 of the 2008 supplement to the general statutes shall sign a statement attesting that he or she has satisfied the continuing education requirements of subsection (b) of this section on a form prescribed by the department. Each licensee shall retain records of attendance or certificates of completion that demonstrate compliance with the continuing education requirements of said subsection (b) for a minimum of five years following the year in which the continuing education activities were completed and shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records.

(d) A licensee applying for the first time for license renewal pursuant to section 19a-88 of the 2008 supplement to the general statutes is exempt from the continuing education requirements of this section.

(e) In individual cases involving medical disability or illness, the commissioner may, in the commissioner's discretion, grant a waiver of the continuing education requirements or an extension of time within which to fulfill the continuing education requirements of this section to any licensee, provided the licensee submits to the department an application for waiver or extension of time on a form prescribed by the department, along with a certification by a licensed physician of the disability or illness and such other documentation as may be required by the commissioner. The commissioner may grant a waiver or extension for a period not to exceed one registration period, except that the commissioner may grant additional waivers or extensions if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.

(f) Any licensee whose license has become void pursuant to section 19a-88 of the 2008 supplement to the general statutes and who applies to the department for reinstatement of such license pursuant to section 19a-14 of the general statutes shall submit evidence documenting successful completion of fifteen contact hours of continuing education within the one-year period immediately preceding application for reinstatement.

Connecticut General Statutes
Chapter 369
Section 20-1 through Section 20-7e

Sec. 20-1. *(See end of section for amended version and effective date.) **Healing arts defined.** The practice of the healing arts means the practice of medicine, chiropractic, podiatry, natureopathy and, except as used in chapters 384a and 388, and sections 19a-16a to 19a-16c, inclusive, the practice of optometry.

***Note:** On and after the later of October 1, 2000, or the date notice is published by the Commissioner of Public Health in the Connecticut Law Journal indicating that the licensing of athletic trainers and physical therapist assistants is being implemented by the commissioner, this section, as amended by section 10 of public act 00-226, is to read as follows:

"Sec. 20-1. Healing arts defined. The practice of the healing arts means the practice of medicine, chiropractic, podiatry, natureopathy and, except as used in chapters 384a and 388, the practice of optometry."

Secs. 20-2 to 20-7. Examining boards, generally. Sections 20-2 to 20-7, inclusive, are repealed.

Sec. 20-7a. Billing for clinical laboratory services. Cost of diagnostic tests. Financial disclosures to patients.

(a) Any practitioner of the healing arts who agrees with any clinical laboratory, either private or hospital, to make payments to such laboratory for individual tests or test series for patients shall disclose on the bills to patients or third party payors the name of such laboratory, the amount or amounts charged by such laboratory for individual tests or test series and the amount of his procurement or processing charge, if any, for each test or test series. Any person who violates the provisions of this section shall be fined not more than one hundred dollars.

(b) Each practitioner of the healing arts who recommends a test to aid in the diagnosis of a patient's physical condition shall, to the extent the practitioner is reasonably able, inform the patient of the approximate range of costs of such test.

(c) Each practitioner of the healing arts who (1) has an ownership or investment interest in an entity which provides diagnostic or therapeutic services, or (2) receives compensation or remuneration for referral of such patient to an entity which provides diagnostic or therapeutic services shall disclose such interest to any patient prior to referring such patient to such entity for diagnostic or therapeutic services and provide reasonable referral alternatives. Such information shall be verbally disclosed to each patient or shall be posted in a conspicuous place visible to patients in the practitioner's office. The posted information shall list the therapeutic and diagnostic services in which the practitioner has an ownership or investment interest and therapeutic and diagnostic services from which the practitioner receives compensation or remuneration for referrals and state that alternate referrals will be made upon request. Therapeutic services include physical therapy, radiation therapy, intravenous therapy and rehabilitation services including physical therapy, occupational therapy or speech pathology or any combination thereof. This subsection shall not apply to in-office ancillary services. As used in this subsection, "ownership or investment interest" shall not include ownership of investment securities purchased by the practitioner on terms available to the general public and which are publicly traded; and "entity which provides diagnostic or therapeutic services" shall include services provided by an entity within a hospital but which is not owned by the hospital. Violation of this subsection shall constitute conduct subject to disciplinary action under subdivision (6) of subsection (a) of section 19a-17.

Sec. 20-7b. Definitions. For purposes of sections 20-7b to 20-7e, inclusive:

(a) "Patient" means a natural person who has received health care services from a provider for treatment of a medical condition, or a person he designates in writing as his representative; and

(b) "Provider" means any person or organization that furnishes health care services and is licensed or certified to furnish such services pursuant to chapters 370 to 373, inclusive, 375 to 384a, inclusive, 388, 398 and 399 or is licensed or certified pursuant to chapter 368d.

Sec. 20-7c. Access to medical records. Mandatory notification to patient of certain test results. (a)(1)

A provider, except as provided in section 4-194, shall supply to a patient upon request complete and current information possessed by that provider concerning any diagnosis, treatment and prognosis of the patient; and (2) a provider shall notify a patient of any test results in the provider's possession that indicate a need for further treatment or diagnosis.

