

# 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 <u>new</u> action has been imposed, you must complete and file an Initial Report regarding the new action (FORM HCFD-1).

- Date of modification: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
  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: \_\_\_\_ / \_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

## 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 <u>borim.statutory.reports@state.ma.us</u>.