Peer Review and Community Based Health Centers
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The peer review process is an important method by which health care entities can review the quality and safety of the care being provided by their health care providers. Benefits of carefully conducting peer review in compliance with federal and state law include:

- If implemented correctly, the peer review process creates a rebuttable presumption in favor of immunity when reviewing a provider’s quality of medical care. This protects the health center and the participants on the peer review committee from liability lawsuits brought by providers and health care professionals who have been disciplined in the peer review process.
- Again, if the rules are followed, the process is confidential and protected by an evidentiary privilege.
- Peer review has been shown to be an effective risk management and quality of care process, benefiting the health center and protecting the patients.

In addition to these Peer Review protections and benefits, there also are certain responsibilities to afford the provider being reviewed an opportunity to present a defense; and there are requirements to report the results to government agencies in some circumstances.

What follows is a discussion of the peer review requirements, protections and obligations for health centers and a model policy health centers can use to prepare compliant and effective peer review policies.

**HRSA Regulations and PINs for Health Centers Mention Peer Review, but do not set out specific requirements.**

Per the Health Resources & Services Administration’s (“HRSA”) Health Center Program Compliance Manual, health centers must utilize providers that are qualified by training and experience to provide care to its patients.1 HRSA requires health centers to have operating procedures for granting and renewing privileges to its providers.2 As a matter of quality and risk management, Health centers must evaluate whether its providers are qualified and determine renewal of privileges; and Peer Review can be utilized to assess clinical competence and fitness for duty.3 Additionally, HRSA requires health centers to have on-going quality improvement and quality assessment systems.4 This includes assessing patient satisfaction and having a process for hearing and resolving patient grievances.5 Neither HRSA nor the Bureau of Primary Care have promulgated rules, regulations or specific guidance regarding peer review.

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1 Health Center Program Compliance Manual, Chapter 5: Clinical Staffing.
2 Id.
3 Id.
5 Id.

*We would like to thank Dr. John W. Fleming, PhD, MD, FAAFP, and Dr. Terrance Drake, M.D., F.A.A.P., for their willingness to review and comment on this article.*
Thus, the meat and potatoes of peer review is found in other federal and state laws and regulations, which are the next topics of this article.

Peer reviews can help meet the corporate compliance requirements of the ACA.

In general, corporate compliance refers to a process that a health care entity follows to ensure that it is complying with all of the rules and regulations that apply to its operations. Not only is it a requirement under The Patient Protection and Affordable Care Act (“ACA”) to have a corporate compliance program, the development of a corporate compliance program is an integral part of the continuing effort of health care entities, and their board of directors, to improve the quality and safety of their services. The Department of Health and Human Services (“HHS”) Office of Inspector General (“OIG”) has published guidance for health care entities on the elements of an effective compliance program. The OIG has specifically outlined the following elements of an effective corporate compliance program:

1. Standards, Policies, and Procedures;
2. Compliance Program Administration;
3. Screening and Evaluation of Employees, Physicians, Vendors and other Agents;
4. Communication, Education, and Training on Compliance Issues;
5. Monitoring, Auditing, and Internal Reporting Systems;
6. Discipline for Non-Compliance; and

Peer reviews can be an essential way for health care entities to meet several of the elements of an effective corporate compliance program. As quality continues to become more scrutinized in healthcare, especially as it relates to reimbursement, health care entities should ensure to have an effective corporate compliance program and can partially do so by having an effective peer review process.

HCQIA provides for limited immunity and required reporting.

Federal law provides qualified immunity for professional review actions of physicians and dentists that meet certain requirements. The Health Care Quality Improvement Act (“HCQIA”) states that the committee and other persons involved in the professional review action shall not be liable for civil monetary damages if all the required standards are met. Importantly, the HCQIA only provides immunity for civil monetary damages and does not recognize confidentiality and privilege.