(b) Upon a written request of a patient, his attorney or authorized representative, or pursuant to a written authorization, a provider, except as provided in section 4-194, shall furnish to the person making such request a copy of the patient's health record, including but not limited to, bills, x-rays and copies of laboratory reports, contact lens specifications based on examinations and final contact lens fittings given within the preceding three months or such longer period of time as determined by the provider but no longer than six months, records of prescriptions and other technical information used in assessing the patient's health condition. No provider shall charge more than forty- five cents per page, including any research fees, handling fees or related costs, and the cost of first class postage, if applicable, for furnishing a health record pursuant to this subsection, except such provider may charge a patient the amount necessary to cover the cost of materials for furnishing a copy of an x-ray, provided no such charge shall be

made for furnishing a health record or part thereof to a patient, his attorney or authorized representative if the record or part thereof is necessary for the purpose of supporting a claim or appeal under any provision of the Social Security Act and the request is accompanied by documentation of the claim or appeal. A provider shall furnish a health record requested pursuant to this section within thirty days of the request.

(c) If a provider, as defined in section 20-7b, reasonably determines that the information is detrimental to the physical or mental health of the patient, or is likely to cause the patient to harm himself or another, he may withhold the information from the patient. The information may be supplied to an appropriate third party or to another provider who may release the information to the patient. If disclosure of information is refused by a provider under this subsection, any person aggrieved thereby may, within thirty days of such refusal, petition the superior court for the judicial district in which he resides for an order requiring the provider to disclose the information. Such a proceeding shall be privileged with respect to assignment for trial. The court, after hearing and an in camera review of the information in question, shall issue the order requested unless it determines that such disclosure would be detrimental to the physical or mental health of the person or is likely to cause the person to harm himself or another.

(d) The provisions of this section shall not apply to any information relative to any psychiatric or psychological problems or conditions.

Sec. 20-7d. Release of patient's medical records to another provider. A copy of the patient's health record, including but not limited to, x-rays and copies of laboratory reports, prescriptions and other technical information used in assessing the patient's condition shall be furnished to another provider upon the written request of the patient. The written request shall specify the name of the provider to whom the health record is to be furnished. The patient shall be responsible for the reasonable costs of furnishing the information.

Sec. 20-7e. Medical records maintained by agencies. The provisions of sections 20-7b to 20-7d, inclusive, shall not apply to medical records maintained by any agency as defined in section 4-190.

Connecticut General Statutes

Chapter 368a

Section 19a-14 through Section 19a-18, Section 19a-88

Sec. 19a-14. (Formerly Sec. 19-40). *(See end of section for amended version of subsection (c) and effective date.) Powers of department concerning regulated professions. (a) The Department of Public Health shall have the following powers and duties with regard to the boards and commissions listed in subsection (b) which are within the Department of Public Health. The department shall:

- (1) Control the allocation, disbursement and budgeting of funds appropriated to the department for the operation of the boards and commissions;
- (2) Employ and assign such personnel as the commissioner deems necessary for the performance of the functions of the boards and commissions;
- (3) Perform all management functions including purchasing, bookkeeping, accounting, payroll, secretarial, clerical and routine housekeeping functions;
- (4) Adopt, with the advice and assistance of the appropriate board or commission, and in accordance with chapter 54, any regulations which are consistent with protecting the public health and safety and which are necessary to implement the purposes of subsection (a) of section 2c-2b, this chapter, and chapters 368v, 369 to 375, inclusive, 378 to 381, inclusive, 383 to 388, inclusive, 398 and 399;
- (5) Develop and perform all administrative functions necessary to process applications for licenses and certificates;
- (6) Determine the eligibility of all applicants for permits, licensure, certification or registration, based upon compliance with the general statutes and administrative regulations. The department may deny the eligibility of an applicant for a permit or for licensure by examination, endorsement, reciprocity or for reinstatement of a license voided pursuant to subsection (f) of section 19a-88, or may issue a license pursuant to a consent order containing conditions that must be met by the applicant if the department determines that the applicant:

