

**GOTTLIEB MEMORIAL
HOSPITAL**

PRACTITIONER HEALTH POLICY

Adopted by the Medical Executive Committee on April 15, 2015.

Approved by the Board on June 26, 2015.

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GOTTLIEB MEMORIAL HOSPITAL

PRACTITIONER HEALTH POLICY

1. POLICY STATEMENT

- 1.A **General Policy.** Gottlieb Memorial Hospital (the “Hospital”) and its Medical Staff are committed to providing safe, quality care, which can be compromised if a Practitioner is suffering from a health issue that is not appropriately addressed. The Hospital is also committed to assisting colleagues overcome health issues so they may practice safely and competently.
- 1.B **Scope of Policy.** This Policy applies to all Practitioners who provide patient care services at the Hospital. For purposes of this Policy, a “Practitioner” is defined as a Medical Staff member or an Allied Health Professional who has been granted clinical privileges.

A flow chart depicting the review process for concerns regarding Practitioner health issues is attached as **Appendix A** to this Policy.

1.C **Definition of “Health Issue.”**

- (1) **Definition.** “Health issue” means any physical, mental, or emotional condition that could adversely affect an individual’s ability to practice safely and competently.
- (2) **Examples.** Examples of health issues include, but are not limited to, the following:
- Substance or alcohol abuse;
 - Use of pain medication or anti-anxiety medication following surgery;
 - Mental health concern caused by a major family event (e.g., death of spouse or child, divorce) or a major job-related event (e.g., death or significant injury to patient);
 - Carotid, vertebral, or other brain artery surgery or intervention;
 - Chemotherapy with a drug known to effect neurotoxicity (brain) or to have cardiac or neurotoxicity (peripheral nerves);
 - Radiation therapy to head;
 - Medical condition (e.g., stroke or Parkinson’s disease), injury, or surgery resulting in temporary or permanent loss of fine motor control or sensory loss;
 - Shoulder surgery, brachial plexus surgery, hand or carpal tunnel surgery for surgeon;
 - Back injury impacting ability to stand in OR or other procedure lab;
 - Illness or hospitalization resulting in deconditioning;

- Major surgery;
- Contagious disease that could compromise patient safety or jeopardize other health care workers; and
- Alzheimer’s disease or some other form of dementia.

1.D ***Role of Leadership Council.*** Practitioner health issues shall be addressed by the Leadership Council as outlined in this Policy. The Leadership Council may request other Practitioners to assist it, on an ad hoc basis, if additional expertise or experience would be helpful in addressing the health concerns that are identified in a particular case.

The Leadership Council shall also recommend to the Medical Executive Committee (“MEC”) educational materials that address Practitioner health issues and emphasize prevention, identification, diagnosis, and treatment of health issues. This Policy and any educational materials approved by the MEC shall be made available to each Practitioner. In addition, the MEC shall periodically include information regarding illness and impairment recognition issues in CME activities.

1.E ***Patient Care and Safety.*** Nothing in this Policy precludes immediate referral to the MEC or the elimination of any particular step in the Policy if necessary to address a situation that may compromise patient care and safety.

2. REPORTS OF POTENTIAL HEALTH ISSUES AND RESPONSE TO IMMEDIATE THREATS

2.A ***Duty to Self-Report.*** Practitioners who have a health issue are required to report it to the Chief Medical Officer (“CMO”), Chief Quality Officer (“CQO”), Medical Staff President, other Medical Staff Officer, or his/her Department Chair.

2.B ***Absence from the Medical Staff for Health Reasons.*** A report shall be made to the Leadership Council if a Practitioner requests a formal leave of absence for health reasons pursuant to the Medical Staff Credentials Policy. Similarly, a report shall be made to the Leadership Council if a health issue causes a Practitioner to be absent from the Medical Staff or unable to exercise his or her clinical privileges for health reasons, even if a formal leave of absence is not in effect. The foregoing reporting obligations do not apply to absences related to child bearing.

2.C ***Reports of Suspected Health Issues by Others.***

- (1) ***Reports.*** Any Practitioner or Hospital employee who is concerned that a Practitioner has a health issue, or who is told by a patient, family member or other individual of a concern, shall report the concern to the CMO, CQO, Medical Staff President, other Medical Staff Officer, or the appropriate Department Chair.

