

**MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE
HEALTH CARE FACILITY DISCIPLINARY ACTION SUBSEQUENT REPORT**

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). For further information, refer to the HCFD Instructions. Please type or print legibly.

- This report must be filed within 30 days of a reversal or modification of an action after appeal.
- This report must be filed within 30 days of the completion of an ongoing action.
- This report must be filed 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*)?: 1. Internal 2. External 3. 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, becoming either more or less restrictive, since your last report to the Board of Registration in Medicine. 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

Any questions concerning the proper completion of this form should be directed to the Data Repository Counsel for the Board of Medicine: (781) 876-8200. Completed forms should be mailed to Data Repository Counsel, Board of Registration in Medicine, 200 Harvard Mill Square, Suite 330, Wakefield, MA 01880.