- (A) Has failed to comply with the general statutes and administrative regulations governing his profession;
 - (B) Has been found guilty or convicted as a result of an act which constitutes a felony under (i) the laws of this state, (ii) federal law or (iii) the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state;
 - (C) Is subject to a pending disciplinary action or unresolved complaint before the duly authorized professional disciplinary agency of any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction;
 - (D) Has been subject to disciplinary action similar to an action specified in subsection (a) of section 19a-17 by a duly authorized professional disciplinary agency of any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction;
 - (E) Has committed an act which, if the applicant were licensed, would not conform to the accepted standards of practice of the profession, including but not limited to, incompetence, negligence, fraud or deceit; illegal conduct; procuring or attempting to procure a license, certificate or registration by fraud or deceit; or engaging in, aiding or abetting unlicensed practice of a regulated profession, provided the commissioner, or his designee, gives notice and holds a hearing, in accordance with the provisions of chapter 54, prior to denying an application for a permit or a license based on this subparagraph; or
 - (F) Has a condition which would interfere with the practice of his profession, including, but not limited to, physical illness or loss of skill or deterioration due to the aging process, emotional disorder or mental illness, abuse or excessive use of drugs or alcohol, provided the commissioner, or his designee, gives notice and holds a hearing in accordance with the provisions of chapter 54, prior to denying an application for a permit or a license based on this subparagraph;
 - (7) Administer licensing examinations under the supervision of the appropriate board or commission;
 - (8) Develop and perform all administrative functions necessary to process complaints against persons licensed by the department;
 - (9) Consent to the approval or disapproval by the appropriate boards or commissions of schools at which educational requirements shall be met;
 - (10) Conduct any necessary review, inspection or investigation regarding qualifications of applicants for licenses or certificates, possible violations of statutes or regulations, and disciplinary matters. In connection with any investigation, the Commissioner of Public Health or said commissioner's authorized agent may administer oaths, issue subpoenas, compel testimony and order the production of books, records and documents. If any person refuses to appear, to testify or to produce any book, record or document when so ordered, a judge of the Superior Court may make such order as may be appropriate to aid in the enforcement of this section;
 - (11) Conduct any necessary investigation and follow-up in connection with complaints regarding persons subject to regulation or licensing by the department;
 - (12) Perform any other function necessary to the effective operation of a board or commission and not specifically vested by statute in the board or commission;
 - (13) Contract with a third party, if the commissioner deems necessary, to administer licensing examinations and perform all attendant administrative functions in connection with such examination.
- (b) The department shall have the powers and duties indicated in subsection (a) of this section with regard to the following professional boards and commissions:
- (1) The Connecticut Medical Examining Board, established under section 20-8a;
 - (2) The Connecticut State Board of Examiners for Optometrists, established under subsections (a) to (c), inclusive, of section 20-128a;
 - (3) The Connecticut State Board of Examiners for Nursing, established under section 20-88;
 - (4) The Dental Commission, established under section 20-103a;
 - (5) The Board of Examiners of Psychologists, established under section 20-186;
 - (6) The Connecticut Board of Veterinary Medicine, established under section 20-196;
 - (7) The Connecticut Homeopathic Medical Examining Board, established under section 20-8;
 - (8) The Connecticut State Board of Examiners for Opticians, established under subsections (a) to (c), inclusive, of section 20-139a;
 - (9) The Connecticut State Board of Examiners for Barbers and Hairdressers and Cosmeticians, established under section 20-235a;

(10) The Connecticut Board of Examiners of Embalmers and Funeral Directors established under section 20-208;

(11) Repealed by P.A. 99-102, S. 51;

(12) The State Board of Natureopathic Examiners, established under section 20-35;

(13) The State Board of Chiropractic Examiners, established under section 20-25;

(14) The Connecticut Board of Examiners in Podiatry, established under section 20-51;

(15) The Board of Examiners of Electrologists, established under section 20-268; and

(16) The Connecticut State Board of Examiners for Physical Therapists.

*(c) No board shall exist for the following professions that are licensed or otherwise regulated by the Department of Public Health:

(1) Speech pathologist and audiologist; (2) Hearing instrument specialist; (3) Nursing home administrator;

(4) Sanitarian; (5) Subsurface sewage system installer or cleaner; (6) Marital and family therapist;

(7) Nurse-midwife; (8) Licensed clinical social worker; (9) Respiratory care practitioner;

(10) Asbestos contractor and asbestos consultant; (11) Massage therapist; (12) Registered nurse's aide;

(13) Radiographer; (14) Dental hygienist; (15) Dietitian-Nutritionist; (16) Asbestos abatement worker;

(17) Asbestos abatement site supervisor; (18) Licensed or certified alcohol and drug counselor;

(19) Professional counselor; (20) Acupuncturist; (21) Occupational therapist and occupational therapist

assistant; (22) Lead abatement contractor, lead consultant contractor, lead consultant, lead abatement

supervisor, lead abatement worker, inspector and planner-project designer; (23) Emergency medical

technician, emergency medical technician-intermediate, medical response technician and emergency

medical services instructor; and (24) Paramedic.

The department shall assume all powers and duties normally vested with a board in administering regulatory jurisdiction over such professions. The uniform provisions of this chapter and chapters 368v, 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a and 400c, including, but not limited to, standards for entry and renewal; grounds for professional discipline; receiving and processing complaints; and disciplinary sanctions, shall apply, except as otherwise provided by law, to the professions listed in this subsection.

(d) Except as provided in section 20-13e, all records obtained by the department in connection with any investigation of a person or facility over which the department has jurisdiction under this chapter, other than a physician as defined in subdivision (5) of section 20-13a, shall not be subject to disclosure under section 1-210 for a period of one year from the date of the petition or other event initiating such investigation, or until such time as the investigation is terminated pursuant to a withdrawal or other informal disposition or until a hearing is convened pursuant to chapter 54, whichever is earlier. A complaint, as defined in subdivision (6) of section 19a-13, shall be subject to the provisions of section 1-210 from the time that it is served or mailed to the respondent. Records which are otherwise public records shall not be deemed confidential merely because they have been obtained in connection with an investigation under this chapter.