Professional review actions and its requirements:

The HCQIA requires the peer review process be a professional review action. A professional review action means:

an action or recommendation of a professional review body which is taken or made in the conduct of professional review activity, which is based on the competence or professional conduct of an individual physician (which conduct affects or could affect adversely the health or

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6 Measuring Compliance Program Effectiveness – A Resource Guide.
welfare of a patient or patients), and which affects7 (or may affect) adversely the clinical privileges8, or membership in a professional society, of the physician.9

The peer review committee must ensure the action of the committee be taken:

1. in the reasonable belief that the action was in furtherance of quality health care;
2. after reasonable effort to obtain facts of the matter;
3. after adequate notice and hearing procedures are afforded to the physician involved or after such other procedures as are fair to the physician under the circumstances; and
4. in the reasonable belief that the action was warranted by the facts known after such reasonable effort to obtain facts after meeting the adequate notice and hearing requirements.10

To meet the adequate notice requirement, the committee must give the provider who is under review notice stating that the professional review action has been proposed against the provider, reasons for the proposed action, that the physician has the right to request a hearing within a certain time (of no less than thirty (30) days), and a summary of their rights.11 If the provider requests a hearing on a timely basis, the hearing shall be held before a mutually agreed upon arbitrator, a hearing officer who is appointed by the committee and who is not in direct economic competition with the provider involved, or a panel of individuals who are appointed by the committee and are not in direct economic competition with the provider involved.

Required disclosures for the peer review process:

The HCQIA requires health centers report certain actions to the National Practitioner Data Bank ("NPDB"), appropriate state licensure board, and Medical Board of Examiners. If a health center fails to disclose the necessary information to the NPBD, appropriate licensure board or Medical Board of Examiners, the health center could lose the immunity protection of the HCQIA and/or could be sanctioned to civil monetary penalties.12 First, if a health center makes payment under a policy of insurance or settlements of, or in satisfaction of a judgement in, a medical malpractice claim, the health center shall report certain information to the NPDB and appropriate state licensure board.13 The following information must be reported to the NPDB and the appropriate state licensure board:

1. the name of any physician or licensed health care practitioner for whose benefit the payment is made;
2. the amount of the payment;
3. the name (if known) of any hospital with which the physician or practitioner is affiliated or associated;

7 “Adversely affecting” includes reducing, restricting, suspending, revoking, denying, or failing to renew clinical privileges or membership in a health care entity. See 42 USC § 11151(1).
8 “Clinical privileges” includes privileges, membership on the medical staff, and the other circumstances pertaining to the furnishing of medical care under which a physician or other licensed health care practitioner is permitted to furnish such care by a health care entity. See 42 USC § 11151(3).
9 42 USC § 11151(9).
10 42 U.S.C § 11112(a).
11 42 U.S.C § 11112(b).
12 42 U.S.C. § 11131(c); 42 U.S.C. § 11133(c).
4. a description of the acts or omissions and injuries or illnesses upon which the action or claim
was based; and
5. such other information as the Secretary determines is required for appropriate interpretation of
information reported under this section.\textsuperscript{14}

Second, a health center will have to report specific information to the Board of Medical Examiners when
the health center (i) takes a professional review action that adversely affects the clinical privileges of a
physician for a period longer than thirty (30) days or (ii) accepts the surrender of clinical privileges of a
physician or dentists.\textsuperscript{15} Of note, the required disclosure to the Board of Medical Examiners only applies
to physicians; a health center is not required, but may choose to report the same, in the cases of
licensed health care practitioners who are not physicians or dentists.\textsuperscript{16}

\textbf{Indiana Peer Review law affords more protections for health centers.}

State law provides additional protections for the peer review process. Indiana has additional
requirements for immunity, elaborates on the criteria and responsibilities of the committee, sets forth
the requirements for confidentiality and privilege, and outlines the provider’s rights, including the right
to appeal.

\textbf{Applicable immunities under state law:}

Per Indiana law, several immunities may apply if all the necessary steps are followed during the peer
review process. Unlike federal law, Indiana law provides immunities for the peer review process of
professional health care providers, not just physicians and dentists. The definition of health care
providers includes, but it not limited to, physicians, dentists, registered nurses, physical therapist, and
psychologist.\textsuperscript{17} Specifically, Indiana law outlines the following immunities:

1. No liability on the part of personnel of a committee for acts, statements, and proceedings of the
committee made in good faith in regard to the evaluation of patient care\textsuperscript{18,19}
2. Individuals who, in good faith furnished records, information, or assistance to the committee
that engaged in the evaluation of provider or patient care, are immune from civil liability for
furnishing said records, information, or assistance, unless they know it to be false.\textsuperscript{20}
3. The personnel of a peer review committee shall be immune from any civil action arising from
any determination made in good faith in regard to evaluation of patient care.\textsuperscript{21}
4. The committee, persons acting as a member or staff to the committee, persons under a contract
or other formal agreement with the committee, and any person who participates with or assists

