

JURISDICTION

The Osteopathic Medical Board of California's (Board) jurisdiction includes Osteopathic physician and Surgeons and postgraduate trainees.

The Board's jurisdiction does not include M.D.'s licensed by the Medical Board of California, chiropractors, dentists, health maintenance organizations, hospitals, insurance companies, malpractice actions/civil lawsuits, Medi-Cal, Medicare, nurses (RN, NP, FNP), psychologist, or optometrist.

The Board also has no authority over a medical provider's demeanor, bedside manner, attitude, office staff, office policies, or prices charged or refund disputes with a medical provider unless there is a double payment by the insurance company. The Board cannot assist consumers in obtaining medical care or financial compensation for medical malpractice.

For a list of all Board visit: dca.ca.gov

Osteopathic Medical Board of California

Consumer Protection Unit

1300 National Drive, Suite 150
Sacramento, CA 95834-1991

To check on a specific doctor or obtain information about the complaint process, call the Consumer Protection Unit:

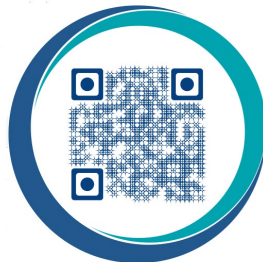
(916) 928-8390 ext. 6

Osteoenforcement@dca.ca.gov

Or visit the Board's website:

www.ombc.ca.gov

The mission of the Osteopathic Medical Board of California is to protect the public by requiring competency, accountability, and integrity in the safe practice of medicine by osteopathic physicians and surgeons.



A CONSUMER'S GUIDE TO THE COMPLAINT PROCESS



Consumer Protection Unit

Osteopathic Medical Board of California



AN OVERVIEW OF THE COMPLAINT PROCESS

The Osteopathic Medical Board of California (Board) investigates complaints involving:

- D.O's
- Postgraduate Trainee's

Complaints involving any other profession or entity are referred to the appropriate licensing Board or agency. Consumers are encouraged to file a complaint with the Board as soon as possible after the incident(s) in question occurred. By law, the Board cannot take disciplinary action on matters that took place more than seven years ago, except in cases involving sexual misconduct, care and treatment provided to a minor, or intentional concealment of unprofessional conduct.

The types of complaints the Board handles include:

- Substandard care (misdiagnosis, negligent treatment, delay in treatment, etc.)
- Prescribing Issues (violation of drug laws, excessive/under prescribing)
- Sexual misconduct, impairment (drug, alcohol, mental, physical)
- Unprofessional conduct (breach of confidence, record alteration, filing fraudulent insurance claims, misleading advertising, arrest, or conviction)
- Office practice issues (failure to provide medical records to patient, failure to sign a death certificate, patient abandonment)
- Unlicensed practice (or aiding and abetting)

WHAT HAPPENS AFTER I FILE A COMPLAINT?

After a complaint is filed, you will receive an acknowledgement confirming the complaint was received by the Board. A Board analyst reviews the complaint and gathers all the necessary information for evaluation. You may be contacted if the analyst determines that more information or clarification is needed to process your complaint. For instance, you may be asked to sign an "Authorization for the Release of Health Information," if one was not included or if additional releases are needed. To avoid delay, it is important to sign and return the release form(s) and provide any requested information as soon as possible.

This initial phase in the complaint intake unit may include gathering medical records, a response from the subject medical provider, and any additional information necessary to determine if a violation of the law occurred. In quality-of-care cases, after all the information has been gathered, Board staff will analyze the information to determine if there is sufficient evidence for referral to a medical consultant. If referral to a medical consultant is warranted, the complaint is forwarded to the consultant for a thorough review. If no violation is found, or the Board finds insufficient evidence to prosecute, the complaint will be closed, and you will be notified.

In contrast, when a medical consultant determines that a violation may have occurred and more investigation is needed, the matter is referred to the Division of Investigation, Health Quality Investigation Unit (HQIU) within the Department of Consumer Affairs. Cases that are of an urgent nature (e.g., sexual misconduct, physician impairment, etc.)

are referred immediately for investigation by HQIU.

You will receive a letter from the Board if your complaint is referred to HQIU for further investigation. The investigation process is lengthy and thorough, and consistent with due process of law, is conducted in an ethical manner to determine whether the Board can prove that a violation occurred by "clear and convincing evidence." During the investigation, you may be contacted if the investigator needs additional information.

If after investigation the Board determines that disciplinary action is not warranted, or the allegation cannot be proven, the case will be closed. However, if action is warranted, an Accusation, which is a charging document identifying the allegations against the medical provider, will be filed by the Attorney General's Office (AGO). The Board will send you a letter informing you if your complaint has been closed or referred to the AGO to determine whether an Accusation should be filed against the provider.

After the AGO's review, you will be notified about the AGO's decision regarding the Accusation. Most cases settle without the need to go to hearing. For those cases that proceed to hearing, the assigned attorney will determine how to present the case, and whether it is necessary to call you as a witness. In most cases, you will not be called to testify at hearing. Following the conclusion of the case, you will be provided a copy of the final decision by the Board.