***Note:** On and after the later of October 1, 2000, or the date notice is published by the Commissioner of Public Health in the Connecticut Law Journal indicating that the licensing of athletic trainers and physical therapist assistants is being implemented by the commissioner, subsection (c) of this section, as amended by section 8 of public act 00-226, is to read as follows:

"(c) No board shall exist for the following professions that are licensed or otherwise regulated by the Department of Public Health:

(1) Speech pathologist and audiologist; (2) Hearing instrument specialist; (3) Nursing home administrator;

(4) Sanitarian; (5) Subsurface sewage system installer or cleaner; (6) Marital and family therapist;

(7) Nurse-midwife; (8) Licensed clinical social worker; (9) Respiratory care practitioner;

(10) Asbestos contractor and asbestos consultant; (11) Massage therapist; (12) Registered nurse's aide;

(13) Radiographer; (14) Dental hygienist; (15) Dietitian-Nutritionist; (16) Asbestos abatement worker;

(17) Asbestos abatement site supervisor; (18) Licensed or certified alcohol and drug counselor; (19)

Professional counselor; (20) Acupuncturist; (21) Occupational therapist and occupational therapist

assistant; (22) Lead abatement contractor, lead consultant contractor, lead consultant, lead abatement

supervisor, lead abatement worker, inspector and planner-project designer; (23) Emergency medical technician, emergency medical technician-intermediate, medical response technician and emergency medical services instructor; (24) Paramedic; and (25) Athletic trainer.

The department shall assume all powers and duties normally vested with a board in administering regulatory jurisdiction over such professions. The uniform provisions of this chapter and chapters 368v, 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a and 400c, including, but not limited to, standards for entry and renewal; grounds for professional discipline; receiving and processing complaints; and disciplinary sanctions, shall apply, except as otherwise provided by law, to the professions listed in this subsection."

Sec. 19a-14a. Professional licenses. Investigations and disciplinary action. Any person who is the subject of an investigation pursuant to subdivision (10) or (11) of subsection (a) of section 19a-14 or disciplinary action pursuant to section 19a-17, while holding a professional license issued by the Department of Public Health or having held such a license within eighteen months of the commencement of such investigation or disciplinary action shall be considered to hold a valid license for purposes of such investigation or disciplinary action.

Sec. 19a-14b. Radon mitigators, diagnosticians and testing companies. Regulations. (a) For the purposes of this section and sections 20-420 and 20-432, the following terms shall have the following meanings unless the context clearly denotes otherwise:

(1) "Radon diagnosis" means evaluating buildings found to have levels of radon gas that are higher than the guidelines promulgated by this state or the United States Environmental Protection Agency and recommending appropriate remedies to eliminate radon.

(2) "Radon mitigation" means taking steps including, but not limited to, installing ventilation systems, sealing entry routes for radon gas and installing subslab depressurization systems to reduce radon levels in buildings.

(3) "Primary testing companies" means companies that have their own analysis capability for radon measurement but may or may not offer measurement services directly to the public.

(4) "Secondary testing companies" means companies that offer services that include, but are not limited to, detector placement and home inspection and consultation but do not have their own analysis capability. Such firms must utilize the services of a primary testing company or laboratory for its detector analysis.

(b) The Department of Public Health shall publish a list from time to time of: Companies that perform radon mitigation or diagnosis, primary testing companies and secondary testing companies. A company that performs radon mitigation shall appear on such list only if evidence is presented, satisfactory to the Commissioner of Public Health, that every employee that performs mitigation does so under the direction of an onsite supervisor who is included in the current proficiency report of the United States Environmental Protection Agency National Radon Contractor Proficiency (RCP) Program. A primary testing company and a secondary testing company shall appear on such list only if evidence is presented, satisfactory to the commissioner, that the company is included in the current proficiency report of the United States Environmental Protection Agency National Radon Measurement Proficiency (RMP) Program and persons or companies performing radon diagnostic evaluation are included in the current proficiency reports of both the National Radon Measurement Proficiency (RMP) Program and the National Radon Contractor Proficiency (RCP) Program.

(c) The Department of Public Health shall adopt regulations, in accordance with chapter 54, establishing safe levels of radon in potable water.

Sec. 19a-14c. Provision of outpatient mental health treatment to minors without parental consent. (a) For the purposes of this section, "outpatient mental health treatment" means the treatment of mental disorders, emotional problems or maladjustments with the object of (1) removing, modifying or retarding existing symptoms; (2) improving disturbed patterns of behavior; and (3) promoting positive personality growth and development. Treatment shall not include prescribing or otherwise dispensing any medication which is a legend drug as defined in section 20-571.

(b) A psychiatrist licensed pursuant to chapter 370, a psychologist licensed pursuant to chapter 383, an independent social worker certified pursuant to chapter 383b or a marital and family therapist licensed pursuant to chapter 383a may provide outpatient mental health treatment to a minor without the consent or notification of a parent or guardian at the request of the minor if (1) requiring the consent or notification of a parent or guardian would cause the minor to reject such treatment; (2) the provision of such treatment is clinically indicated; (3) the failure to provide such treatment would be seriously detrimental to the minor's well-being; (4) the minor has knowingly and voluntarily sought such treatment; and (5) in the opinion of the provider of treatment, the minor is mature enough to participate in treatment productively. The provider of such treatment shall document the reasons for any determination made to treat a minor without the consent or notification of a parent or guardian and shall include such documentation in the minor's clinical record, along with a written statement signed by the minor stating that (A) he is voluntarily seeking such treatment; (B) he has discussed with the provider the possibility of involving his parent or guardian in the decision to pursue such treatment; (C) he has determined it is not in his best interest to involve his parent or guardian in such decision; and (D) he has been given adequate opportunity to ask the provider questions about the course of his treatment.