\textsuperscript{14} 42 U.S.C. § 11131(b).
\textsuperscript{15} 42 U.S.C. § 11133(a)(1)(a)-(b).
\textsuperscript{16} 42 U.S.C.A. § 11133(b).
\textsuperscript{17} See IC 34-6-2-117 for comprehensive list of professional health care providers.
\textsuperscript{18} “Evaluation of patient care” relates to: (1) the accuracy of diagnosis; (2) the propriety, appropriateness, quality,
or necessity of care rendered by a professional health care provider; and (3) the reasonableness of the utilization
of services, procedures, and facilities in the treatment of individual patients. The term does not relate to does not
relate to charges for services or to methods used in arriving at diagnoses. See IC 34-6-2-44.
\textsuperscript{19} IC 34-30-15-15.
\textsuperscript{20} IC 34-30-15-16.
\textsuperscript{21} IC 34-30-15-17.
with the committee will be shielded from state and federal civil claims if the actions of the peer review process meet the standards set forth in Indiana law and the HCQIA.22

Organization of the health center’s peer review committee:

The committee is responsible to evaluate the provider’s qualifications, the patient care rendered by the providers, or the merits of a complaint against the provider.23 The committee must be organized by one of the following:

1. by a state, regional, or local organization of professional health care providers or by a nonprofit foundation created by the professional organization for purposes of improvement of patient care;
2. by the professional staff of the entity, another health care facility, a nonprofit health care organization, a professional health care organization, or a medical school located in Indiana;
3. by state or federal law or regulation;
4. by a governing board of the health care entity;
5. as a governing board or committee of the board of the entity;
6. as an entity medical staff or a section of that staff;
7. by a preferred provider organization or health maintenance organization;
8. as a governing board or committee of the board of a professional health care provider; or
9. by a perinatal center.24

Additionally, at least 50% of the individuals on the committee must either be (i) individual professional health care providers or the governing board of the health center; or (ii) individual professional health care providers and the committee is organized as an interdisciplinary committee to conduct evaluation of patient care services.25

Confidentiality and privilege afforded to the peer review process:

Confidentiality and privilege are an integral part of peer review under state law. In general, all communications, proceedings, and records of the peer review process must be confidential and privileged. Also:

- The participants of the peer review process should not reveal any contents of the peer review process to anyone outside the peer review committee, unless otherwise permitted or required by law.
- The committee may choose to share the confidential communication with the disciplinary authority of a professional organization of which the provider is a member of and the appropriate state board of registration and licensure that the committee considers necessary for disciplinary action.26

22 IC 34-30-15-19
23 IC 34-6-2-99(1).
24 IC 34-6-2-99(2)(A).
25 IC 34-6-2-99(2)(B).
26 See IC 34-30-15-8.
Although confidentiality cannot be waived, privilege may be waived by the committee. Waiver of the privilege must be executed in writing, on behalf of the peer review committee holding the privilege, by its chairman, vice chairman, or secretary. Please note:

- If privilege is not waived, the evidentiary privileges shall be invoked by all witnesses and organizations in all judicial and administrative proceedings.
- No records or determinations of or communications to a peer review committee will be subject to subpoena or discovery or admissible in evidence in any judicial or administrative proceeding.

For example, if a former physician, or other health care provider, sued the hospital following adverse action from a peer review committee, the communications, records, and determinations of the peer review committee would not be discoverable. However, health centers can use peer review information in defending a lawsuit. Similarly, if a patient brought a medical malpractice or negligent credentialing claim, the records, communication, and determination made in the peer review process could not be discoverable.

**Required disclosure to the Attorney General:**

The Attorney General may, in connection with an investigation and prosecution of a complaint filed with the Attorney General against a licensed health professional, obtain a subpoena requesting (i) the application for privileges or employment completed by the provider under investigation, (ii) incident reports prepared contemporaneously to document the circumstances of an accident or unusual occurrence, or information otherwise discoverable from original sources that do not include the communications to, records of, or determinations of a peer review committee.

**Adequate notice and hearing requirements for peer review:**

Similar to federal law, Indiana law requires that the committee provide adequate notice and hearing to the provider under investigation.