- (2) ***Gathering Information.*** The person receiving the report may request the reporting individual to provide a written description of the events that led to the concern. As necessary, the person receiving the report may also interview the reporting individual and gather any other relevant facts, including speaking with any other individuals who may have relevant information.
- (3) ***Feedback to Reporter.*** The person receiving the report shall inform the individual who reported the concern that the report will be treated confidentially. The individual who filed the report may be informed that follow-up action was taken, but the specifics of any action shall not be shared in light of their confidential and privileged nature.

2.D ***Review of Health Issues That May Pose an Immediate Threat.***

- (1) If a report suggests that a Practitioner may have a health issue that poses an immediate threat to patients or others, the CMO or Medical Staff President shall immediately personally assess the Practitioner or may request the appropriate Department Chair, CQO, or other Medical Staff Officer to do so, and report back to him/her. The Practitioner may be required to submit to a blood, hair, or urine test, or to undergo some other physical and/or mental evaluation to determine his or her ability to safely practice. Failure to fully cooperate or submit to such an evaluation may lead to precautionary suspension or other measures as deemed necessary.
- (2) If the CMO or Medical Staff President believes the Practitioner may have a health issue and that action is necessary to protect patients, the Practitioner may be asked to voluntarily refrain from exercising his or her privileges while the matter is being reviewed further. Such a request may be made to the Practitioner either before or after any tests or evaluations regarding the Practitioner have been completed.
 - (A) If the Practitioner agrees to voluntarily refrain from exercising his or her privileges, the Practitioner's patients may be assigned to another individual with appropriate clinical privileges or to the appropriate Practitioner on the Emergency Department call roster. Affected patients shall be informed that the Practitioner is unable to proceed with their care due to illness. Any wishes expressed by patients regarding a covering Practitioner will be respected to the extent possible.
 - (B) If the Practitioner will not agree to voluntarily refrain from exercising his or her privileges, the CMO or Medical Staff President will consider whether a precautionary suspension or some other measure is necessary.

- (3) Following the immediate response described above, the CMO or Medical Staff President shall refer the matter to the Leadership Council for review pursuant to this Policy.

2.E ***Review of Reports Not Posing an Immediate Threat.*** If the individual receiving the report believes there is enough information to warrant a review but that no immediate action is necessary to protect patients or others, the matter shall be referred to the Leadership Council for review pursuant to this Policy.

3. INITIAL ASSESSMENT OF HEALTH STATUS

3.A ***Initial Review.*** The Leadership Council shall act expeditiously in reviewing concerns regarding a potential health issue. As part of its review, the Leadership Council may meet with the individual who initially reported the concern, as well as any other individual who may have relevant information.

3.B ***Individuals Participating in Review.*** If the Leadership Council determines that it would be necessary or helpful in addressing the reported concern, it may consult with a relevant expert (e.g., an addictionologist or psychiatrist) or include that individual in the review process. In addition, the Leadership Council may consult with the relevant Department Chair or involve the Chair in the review process. Any such individual is an integral part of the Hospital's professional practice evaluation process, and shall be governed by the same responsibilities and legal protections (e.g., confidentiality, indemnification, etc.) that apply to other participants in the process.

3.C ***Meeting with Practitioner.*** If the Leadership Council believes that a Practitioner might have a health issue, the Leadership Council (or its designees) shall meet with the Practitioner. At this meeting, the Practitioner should be told that there is a concern that his or her ability to practice safely and competently may be compromised by a health issue and advised of the nature of the concern. However, the Practitioner will not be told who initially reported the concern unless the Leadership Council determines that it would be appropriate to do so. In such case, the Practitioner will be reminded that retaliation against anyone who may have reported a concern is prohibited.

3.D ***Assessment of Health Status.***

- (1) The Leadership Council may require the Practitioner to do one or more of the following to facilitate an assessment of the health issue:
 - (A) obtain a letter from his or her treating physician assessing the Practitioner's ability to safely and competently practice, and authorize the treating physician to meet with the Leadership Council;

- (B) undergo a physical or mental examination or other assessment (e.g., neurocognitive examination);
- (C) submit to an alcohol or drug screening test (blood, hair, or urine) to be paid for by the hospital; and/or
- (D) be evaluated by a physician or organization specializing in substance abuse, and have the results of any such evaluation provided to it.

