

Louisiana State Board of Medical Examiners

Information Release

April 3, 2001

PROCEDURES FOR FILING A COMPLAINT AGAINST PHYSICIANS, MEDICAL PSYCHOLOGISTS AND OTHER HEALTH CARE PROVIDERS

An individual wishing to file a complaint with the Louisiana State Board of Medical Examiners (the "Board") against a physician or another category of health provider which it licenses, should submit a separate written complaint, for each physician or health care provider, setting forth the conduct or activities complained of with specificity and enclosing copies of all documentation referred to or supportive of the complaint. Include the complete name, business address and phone number of the physician or health care provider and the complainant. Also, include a completed form to permit the LSBME to release a copy of the complaint to the physician or health care provider.

All complaints received are reviewed by the Board's physician Investigating Officer. The Investigating Officer will typically require a complainant to sign a release that authorizes him to send a copy of the complaint to the physician or health care provider in question, to obtain a response to the allegations and copies of any relevant documents, including the complainant's medical records if applicable and if deemed necessary.

This Board's jurisdiction is contained in the Louisiana Medical Practice Act, La. Rev. Sta. 37:1261-92, which circumscribes the limits of its authority to investigate and act against a physician in any given instance. Under the Act, the Board is empowered to take action against a physician only if he or she has violated a specific prohibition contained therein, as particularly set forth by La.

Rev. Sta. 37:1285 or the Board's rules respecting physicians. Similarly, the Board may investigate and take action against another health care provider licensed by the Board (i.e., midwives, podiatrists, physician assistants, occupational therapists and assistants, respiratory therapists and assistants, athletic trainers, acupuncturists, clinical exercise physiologists and clinical laboratory personnel), for violation of one of the statutory provisions or the Board's rules regulating their practice. As a result, the Investigating Officer may initiate an investigation only if he has reasonable cause to believe that a physician or another health care provider within the Board's jurisdiction has violated one of these provisions.

Finally, the Board is not permitted to give medical opinions or medical advice nor does it have the authority to award damages or render any sort of money judgment—only a court of law can do so. The Board's investigative function is limited to the investigation and administrative disposition of allegations of misconduct and the imposition of disciplinary action against physicians and other health care providers for violation of their respective practice acts or the Board's rules.

GENERAL CORRESPONDENCE ADDRESS

Louisiana State Board of Medical Examiners
630 Camp Street
New Orleans, Louisiana 70130
Attn: Office of Investigations and Enforcement

TELEPHONE NUMBER

(504) 568-6820 (auto attendant) +3

TOLL-FREE NUMBER TO LSBME OFFICE OF INVESTIGATIONS & ENFORCEMENT

1-800-296-7549.



Louisiana State Board of Medical Examiners

630 Camp Street, New Orleans, LA 70130

Phone: (504) 568-6820

Fax: (504) 324-0994

Web site: <http://www.lsbme.la.gov>

AUTHORIZATION TO RELEASE YOUR COMPLAINT INFORMATION

I hereby give the Louisiana State Board of Medical Examiners permission to send a copy of my complaint to the practitioner listed below and that this will include disclosing my identity. I understand as well, whether I sign below or not, that the medical records of the patient(s) involved may be obtained by the Board as a part of its investigation.

I may elect not to sign below and thus request that my identity be kept confidential. In that case, a summary of the complaint may be provided to the practitioner. I understand however, that even if I do not sign below and have the Board handle this complaint confidentially, that the Board may be required by law to disclose my identity to the practitioner at a later stage of the proceedings.

Understanding the above, by my signature below, I hereby give consent to the Board to release a copy of my complaint to the practitioner/licensee:

Practitioner/Licensee's Name: _____

Business Address: _____

City, State, Zip Code: _____

Complainant (print name): _____

Complainant's Signature: _____ Date: _____