- The provider must be allowed to see any records in question and must be given the opportunity to appear before the committee with adequate representation to hear and rebut all charges.
- If the charges brought against the provider could result in action which would be required to report to a licensing board, the provider must be given the opportunity to have a hearing.
- Additionally, if the charges brought against the provider could result in action which would be required to report to a licensing board the provider must be given one (1) opportunity to appeal the committee’s hearing decision to the governing board of the hospital or a committee appointed by the governing board.

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27 IC 34-30-15-10.
28 *Id.*
30 IC 34-30-15-12.
31 It is unclear as to whether the hearing and appeal requirements of IC 34-30-15-4 applies to all health care entities or only to hospitals; therefore, since it is unclear, health care entities should follow the hearing and appeal requirements to ensure they receive full immunity under Indiana law in case of a dispute.
32 IC 34-30-15-4.
**Action that may be taken for peer review determinations:**

The Peer Review Committee should report its findings to the Management of the health center, and when appropriate to the Board of Directors. The organization should react to the findings appropriately, and action that may be needed include changes in clinical policies, education of staff or of providers, restrictions on privileges of a provider, further auditing of medical charts or billing records, and disciplinary measures directed to staff or providers. Some of the action of the committee may require reporting to the appropriate licensing board. The health center can, in developing its policy, decide on levels of disciplinary actions and make the decision on a case-by-case basis depending on what the peer review discovered. In summary, the findings that must be reported and where to report are as follows:

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<tr>
<th>Scenario</th>
<th>Report to NPDDB</th>
<th>Report to Medical Board of Examiners</th>
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| If payment is being made on a medical malpractice claim, | the health center must report the following to the NPDB:  
- the name of the physician;  
- amount paid;  
- the name (if known) of any hospital with which the physician is affiliated or associated with;  
- a description of the acts or omissions and injuries or illnesses upon which the action or claim was based; and  
- any other information HHS deems necessary. |  
If the committee/governing board suspends a physician's or dentist's privileges for more than thirty (30) days or a physician or dentists surrenders their privileges, | the health center must report the following to the Medical Board of Examiners:  
- the name of the physician;  
- a description of acts or omissions or other reasons (if known) for the revocation, suspension or surrender of the license; and  
- any other information HHS deems necessary. |  
If the Attorney General subpoenas the application for privileges or employment completed by the provider under investigation, incident reports prepared contemporaneously to document the circumstances of an accident or unusual occurrence, or information otherwise discoverable from original sources for investigations of complaints filed against a licensed health care professional, | the health center must comply with the subpoena. |

**Other Considerations**

It is important to keep in mind that health centers and individuals involved in the peer review process may be protected for the disclosures made during the peer review process but may still be subject to penalties under other laws. There are several other considerations the health centers should take into account when developing its peer review policy.
The HCQIA and state law only immunize peer review participants and health centers from damages stemming from the professional review action. For example, the HCQIA and state law will protect health centers from civil damages arising out of a lawsuit where a former physician or dentist was subject to adverse action following a peer review committee hearing. However, this does not mean that a health center will be immunized from damages that arise from other required disclosures, even if the information was discovered during the peer review process.

The HCQIA does not provide for confidentiality and privilege protections and only provides immunity for actions or recommendations of a professional review body which are taken or made in the conduct of professional review activity. Health centers will still need to release information for federal disclosures even if all HCQIA requirements were met and immunity has been obtained.

State privilege and confidentiality protections would likely be preempted by any federal required disclosures. For example, health centers may still be required to report Medicaid or Medicare overpayments that may have resulted from a physician’s misconduct (e.g. payment for medically unnecessary procedures), even if the misconduct and overpayment were discovered during the peer review process.

These considerations are especially important as they relate to the required disclosures for findings of Medicare and Medicaid fraud and abuse, specifically the required disclosures under the False Claim Act, the Physician-Self-Referral Law (Stark), the Anti-Kickback Statute, and the CMS overpayment rule. For example, health centers would still be required to report overpayments that may have resulted from a physician’s misconduct, such as performing medically unnecessary services, even if the misconduct and overpayment were discovered during the peer review process. Per the overpayment rule, a provider who identifies an overpayment must report the overpayment and return the entire amount to the Medicaid or Medicare program within sixty (60) days after it is identified. CMS published a Final Rule (codified as 42 CFR 401 & 405) regarding reporting and returning of Medicare Part A and B overpayments which defines what “identify” means for the overpayment rules. For purposes of an overpayment, “A person has identified an overpayment when the person has, or should have through the exercise of reasonable diligence, determined that the person has received an overpayment and quantified the amount of the overpayment. A person should have determined that the person received an overpayment and quantified the amount of the overpayment if the person fails to exercise reasonable diligence and the person in fact received an overpayment. If the Health Center does not disclose an overpayment within the required sixty (60) days of discovery, the overpayment will likely be treated as a false claim under the False Claims Act. Under the False Claims Act, a provider who knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval is liable to the United States Government for a civil penalty of not less than $5,000 and not more than $10,000. Thus, it would be prudent for a health center to exercise reasonable diligence in investigating an overpayment if they believe an overpayment occurred or may have occurred as a result of a peer review finding and ultimately self-disclose if an overpayment is found.