(2) The Leadership Council shall select the health care professional or organization to perform the examination, testing, or evaluation, but may seek input from the Practitioner. In addition, more than one health care professional or organization may be asked to perform an examination, test, or evaluation, and this may occur either concurrently or serially (e.g., a substance abuse assessment following a positive drug screen). While the hospital will assume the cost of the initial alcohol or drug screening test, the Practitioner shall be responsible for any costs associated with obtaining required health status information, subsequent treatments and/or ongoing evaluations .

(3) A form authorizing the Hospital to release information to the health care professional or organization conducting the evaluation is attached as **Appendix B**. A form authorizing the health care professional or organization conducting the evaluation to disclose information about the Practitioner to the Leadership Council is attached as **Appendix C**. A Health Status Assessment Form that may be used to document the results of an evaluation is attached as **Appendix D**.

3.E ***Interim Safeguards.*** While the assessment of health status described above is ongoing, the Leadership Council may recommend that the Practitioner voluntarily take one or more of the following actions based on the nature and severity of the potential health issue:

- (1) take a leave of absence;
- (2) refrain from exercising some or all privileges;
- (3) agree to specific conditions on his or her practice; or
- (4) relinquish certain clinical privileges.

3.F ***Referral to MEC.*** If a Practitioner does not agree to take the voluntary actions recommended by the Leadership Council while the assessment of the Practitioner's health status is ongoing, the matter shall be referred to the MEC for review and further action pursuant to the Medical Staff Credentials Policy.

4. PARTICIPATION IN A TREATMENT PROGRAM

If some instances, the assessment described in Section 3 of this Policy will lead to a recommendation by the Leadership Council that the Practitioner enter a treatment program. In other instances, the need for a Practitioner to enter a treatment program will be self-evident, and each of the steps required in Section 3 may not be required. In either case, the Leadership Council will, as requested, assist the Practitioner in identifying an appropriate program.

5. REINSTATEMENT/RESUMING PRACTICE

5.A *Request for Reinstatement or to Resume Practicing.*

- (1) If a Practitioner was granted a formal leave of absence to participate in a treatment program or otherwise address a health issue, the Practitioner must apply for reinstatement of privileges using the process set forth in the Medical Staff Credentials Policy. However, prior to applying for reinstatement through the process outlined in the Credentials Policy, the Practitioner must first receive clearance from the Leadership Council.
- (2) In all other circumstances where the Practitioner refrained from practicing (e.g., voluntary agreement between Practitioner and Leadership Council; Practitioner was absent from Medical Staff duties while participating in a treatment program or otherwise addressing a health issue), the Practitioner must submit a written request to the Leadership Council to resume exercising his or her clinical privileges.

5.B *Additional Information.* Before acting on a Practitioner's request for clearance to apply for reinstatement or to resume practicing, the Leadership Council may request any additional information or documentation that it believes is necessary to evaluate the Practitioner's ability to safely and competently exercise clinical privileges. This may include requiring the Practitioner to undergo a health assessment conducted by a physician chosen by the Leadership Council in order to obtain a second opinion on the Practitioner's ability to practice safely and competently.

5.C *Determination by Leadership Council.* In evaluating:

- (1) the results of any assessment conducted pursuant to Section 3 of this Policy;
- (2) a request for clearance to apply for reinstatement from a leave of absence; or
- (3) a request to resume practicing where no leave of absence has been taken,

the Leadership Council will review all information available to it and determine if the Practitioner is capable of practicing safely and competently. If the Leadership Council determines that the Practitioner is capable of practicing safely and competently, this decision will be documented and no further action is needed. However, if the Leadership Council determines that conditions should be placed on a Practitioner's practice, it will consult with the Practitioner, and may consult with the relevant Department Chair, in developing any necessary conditions.

