

Tips for Avoiding Complaints

What follows is a composite of some of the issues that may result in the filing of a complaint against a practitioner. Having a complaint filed against you can be extremely disruptive and upsetting. If a case alleges unprofessional conduct, as defined by the Board's laws and rules, the Office will order an investigation. Although many complaints do not result in disciplinary action they are still investigated. Many of those complaints that are closed might have been avoided altogether if the practitioner had better communicated with the patient. Many insurance carriers, and many State's now ask if you are, or have ever been the subject of an investigation.

If a complaint is filed and the Investigating Team finds unprofessional conduct, the Board has the authority to take disciplinary action. We hope that you will read this carefully, it does not cover every possible scenario, but it may help you avoid common pitfalls that result in a complaint, and/or disciplinary action. Some of these items may seem to be unimportant, but every one of them has been based on an actual complaint.

1. Advertising - Whether it be via newspaper, radio ad, telephone directory, etc. advertising must be accurate. A chiropractor who stated that he/she had been awarded the chiropractor of the year by an association was found to have committed unprofessional conduct and was sanctioned by the Board. In advertising, if you make a claim that you have been awarded some honor you must also indicate what the award was, who awarded it to you, and the year the award was given.
2. Release of Patient Records - Failing to make available promptly a copy of a patient's medical records or radiographs to a patient, the patient's representative, succeeding health care professionals or institutions, upon proper request may be grounds for discipline. Fees as outlined in [Title 18, § 9419](#) may be charged for copying and duplicating, but copies cannot be withheld for failure to pay fees (including duplicating charges) or as an incentive to secure payment for a balance on a patient bill. The Board interprets promptly to mean within thirty days of receipt of the request.
3. Termination of services - When a decision has been made to terminate a patient from your practice the Board strongly encourages the practitioner to do so, in writing. Termination should not occur during the course of treatment for a procedure that requires multiple visits. However, if it does the patient should also be provided with names of other practitioners that they can contact.
4. Informed Consent - Many times practitioners assume that their patients fully understand what they are doing, and what will happen. More often than not, this is not the case. Practitioners can save themselves a lot of hassle by being sure that patients know at each visit what is planned, and what it entails. This helps to avoid the possibility that the patient expects one procedure, and you perform another. Be especially communicative when dealing with minor children, keep the parent(s) informed before proceeding.

5. Keeping Patient Records - The standard of care for chiropractic record keeping requires, among other things, (a) that the chiropractor and patient be identified on each record, (b) that patient demographics, including family, social, and occupational histories, be included in the record, (c) that the onset of injury be documented, (d) that a review of symptoms be included in the record, (e) that any patient self-care be documented, (f) that examination findings be included in the record, and (g) that any special studies undertaken be documented in the record. In addition, the chiropractor's progress notes for the patient should contain the elements of a SOAP note: (a) the patient's subjective complaints, (b) the chiropractor's objective findings, (c) the chiropractor's assessment of what is happening with the patient, and (d) the chiropractor's plan of treatment for the patient.