(c) After the sixth session of outpatient mental health treatment provided to a minor pursuant to this section, the provider of such treatment shall notify the minor that the consent, notification or involvement of a parent or guardian is required to continue treatment, unless such a requirement would be seriously detrimental to the minor's well-being. If the provider determines such a requirement would be seriously detrimental to the minor's well-being, he shall document such determination in the minor's clinical record, review such determination every sixth session thereafter and document each such review. If the provider determines such a requirement would no longer be seriously detrimental to the minor's well-being, he shall require the consent, notification or involvement of a parent or guardian as a condition of continuing treatment. No provider shall notify a parent or guardian of treatment provided pursuant to this section or disclose any information concerning such treatment to a parent or guardian without the consent of the minor.

(d) A parent or guardian who is not informed of the provision of outpatient mental health treatment for his minor child pursuant to this section shall not be liable for the costs of the treatment provided.

Sec. 19a-15. (Formerly Sec. 19-4p). Review of certain statutes and regulations; report to General Assembly. Section 19a-15 is repealed, effective October 1, 2002.

Sec. 19a-16. (Formerly Sec. 19-4q). Emerging occupations or professions; requests for regulation. In order to provide a systematic and uniform legislative review process to limit the proliferation of additional regulatory entities and programs, requests for regulation of emerging occupations or professions as defined by section 19a-13, shall be received first by the joint standing committee of the General Assembly having cognizance of matters relating to public health and then referred to the joint standing committee of the General Assembly having cognizance of matters relating to government administration, organization and reorganization. Requests for regulation may be initiated by the department, a board or commission, any group or individual or by said committee.

Sec. 19a-16a. Athletic training. (a) For purposes of sections 19a-16a to 19a-16c, inclusive, and section 20-9, "perform athletic training" means to render services under any title or description of services incorporating the words athletic training or athletic trainer.

(b) Athletic training includes the application of principles, methods and procedures of evaluation and treatment of athletic injuries, preconditioning, conditioning and reconditioning of the athlete through the use of appropriate preventive and supportive devices, temporary splinting and bracing, physical modalities of heat, cold, massage, water, electric stimulation, sound, exercise and exercise equipment upon the referral or under the general direction of a licensed practitioner of the healing arts as defined in section 20-1. Athletic training includes instruction to coaches, athletes, parents, medical personnel and communities in the area of care and prevention of athletic injuries.

Sec. 19a-16b. Certification of athletic trainers by the National Athletic Trainers' Association.

Restrictions. Exemptions. (a) No person, except as provided in subsection (b) of this section, shall perform athletic training in this state unless he is currently certified as an athletic trainer by the National Athletic Trainers' Association, Inc. Nothing in this section shall be construed to prohibit a student enrolled in a program in athletic training in a regionally accredited institution of higher education from performing such duties as are within his course of study. Nothing in this section shall be construed to prohibit a person fulfilling the internship requirement for certification by the National Athletic Trainers' Association, Inc. from performing such duties as are within his internship, provided he is functioning under the direct supervision of a person who is currently certified as an athletic trainer by the National Athletic Trainers' Association, Inc.

(b) The requirement for certification by the National Athletic Trainers' Association, Inc. shall not apply to a person who has been performing athletic training for at least fifteen years on October 1, 1990.

Sec. 19a-16c. Referrals by athletic trainers. All persons who perform athletic training shall make a written or oral referral to a licensed practitioner of the healing arts of any athlete who has any physical or medical condition which would constitute a contraindication for athletic training or which may require evaluation or treatment beyond the scope of athletic training.

Sec. 19a-17. (Formerly Sec. 19-4s). Disciplinary action by department, boards and commissions. (a) Each board or commission established under chapters 369 to 376, inclusive, 378 to 381, inclusive, and 383 to 388, inclusive, and the Department of Public Health with respect to professions under its jurisdiction which have no board or commission may take any of the following actions, singly or in combination, based on conduct which occurred prior or subsequent to the issuance of a permit or a license upon finding the existence of good cause:

- (1) Revoke a practitioner's license or permit;
 - (2) Suspend a practitioner's license or permit;
 - (3) Censure a practitioner or permittee;
 - (4) Issue a letter of reprimand to a practitioner or permittee;
 - (5) Place a practitioner or permittee on probationary status and require the practitioner or permittee to:
 - (A) Report regularly to such board, commission or department upon the matters which are the basis of probation;
 - (B) Limit practice to those areas prescribed by such board, commission or department;
 - (C) Continue or renew professional education until a satisfactory degree of skill has been attained in those areas which are the basis for the probation;
 - (6) Assess a civil penalty of up to ten thousand dollars; or
 - (7) Summarily take any action specified in this subsection against a practitioner's license or permit upon receipt of proof that such practitioner has been:
 - (A) Found guilty or convicted as a result of an act which constitutes a felony under (i) the laws of this state, (ii) federal law or (iii) the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state; or
 - (B) Subject to disciplinary action similar to that specified in this subsection by a duly authorized professional agency of any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction. The applicable board or commission, or the department shall promptly notify the practitioner or permittee that his license or permit has been summarily acted upon pursuant to this subsection and shall institute formal proceedings for revocation within ninety days after such notification.
- (b) Such board or commission or the department may withdraw the probation if it finds that the circumstances which required action have been remedied.
- (c) Such board or commission or the department where appropriate may summarily suspend a practitioner's license or permit in advance of a final adjudication or during the appeals process if such board or commission or the department finds that a practitioner or permittee represents a clear and immediate danger to the public health and safety if he is allowed to continue to practice.
- (d) Such board or commission or the department may reinstate a license which has been suspended or revoked if, after a hearing, such board or commission or the department is satisfied that the practitioner or permittee is able to practice with reasonable skill and safety to patients, customers or the public in general. As a condition of reinstatement, the board or commission or the department may impose disciplinary or

corrective measures authorized under this section.

(e) As used in this section, the term "license" shall be deemed to include the following authorizations relative to the practice of any profession listed in subsection (a) of this section: (1) Licensure by the Department of Public Health; (2) certification by the Department of Public Health; and (3) certification by a national certification body.

(f) As used in this chapter, the term "permit" includes any authorization issued by the department to allow the practice, limited or otherwise, of a profession which would otherwise require a license; and the term "permittee" means any person who practices pursuant to a permit.

Sec. 19a-17a. Review of medical malpractice awards and certain settlements. Upon entry of any medical malpractice award or upon entering a settlement of a malpractice claim against an individual licensed pursuant to chapter 370 to 373, inclusive, 379 or 383, the entity making payment on behalf of a party or, if no such entity exists, the party, shall notify the Department of Public Health of the terms of the award or settlement and shall provide to the department a copy of the award or settlement and the underlying complaint and answer, if any. The department shall review all medical malpractice awards and all settlements to determine whether further investigation or disciplinary action against the providers involved is warranted. Any document received pursuant to this section shall not be considered a petition and shall not be subject to the provisions of section 1-210 unless the department determines, following completion of its review, that further investigation or disciplinary action is warranted.

Sec. 19a-17b. (Formerly Sec. 38-19a). Peer review: Definitions; immunity; discovery permissible re proceedings. (a) For the purposes of this section:

(1) "Health care provider" means any person, corporation, limited liability company, facility or institution operated, owned or licensed by this state to provide health care or professional services, or an officer, employee or agent thereof acting in the course and scope of his employment.

(2) "Peer review" means the procedure for evaluation by health care professionals of the quality and efficiency of services ordered or performed by other health care professionals, including practice analysis, inpatient hospital and extended care facility utilization review, medical audit, ambulatory care review and claims review.

(3) "Professional society" includes medical, psychological, nursing, dental, natureopathic, osteopathic, optometric, pharmaceutical, chiropractic, podiatric, physical therapy and occupational therapy organizations as well as individual practice associations as defined in Section 300e-1(5) of the Public Health Service Act, 42 USC 300e- 1(5), as amended, having as members at least a majority of the eligible licentiates in the area or health care facility or agency served by the particular society or, in the case of physical therapy organizations, at least twenty-five per cent of the eligible licentiates in the state.

(4) "Medical review committee" shall include any committee of a state or local professional society or a committee of any health care institution established pursuant to written bylaws, and any utilization review committee established pursuant to Public Law 89-97, and a professional standards review organization or a state-wide professional standards review council, established pursuant to Public Law 92-603, engaging in peer review, to gather and review information relating to the care and treatment of patients for the purposes of (A) evaluating and improving the quality of health care rendered; (B) reducing morbidity or mortality; or (C) establishing and enforcing guidelines designed to keep within reasonable bounds the cost of health care. It shall also mean any hospital board or committee reviewing the professional qualifications or activities of its medical staff or applicants for admission thereto.

(b) There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any person who provides testimony, information, records, documents, reports, proceedings, minutes or conclusions to any hospital, hospital medical staff, professional society, medical or dental school, professional licensing board or medical review committee when such communication is intended to aid in the evaluation of the qualifications, fitness or character of a health care provider and does not represent as true any matter not reasonably believed to be true.

(c) There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any member of a medical review committee for any act or proceeding undertaken or performed

within the scope of any such committee's functions provided that such member has taken action or made recommendations without malice and in the reasonable belief that the act or recommendation was warranted.

