



Medical Board of California

Health Facility/Peer Review Reporting Form

Required by Section 805 of the California Business & Professions Code

Enforcement Program
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NOTE: Certain actions, with respect to staff privileges, membership or employment of physicians, podiatrists, and licensed midwives must be reported to the Medical Board of California when they are imposed or voluntarily accepted for a medical disciplinary cause or reason. Reports on osteopathic physicians, physician assistants, dentists and psychologists should be directed to their respective Boards. Please see the reverse/second page of this form for further information.

REPORTING ENTITY (Check One)

- A medical or professional staff of any health care facility or clinic licensed under Division 2 (commencing with Section 1200) of the Health and Safety Code or of a facility certified to participate in the federal Medicare program as an ambulatory surgical center – §805(a)(1)(B)(i)
- A health care service plan licensed under Chapter 2.2 (commencing with Section 1340) of the Health and Safety Code or a disability insurer that contracts with licentiates to provide services at alternative rates of payment pursuant to Section 10133 of the Insurance Code – §805(a)(1)(B)(ii)
- Any medical, midwifery or podiatric professional society having as members at least 25 percent of the eligible licentiates in the area in which it functions (which must include at least one county), which is not organized for profit and which has been determined to be exempt from taxes pursuant to Section 23701 of the Revenue and Taxation Code – §805(a)(1)(B)(iii)
- A committee organized by any entity consisting of or employing more than 25 licentiates of the same class that functions for the purpose of reviewing the quality of professional care provided by members or employees of that entity – §805(a)(1)(B)(iv)

Name of Entity		Telephone Number	
Chief Executive Officer/Medical Director/Administrator		Chief of Medical Staff	
Name of person preparing report		Telephone Number	Email Address
Street address	City	State	Zip Code

LICENTIATE (Check One)

- Physician Podiatrist Licensed Midwife

Name	License Number
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ACTION TAKEN CHECK HERE IF THIS IS A SUPPLEMENTAL REPORT

Date(s) of Action(s) and Duration (attach additional sheets if necessary)

Type(s) of Action(s) (Check all that apply)

(a) For a medical disciplinary cause or reason:

- Denial/rejection of application for staff privileges
- Denial/rejection of application for membership
- Termination or revocation of staff privileges
- Termination or revocation of membership
- Termination or revocation of employment

(b) For a cumulative total of 30 days or more for any 12-month period, and for a medical disciplinary cause or reason:

- Restriction(s) imposed on staff privileges
- Restriction(s) imposed on membership
- Restriction(s) imposed on employment
- Restriction(s) voluntarily accepted on staff privileges
- Restriction(s) voluntarily accepted on membership
- Restriction(s) voluntarily accepted on employment

If staff privileges were restricted, list specific restrictions imposed or voluntarily accepted (attach additional sheets if necessary):

(c) Following notice of an impending investigation based on information indicating medical disciplinary cause or reason:

- Licentiate resigned from staff
- Licentiate resigned from membership
- Licentiate resigned from employment
- Licentiate withdrew or abandoned their application for staff privileges or membership
- Licentiate withdrew or abandoned their request for renewal of staff privileges or membership
- Licentiate took leave of absence from staff
- Licentiate took leave of absence from membership
- Licentiate took leave of absence from employment

(d) For a summary suspension that remains in effect for a period in excess of 14 days for a medical disciplinary cause or reason

- Imposition of summary suspension on staff privileges
- Imposition of summary suspension on membership
- Imposition of summary suspension on employment

Description of Action

Attach additional sheet(s) describing the facts and circumstances of the medical disciplinary cause or reason and any other relevant information related to the action taken, including, but not limited to, the number of cases reviewed, time frame covered, any patient deaths involved, any malpractice filings as a result of the physician's, podiatrist's, or midwife's actions, any expert/peer opinions obtained, etc.

Signature _____ Date _____
Chief Executive Officer/Medical Director/Administrator

Signature _____ Date _____
Chief of Medical Staff

ADDITIONAL INFORMATION

To complete this form, for definition of terms, when, how, and who should report, please refer to Section 805 of the California Business and Professions Code. You may access this information via https://leginfo.ca.gov/faces/codes_displaySection.xhtml?sectionNum=805.&lawCode=BPC under California Law, Business and Professions Code.

PLEASE NOTE: Section 805(k) of the California Business and Professions Code states: “A willful failure to file an 805 report by any person who is designated or otherwise required by law to file an 805 report is punishable by a fine not to exceed one hundred thousand dollars (\$100,000) per violation. The fine may be imposed in any civil or administrative action or proceeding brought by or on behalf of any agency having regulatory jurisdiction over the person regarding whom the report was or should have been filed. If the person who is designated or otherwise required to file an 805 report is a licensed physician and surgeon, the action or proceeding shall be brought by the Medical Board of California. The fine shall be paid to that agency but not expended until appropriated by the Legislature. A violation of this subdivision may constitute unprofessional conduct by the licentiate. A person who is alleged to have violated this subdivision may assert any defense available at law. As used in this subdivision, ‘willful’ means a voluntary and intentional violation of a known legal duty.”

Section 805(l) of the California Business and Professions Code states: “Except as otherwise provided in subdivision (k), any failure by the administrator of any peer review body, the chief executive officer or administrator of any health care facility, or any person who is designated or otherwise required by law to file an 805 report, shall be punishable by a fine that, under no circumstances shall exceed fifty thousand dollars (\$50,000) per violation. The fine may be imposed in any civil or administrative action or proceeding brought by or on behalf of any agency having regulatory jurisdiction over the person regarding whom the report was or should have been filed. If the person who is designated or otherwise required to file an 805 report is a licensed physician and surgeon, the action or proceeding shall be brought by the Medical Board of California. The fine shall be paid to that agency but not expended until appropriated by the Legislature. The amount of the fine imposed, not exceeding fifty thousand dollars (\$50,000) per violation, shall be proportional to the severity of the failure to report and shall differ based upon written findings, including whether the failure to file caused harm to a patient or created a risk to patient safety; whether the administrator of any peer review body, the chief executive officer or administrator of any health care facility, or any person who is designated or otherwise required by law to file an 805 report exercised due diligence despite the failure to file or whether they knew or should have known that an 805 report would not be filed; and whether there has been a prior failure to file an 805 report. The amount of the fine imposed may also differ based on whether a health care facility is a small or rural hospital as defined in Section 124840 of the Health and Safety Code.”

Section 805(m) of the California Business and Professions Code states: “A health care service plan registered under Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code or a disability insurer that negotiates and enters into a contract with licentiates to provide services at alternative rates of payment pursuant to Section 10133 of the Insurance Code, when determining participation with the plan or insurer, shall evaluate, on a case-by-case basis, licentiates who are the subject of an 805 report, and not automatically exclude or deselect these licentiates.”

CONFIDENTIALITY

This report is not a waiver of the confidentiality of medical records and committee reports. The contents of this report may be viewed only by those persons specified in Section 800(c) of the Business and Professions Code, except as required by Section 805.5 of the Business and Professions Code.

COPY TO LICENTIATE

A copy of the 805 report, with a cover letter informing the Licentiate of his or her right to submit additional statements or other information pursuant to Section 800(c) of the Business and Professions Code, must be sent by the reporting entity to the Licentiate.

SUPPLEMENTAL REPORT

A supplemental report must be made within thirty (30) days following the date the Licentiate is deemed to have satisfied any terms, conditions, or sanctions imposed as corrective action by the reporting entity.