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33 42 U.S.C. § 1320a-7k(d)(2).
34 42 CFR 401.305(a)(2).
35 42 U.S.C. § 1320a-7k(d)(3).
Executive Summary

- HCQIA
  - Applicability – Only applicable to peer reviews for physicians and dentists.
  - Requirements
    - Peer review process must be a professional review action.
    - The action must be taken:
      - in the reasonable belief that the action was in furtherance of quality health care;
      - after reasonable effort to obtain facts of the matter;
      - after adequate notice and hearing procedures are afforded to the physician involved or after such other procedures as are fair to the physician under the circumstances; and
      - in the reasonable belief that the action was warranted by the facts known after such reasonable effort to obtain facts after meeting the adequate notice and hearing requirements.
    - Must provide physician or dentist under review an opportunity to be heard in front of a before a mutually agreed upon arbitrator, a hearing officer who is appointed by the committee and who is not in direct economic competition with the provider involved, or a panel of individuals who are appointed by the committee and are not in direct economic competition with the provider involved.
    - Disclosures after completion of Peer Review Process
      - NPDB- must disclose to the NPDB if payment is being made on a medical malpractice claim
      - Board of Medical Examiners- must disclose to Board of Medical Examiners if privileges are suspended for more than thirty (30) days or physician surrenders privileges.
  - Benefits
    - Immunity from all civil liability arising out of a professional review action.

- Indiana Peer Review Laws
  - Applicability- Applicable to peer reviews for professional health care providers.
  - Requirements
    - Committee must be organized by and made up of a certain groups of individuals.
    - Must keep all communications, proceedings, and records confidential.
    - Must give the provider under review adequate notice and hearing.
      - Provider must have an opportunity to hear and rebut all charges brought by the committee.
      - Provider must be given the opportunity to have a hearing and appeal if the recommendations of the committee could be reported to the appropriate licensure board.
  - Disclosure
• Attorney General – Certain information, excluding the communication, records, and determinations of the peer review, may be subpoenaed by the Attorney General for investigations of complaints filed against a licensed health care professional.
• Federal disclosures required by law – The health center may be required to make other disclosures, as required by federal law, such as self-reporting for Medicaid and Medicare overpayments.

   o Benefits
      ▪ Confidentiality - All communications, proceedings, and records of the peer review process are confidential.
      ▪ Privilege - Evidentiary privileges in all judicial and administrative proceedings.
      ▪ Immunity – Immunity from civil damages granted to peer review committee and individuals involved in the peer review process for all communications, records, and determinations, made in good faith.

**Health Center Peer Review Policy Example**

1. General
   a. Purpose
      To assist providers in providing quality care to our patients and to continually enhance the quality of patient care at our health center. To discover and correct quality and risk management issues.
   b. Confidentiality and Privilege
      The peer review process shall be kept confidential and privileged within the confines of the peer review committee. Disclosure of communication, records, and proceedings will be kept confidential and only be disclosed as required by IC 34-30-15 et seq.

2. Peer Review Committee
   a. Members
      The peer review committee will consist of the following members:
         i. CEO (Chair)
         ii. Chief Medical Officer (“CMO”)
         iii. Director of Quality
         iv. Director of Credentialing
         v. One (1) section head which will be appointed by the CMO. This individual should be in the same specialty or field as the provider under review.
   b. Duties of the Committee
      i. Evaluate the provider’s qualifications.
      ii. Evaluate the patient care rendered by the providers.
      iii. Evaluate the merits of a complaint against the provider.
      iv. Conduct peer review regularly and randomly without unlawful discrimination
      v. Make recommendations to management of the health center where appropriate

