Jurisdiction

The Medical Board of California's (Board) jurisdiction includes allopathic physicians (M.D.s); licensed midwives; polysomnographic trainees; technicians and technologists; and research psychoanalysts and student research psychoanalysts.

The Board's jurisdiction <u>does not</u> include chiropractors, dentists, health maintenance organizations, hospitals, insurance companies, malpractice actions/civil lawsuits, Medi-Cal, Medicare, nurses (RN, NP, FNP), optometrists, or osteopathic physicians (DOs).

The Board also has no authority over a medical provider's attitude, bedside manner, demeanor, or office staff 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.



The State of California
Department of Consumer
Affairs (DCA) oversees 39
boards that regulate everything
from nurses to dentists,
chiropractors to optometrists?

For a list of all the boards visit: dca.ca.gov

For help filing a complaint on an agency that is not under DCA's jurisdiction, please send an email to: webmaster@mbc.ca.gov



The Medical Board of California (Board) is a consumer protection agency that licenses and regulates physicians and surgeons; licensed midwives; medical assistants; polysomnographic technologists, technicians, and trainees; and research psychoanalysts. The Board assures the initial and continued competence of the health care professionals who fall under its statutory jurisdiction through licensure, investigation of complaints, and discipline of those licensees found guilty of violations of the law or regulations.

Mission

The Board's mission is to protect health care consumers through the proper licensing and regulation of physicians and surgeons and certain allied health care professionals and through the vigorous, objective enforcement of the Medical Practice Act, and to promote access to quality care through the Board's licensing and regulatory functions.

Vision

To be the premier consumer protection agency leading the effort to advance high quality, safe medical care.

Contact

Central Complaint Unit 2005 Evergreen St., Suite 1200 Sacramento, CA 95815-5401 (800) 633 2322 www.mbc.ca.cov webmaster@mbc.ca.gov



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A Consumer's Guide to the Complaint Process

Medical Board of California Central Complaint Unit (800) 633 2322 www.mbc.ca.gov



An Overview of the Complaint Process

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

- Medical doctors (M.D.s)
- Midwives
- Polysomnographic trainees, technicians and technologists
- Research psychoanalysts

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)
- Unlicensed practice, or aiding and abetting unlicensed practice
- 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 a patient, failure to sign a death certificate, patient abandonment.)

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 Medical 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 Central Complaint 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 allegations 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, including whether the accusation was withdrawn or dismissed, or discipline was imposed.

Ways to File a Complaint

• The fastest, most convenient way to file a complaint with the Board is online at :

www.mbc.ca.gov/Breeze/Complaints.aspx

• You can print the fill-in forms available in English and Spanish at: www.mbc.ca.gov/Consumers/Complaints and mail them to the Board at Medical Board of California, Central Complaint Unit, 2005 Evergreen St., Suite 1200, Sacramento ,CA 95815, or fax it to (916) 263 2435



Do You Want to Know More?

To learn more about the Board's enforcement process, visit www.mbc.ca.gov/enforcement