6. CONDITIONS OF CONTINUED PRACTICE

By way of example and not of limitation, the Leadership Council may require the Practitioner to comply with one or more of the following as conditions of receiving clearance to apply for reinstatement of privileges from a leave of absence, or as a condition of resuming practice:

- (A) ***Ongoing Monitoring.*** The Practitioner's exercise of clinical privileges may be monitored. The individual to act as monitor shall be appointed by the Leadership Council or the Department Chair. The nature of the monitoring shall be determined by the Leadership Council, in consultation with the Department Chair.
- (B) ***Periodic Reports of Health Status.*** If the Practitioner is continuing to receive medical treatment or to participate in a substance abuse rehabilitation or after-care program, the Leadership Council may require the Practitioner to submit periodic reports from his or her treating physician or the substance abuse rehabilitation/after-care program. The nature and frequency of these reports will be determined on a case-by-case basis depending on the health issue.
- (C) ***Random Alcohol or Drug Screens.*** A Practitioner who has undergone treatment for substance abuse may be required to submit to random alcohol or drug screening tests at the request of any member of the Leadership Council or the Department Chair.
- (D) ***Coverage.*** The Practitioner may be required to identify at least one Practitioner who is informed of the health issue and is willing to assume responsibility for the care of his or her patients in the event of the Practitioner's inability or unavailability.

7. NONCOMPLIANCE

7.A ***Referral to MEC.*** A matter shall be immediately referred to the MEC for its review and action pursuant to the Medical Staff Credentials Policy if the Practitioner fails to:

- (1) complete an agreed-upon evaluation, treatment, or rehabilitation program;

- (2) comply with any condition or requirement of reinstatement or continued practice;
- (3) cooperate in the monitoring of his or her practice;
- (4) provide any information requested by the Leadership Council or other Medical Staff Leaders; or
- (5) meet with the Leadership Council or other Medical Staff Leaders upon request and with reasonable notice of the date, time, and place of the meeting.

7.B ***Actions Following MEC's Review.*** Following its review, the MEC shall take appropriate action, including, but not limited to:

- (1) determining that the individual has automatically relinquished his or her clinical privileges, pursuant to the Medical Staff Credentials Policy, due to failure to provide requested information and/or failure to obtain a medical evaluation or assessment requested by appropriate leaders;
- (2) initiating an investigation;
- (3) taking appropriate action regarding the practitioner's appointment or clinical privileges in accordance with the Medical Staff Credentials Policy; and/or
- (4) recommending to the Hospital that the matter be reported to the appropriate Illinois licensing board and/or the National Practitioner Data Bank as a voluntary resignation in return for not conducting an investigation, as circumstances dictate.

8. DOCUMENTATION

8.A ***Creation of Health File.*** Reports of potential health issues and documentation received or created pursuant to this Policy shall be included in the Practitioner's confidential health file. The Practitioner's health file shall be maintained by the Medical Staff Office as a separate file, and shall not be included in the credentials file.

8.B ***Information Reviewed at Reappointment.***

- (1) The information reviewed by those involved in the reappointment process will not routinely include all documentation in a Practitioner's health file. Instead, the process set forth in this subsection will be followed.

- (2) When a reappointment application is received from an individual who has a health issue that is currently being reviewed or monitored by the Leadership Council, or that has been reviewed and resolved in the past reappointment cycle, the Medical Staff Office shall contact the Leadership Council.
- (3) The Leadership Council will prepare a confidential summary health report to the Credentials Committee. The summary health report shall be included in the credentials file, and will be reviewed by the Credentials Committee only after the Credentials Committee has determined that the applicant is otherwise qualified for clinical privileges, as set forth in Credentials Policy.
- (4) The Leadership Council's summary health report will state that the Council is actively monitoring, or has monitored in the past reappointment cycle, a health issue involving the Practitioner. The summary health report will also include a recommendation regarding the Practitioner's ability to perform the duties of Medical Staff membership and safely exercise clinical privileges.
- (5) If the Credentials Committee, MEC, or Board of Directors has any questions about the Practitioner's ability to safely practice, the relevant entity will discuss the issue with a member of the Leadership Council. If the relevant entity still believes additional information is necessary, members of that entity may review the Practitioner's confidential health file in the Medical Staff Office.

