

MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE

**HEALTH CARE FACILITY DISCIPLINARY ACTION SUBSEQUENT REPORT (HCFD-2)**

Use FORM HCFD-2 to report the reversal, modification, or completion of disciplinary actions (Part A, B or C) or the status of ongoing disciplinary actions (Part D). Please type or print legibly.

* **File this report within 30 days of a reversal or modification of an action after appeal.**
* **File this report within 30 days of the completion of an ongoing action.**
* **File this report every 60 days during the pendency of an ongoing disciplinary action.**

**Physician Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reporting Health Care Facility**

Organization name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of initial disciplinary action: \_\_\_ / \_\_\_ / \_\_ Date of initial report to the Board: \_\_ / \_\_\_ / \_\_\_

Report completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Report Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# PART A - Appeal of Disciplinary Action

Complete this section when a disciplinary action is reversed on appeal.

1. Date of reversal: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. Was the action reversed through an internal or external appeal *(circle one)?:*

A. Internal B. External C. Both

3. Describe the basis for the reversal:

# PART B - Change in a Disciplinary Action

Complete this section when the terms of a disciplinary action have been modified in any way since your last report to the Board. However, if a new action has been imposed, you must complete and file an Initial Report regarding the new action (FORM HCFD-1).

1. Date of modification: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. Describe the modification:

3. Describe the basis for the modification:

**PART C - Completion of Disciplinary Action**

Complete this section when the terms of a continuing disciplinary action are fulfilled.

Date the action was completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Physician’s status with the Health Care Facility:

**PART D - Sixty-Day Status Report**

Complete and file with the Board every 60 days during the pendency of a disciplinary action.

1. Is the physician currently in compliance with the terms of the disciplinary action? What terms of the action have not yet been fulfilled and why?

2. If clinical supervision or monitoring is part of the action, the Supervisor or Monitor must complete the information:

A. Has the physician violated any terms or conditions of the supervision or monitoring? If yes, explain below:

B. Are you satisfied with the physician’s conduct during the period that you have been responsible for supervising or monitoring his/her performance? If no, explain below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Supervisor/Monitor Signature of Supervisor/Monitor

Direct any questions concerning this form to the Board’s Data Repository Unit: (781) 876-8200. E-mail completed forms to the Data Repository Unit at the Board of Registration in Medicine to borim.statutory.reports@state.ma.us.