(d) The proceedings of a medical review committee conducting a peer review shall not be subject to discovery or introduction into evidence in any civil action for or against a health care provider arising out of the matters which are subject to evaluation and review by such committee, and no person who was in attendance at a meeting of such committee shall be permitted or required to testify in any such civil action as to the content of such proceedings; provided the provisions of this subsection shall not preclude (1) in any civil action, the use of any writing which was recorded independently of such proceedings; (2) in any civil action, the testimony of any person concerning the facts which formed the basis for the institution of such proceedings of which he had personal knowledge acquired independently of such proceedings; (3) in any health care provider proceedings concerning the termination or restriction of staff privileges, other than peer review, the use of data discussed or developed during peer review proceedings; or (4) in any civil action, disclosure of the fact that staff privileges were terminated or restricted, including the specific restriction imposed, if any.

Secs. 19a-17c to 19a-17l. Reserved for future use.

Sec. 19a-17m. Malpractice insurance purchase program. (a) The Department of Public Health shall, within available appropriations, establish a program to purchase and maintain malpractice liability insurance for the following professionals and retired professionals who have been licensed by the state of Connecticut for a minimum of one year, whose licenses are in good standing and who provide primary health care services at community health centers and at other locations authorized by the department: Physicians, dentists, chiropractors, optometrists, podiatrists, natureopaths, psychologists, dental hygienists, physicians assistants and nurse practitioners. The following conditions shall apply to the program:

(1) Primary health care services shall only be provided at community health centers or at other locations as determined by the department, located in public investment communities, as defined in subdivision (9) of subsection (a) of section 7-545;

(2) Primary health care services provided shall be offered to low-income patients based on their ability to pay;

(3) Professionals providing health care services shall not receive compensation for their services;

(4) Professionals must provide not less than one hundred fifty hours per year of such primary health care services; and

(5) The department shall contract with a liability insurer authorized to offer malpractice liability insurance in this state or with the Connecticut Primary Care Association or other eligible primary health care providers to purchase insurance for professionals working in primary health care settings. The Connecticut Primary Care Association may subcontract with community health centers to purchase malpractice liability insurance for eligible professionals providing primary care services at the community health centers. Liability insurance shall be purchased only from a provider authorized to offer malpractice liability insurance in this state.

(b) Nothing in this section or section 19a-17n shall be interpreted to require a liability insurer to provide coverage to a professional should the insurer determine that coverage should not be offered to a professional because of past claims experience or for other appropriate reasons.

(c) The department may provide liability insurance under this section only to the extent funds are appropriated for this purpose by the General Assembly.

(May Sp. Sess. P.A. 94-3, S. 22, 28; P.A. 95-257, S. 12, 21, 58; 95-271, S. 35, 40.)

Sec. 19a-17n. Malpractice insurance purchase program. Regulations. Limitations. (a) The Department of Public Health shall adopt regulations concerning the conditions of participation in the liability insurance program by physicians pursuant to section 19a-17m at clinics utilizing such physicians for the purposes of this section and section 19a-17m. These conditions shall include, but are not limited to, the following:

- (1) The participating physician associated with the clinic shall hold a valid license to practice medicine and surgery in this state and otherwise be in conformity with current requirements for licensure as a physician, including any continuing education required by the Medical Examining Board;
 - (2) The participating physician shall limit the scope of practice in the clinic to primary care. Primary care shall be limited to noninvasive procedures and shall not include obstetrical care or any specialized care or treatment. Noninvasive procedures include injections, suturing of minor lacerations and incisions of boils or superficial abscesses;
 - (3) The provision of liability insurance coverage shall not extend to acts outside the scope of rendering medical services pursuant to this section and section 19a-17m;
 - (4) The participating physician shall limit the provision of health care services to low-income persons provided clinics may, but are not required to, provide means tests for eligibility as a condition for obtaining health care services.
- (b) The participating physician shall not accept compensation for providing health care services from patients served pursuant to this section and section 19a-17m, nor from clinics serving these patients. As used in this section and section 19a-17m, "compensation" means any remuneration of value to the participating physician for services provided by the physician, but shall not be construed to include any nominal copayments charged by the clinic, nor reimbursement of related expenses of a participating physician authorized by the clinic in advance of being incurred.
- (c) The use of mediation or arbitration for resolving questions of potential liability may be used, however any mediation or arbitration agreement format shall be expressed in terms clear enough for a person with a sixth-grade level of education to understand and on a form no longer than one page in length.

Sec. 19a-18. (Formerly Sec. 19-4t). Meaning of term "licensed" for insurance purposes. Whenever the term "licensed" is used in any individual or group hospital or medical expense insurance policy or hospital or medical services plan contract delivered, issued for delivery or renewed in this state on or after July 1, 1980, with respect to services performed by any practitioner subject to the provisions of chapter 368v, chapters 369 to 375, inclusive, 376b, 377 to 381, inclusive, 383 to 388, inclusive, 398 and 399, and the provisions of sections 20-195m to 20-195q, inclusive, it shall be deemed to include persons licensed or certified under said provisions.