9. CONFIDENTIALITY, PEER REVIEW PROTECTION, AND REPORTING

- 9.A **Confidentiality.** To the extent possible, and consistent with quality patient care, the Leadership Council and MEC will handle health issues in a confidential manner. Throughout this process, all parties should avoid speculation, conclusions, gossip, and any discussions of this matter with anyone other than those described in this Policy.
- 9.B **Peer Review Protection.** All minutes, reports, recommendations, communications, and actions made or taken pursuant to this Policy are intended to be covered by the provisions of the Health Care Quality Improvement Act of 1986, 42 U.S.C.A. 11101 et seq., and Illinois laws governing peer review. Furthermore, the committees or individuals charged with making reports, findings, recommendations, or investigations pursuant to this Policy shall be considered to be acting on behalf of the Hospital and the Board when engaged in such professional review activities and thus are "professional review bodies" as that term is defined in the Health Care Quality Improvement Act.

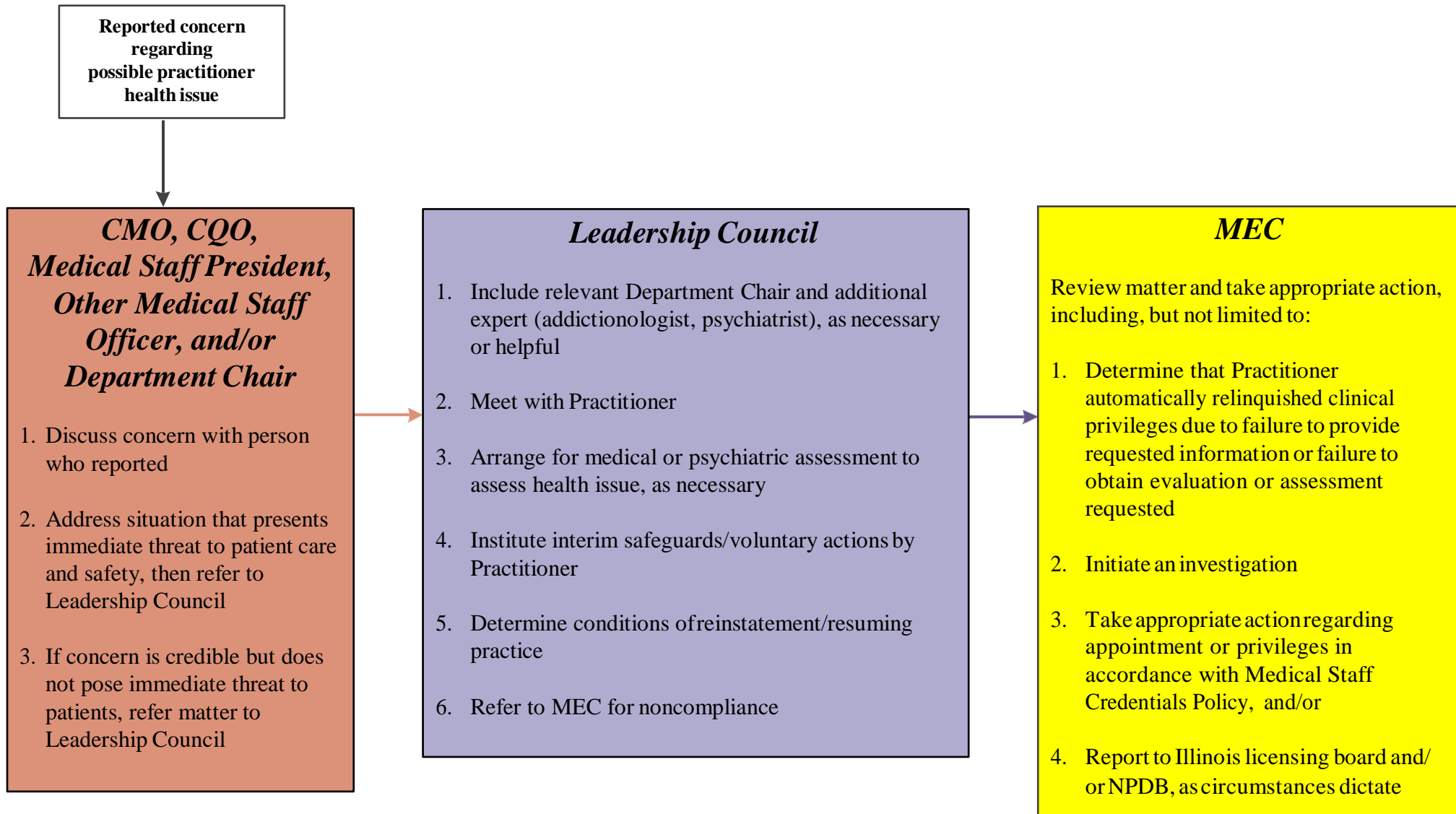
- 9.C ***Required Reporting; Contact with Law Enforcement Authorities or Governmental Agencies.*** The Hospital Chief Executive Officer (or designee) shall file reports with the appropriate Illinois licensing board and/or the National Practitioner Data Bank, as required by applicable law. In addition, if at any time it becomes apparent that a particular matter cannot be handled internally, or jeopardizes the safety of the Practitioner or others, the CMO, Medical Staff President, Hospital Chief Executive Officer, or the Hospital's counsel may contact law enforcement authorities or other governmental agencies.
- 9.D ***Requests for Information Concerning Practitioner with a Health Issue.*** All reference requests or other requests for information concerning a Practitioner with a health issue shall be forwarded to the CMO, Medical Staff President, or Hospital Chief Executive Officer for response.