3. Case Review
   a. Criteria for selecting cases for review
i. Issues arising from a patient complaint.
ii. Cases that resulted in death or serious bodily injury.
iii. Issues raised by another member of the medical clinical staff.
iv. Random selection of cases for auditing purposes.

b. Factors under case review
   i. Performance of clinical procedures within medical standards and policy.
   ii. Quality issues.
   iii. Care being provided in the best interest of the patient.
   iv. Proper medical record keeping.

c. Method of review
   Individual committee members, or the committee as a whole, must have the professional training and experience to evaluate the provider under review. The committee members must be free of bias or conflicts with the provider under review. The committee, or individual members, may observe the provider under review and review medical records and reports. The committee will report all findings and recommendations in a written report. One member may draft the report and distribute it to the rest of the committee. The report will include the following information.
   i. Facts
   ii. Proper medical standards
   iii. Issues
   iv. Recommendations
      1. Disciplinary action
      2. Reporting

4. Hearing and Appeal
   a. Notice to provider
      Proper notice must be given to the provider under review if action has been proposed against the provider. Notice may be satisfied by sending a certified letter to the provider indicating the following:
      i. Professional review action has been proposed against the provider.
      ii. Reasons for the proposed action. The committee may send the report, in whole or in part, addressing the reasons for proposed action.
      iii. That the physician has the right to request a hearing within sixty (60) days of receipt of notice.
      iv. A summary of their rights, including, but not limited to:
         1. The provider has a chance to be heard at a hearing.
         2. The provider has a right to adequate representation at a hearing.
         3. The provider has a right to see all records in question.
         4. The provider has a right to rebut and present evidence arguing his position at the hearing.
         5. The provider has a right to know if action could result in reporting to a licensing board and/or disciplinary action.
         6. The provider has a right to an appeal if action could result in reporting to a licensing board.

   b. Hearing
If the provider requests a hearing, a hearing shall be set no later than thirty (30) days after the provider requested the hearing. The committee will select either a mutually agreed upon arbitrator or three (3) providers within the same scope of work as the provider to oversee the hearing. The hearing will begin with the committee presenting its finding and recommendations. The provider and/or their representative will then have an opportunity to present its finding and rebut any specific findings of the committee. The provider’s rebuttal will be added to the committee’s report. After the provider has concluded their case, there will be time allotted for questions by the individual(s) overseeing the hearing. Once all questions have been answered, the individual(s) overseeing the hearing will make a final decision as to the findings and final recommendations. All findings and final recommendations will be included in the report and shared with the provider and/or their representative no later than thirty (30) days after the conclusion of the hearing.

c. Appeal
If the individual(s) overseeing the hearing recommends action which may result in reporting to the provider’s licensing board, the provider shall have a right to one (1) appeal with the governing body of the health center. The chair of the committee will share the committee’s report with the governing body. The governing body will hold an appeal hearing with the provider and their representative. The provider and/or their representative will present their case to the governing body. The governing body will have an opportunity to ask questions to the provider and/or their representative. At the conclusion of the appeal, the governing body will reconvene in private and take a vote as to the final action being taken against the provider, if any. The governing board’s decision will be documented in the committee’s report.

5. Required Disclosures
   a. Actions against physicians or dentists
      i. National Practitioner Data Bank
         If a medical malpractice payment is made, the health center will report the payment to the National Practitioner Data Bank and the appropriate state licensure board.
      ii. Board of Medical Examiners
         If the governing body of the health center takes action against a physician or dentist, which adversely affects their clinical privileges for more than thirty (30) days or the physician surrenders their privileges, the governing board of the health center will report the findings to the Board of Medical Examiners.
   b. Actions against other health care providers
      The governing board of a health center may disclose actions taken against other health care providers to Board of Medical Examiners.
   c. Disclosures to the Attorney General
      If the health center receives a subpoena from the Attorney General, the health center will provide the Attorney General with (i) the application for privileges or employment completed by the provider under investigation, (ii) incident reports prepared contemporaneously to document the circumstances of an accident or unusual occurrence, or information otherwise discoverable from original sources, if requested.
The health center will not provide any communication, records, or determinations from the peer review process.

d. Other Disclosure Required by Law
The committee and its legal counsel will determine, on a case-by-case determination, whether other disclosures, required by state or federal law, will need to be made.

Disclaimer: This article is made available for educational purposes only and is not intended as legal advice. Further, the example peer review policy is not intended to be the recommended policy for all health centers.