Sec. 19a-19. (Formerly Sec. 19-4u). Regulation of business practices. The Department of Public Health shall not adopt any regulation concerning business practices. Regulations directed at the business practices of persons licensed or otherwise regulated under the provisions of sections 19a-511 to 19a-520, inclusive, chapters 369 to 376, inclusive, 378 to 381, inclusive, 383 to 388, inclusive, 393a, 395, 398 and 399, may be adopted by the Department of Consumer Protection in accordance with chapter 54. Notwithstanding any provision of the general statutes to the contrary, all complaints concerning business practices shall be adjudicated by said department. As used in this section, the term "business practices" includes but is not limited to ownership of a regulated practice; number of offices or sites of a regulated practice; practice in an association, partnership, corporation or other lawful entity; practice with other health professionals in an association, partnership, corporation or other lawful entity; practice under the name of "clinic", "center", or other descriptive term; advertising related to a regulated practice; number of assistants, auxiliaries or other paraprofessionals employed by a regulated practitioner; and the hours or days a regulated practice is open for business.

Sec. 19a-88. (Formerly Sec. 19-45). License renewal by certain healthcare providers. (a) Each person holding a license to practice dentistry, optometry, midwifery or dental hygiene shall, annually, during the month of such person's birth, register with the Department of Public Health, upon payment of the professional services fee for class I, as defined in section 33-182l in the case of a dentist, except as provided in sections 19a-88b and 20-113b, the professional services fee for class H, as defined in section 33-182l in the case of an optometrist, five dollars in the case of a midwife, and fifty dollars in the case of a dental hygienist, on blanks to be furnished by the department for such purpose, giving such person's name in full, such person's residence and business address and such other information as the department

requests.

(b) Each person holding a license to practice medicine, surgery, podiatry, chiropractic or natureopathy shall, annually, during the month of such person's birth, register with the Department of Public Health, upon payment of the professional services fee for class I, as defined in section 33-182l, on blanks to be furnished by the department for such purpose, giving such person's name in full, such person's residence and business address and such other information as the department requests.

(e) (1) Each person holding a license or certificate issued under section 19a-514, 20-65k, 20-74s, 20-195cc or 20-206ll and chapters 370 to 373, inclusive, 375, 378 to 381a, inclusive, 383 to 383c, inclusive, 384, 384b, 384d, 385, 393a, 395, 399 or 400a and section 20-206n or 20-206o shall, annually, during the month of such person's birth, apply for renewal of such license or certificate to the Department of Public Health, giving such person's name in full, such person's residence and business address and such other information as the department requests.

(f) Any person or entity which fails to comply with the provisions of this section shall be notified by the department that such person's or entity's license or certificate shall become void ninety days after the time for its renewal under this section unless it is so renewed. Any such license shall become void upon the expiration of such ninety-day period.

REGULATIONS — MEDICAL RECORDS

19a-14-40. Medical records, definition, purpose

The purpose of a medical record is to provide a vehicle for: documenting actions taken in patient management; documenting patient progress; providing meaningful medical information to other practitioners should the patient transfer to a new provider or should the provider be unavailable for some reason. A medical record shall include, but not be limited to, information sufficient to justify any diagnosis and treatment rendered, dates of treatment, actions taken by non-licensed persons when ordered or authorized by the provider; doctors' orders, nurses notes and charts, birth certificate work-sheets, and any other diagnostic data or documents specified in the rules and regulations. All entries must be signed by the person responsible for them.

19a-14-41. Professions involved

Each person licensed or certified pursuant to the following chapters and Acts shall maintain appropriate medical records of the assessment, diagnosis, and course of treatment provided each patient, and such medical records shall be kept for the period prescribed: chapters 334b, 370 thru 373, 375, 376, 378 thru 381, 383 thru 384, 388, 398, 399, and Public Acts 83-352 and 83-441.

19a-14-42. Retention schedule

Unless specified otherwise herein, all parts of a medical record shall be retained for a period of seven (7) years from the last date of treatment, or, upon the death of the patient, for three (3) years.

(a) Pathology Slides, EEG and ECG Tracings must each be kept for seven (7) years. If an ECG is taken and the results are unchanged from a previous ECG, then only the most recent results need be retained. Reports on each of these must be kept for the duration of the medical record.

(b) Lab Reports and PKU Reports must be kept for at least five (5) years. Only positive (abnormal) lab results need be retained.

(c) X-Ray Films must be kept for three (3) years.

19a-14-43. Exceptions

Nothing in these regulations shall prevent a practitioner from retaining records longer than the prescribed minimum. When medical records for a patient are retained by a health care facility or organization, the

individual practitioner shall not be required to maintain duplicate records and the retention schedules of the facility or organization shall apply to the records. If a claim of malpractice, unprofessional conduct, or negligence with respect to a particular patient has been made, or if litigation has been commenced, then all records for that patient must be retained until the matter is resolved. A consulting health care provider need not retain records if they are sent to the referring provider, who must retain them. If a patient requests his records to be transferred to another provider who then becomes the primary provider to the patient, then the first provider is no longer required to retain that patient's records.

19a-14-44. Discontinuance of practice

Upon the death or retirement of a practitioner, it shall be the responsibility of the practitioner or surviving responsible relative or executor to inform patients. This must be done by placing a notice in a daily local newspaper published in the community which is the prime locus of the practice. This notice shall be no less than two columns wide and no less than two inches in height. The notice shall appear twice, seven days apart. In addition, an individual letter is to be sent to each patient seen within the three years preceding the date of discontinuance of the practice. Medical records of all patients must be retained for at least sixty days following both the public and private notice to patients.