Adopted by the Medical Executive Committee on April 15, 2015.

Approved by the Board on June 26, 2015.

GOTTLIEB MEMORIAL HOSPITAL

Appendix A: Review Process for Potential Practitioner Health Issues



APPENDIX B

CONFIDENTIAL PEER REVIEW DOCUMENT

**CONSENT FOR DISCLOSURE OF INFORMATION
AND
RELEASE FROM LIABILITY**

I hereby authorize Gottlieb Memorial Hospital (the "Hospital") to provide *[the facility or physician performing health assessment] (the "Facility")* OR *[my treating physician]* all information, written and oral, relevant to an evaluation of my health status.

I understand that the purpose of this Authorization and Release is to allow *[the Facility]* OR *[my treating physician]* to conduct a full and complete evaluation of my health status so that the Hospital can determine if I am able to care for patients safely and competently.

I also understand that the information being disclosed is protected by the Illinois peer review law and that the Hospital, *[the Facility]* OR *[my treating physician]* and others involved in the peer review process are required to maintain the confidentiality of peer review information, pursuant to Illinois law.

I release from any and all liability, and agree not to sue, the Hospital, any of its officers, directors, or employees, any physician on the Hospital's Medical Staff, or any authorized representative of the Hospital, for any matter arising out of the release of information by the Hospital to *[the Facility]* OR *[my treating physician]*.

I also release from any and all liability, and agree not to sue, *[the Facility or any of its officers, directors, employees, or authorized representatives]* OR *[my treating physician]*, for any matter arising out of *[the Facility's]* OR *[my treating physician's]* provision of an evaluation of my health status to the Hospital.

Date

Signature of Practitioner

APPENDIX C

CONFIDENTIAL PEER REVIEW DOCUMENT

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I hereby authorize _____ *[facility performing health assessment and/or Practitioner overseeing treatment or treatment program] (the "Facility") OR [my treating physician]* to provide all information, both written and oral, relevant to an assessment of my health status and my ability to safely practice, to Gottlieb Memorial Hospital (the "Hospital") and its Leadership Council or Medical Executive Committee. The information to be released includes, but is not limited to, answers to the questions on the attached **Health Status Assessment Form**, along with the following:

1. my current health condition;
2. whether I am *[continuing to receive medical treatment and, if so, the treatment plan]* OR *[continuing to participate in a substance abuse rehabilitation program or in an after-care program, a description of that program and whether I am in compliance with all aspects of the program]*;
3. to what extent, if any, my behavior and clinical practice need to be monitored;
4. whether I am capable of resuming clinical practice and providing continuous, competent care to patients as requested; and
5. any conditions or restrictions that are necessary for me to safely exercise my clinical privileges.

I understand that the purpose of this Authorization is to allow the Hospital to obtain information that is relevant to my qualifications for Medical Staff appointment and clinical privileges, including, but not limited to, my ability to care for patients safely and competently and to relate cooperatively with others in the Hospital.

I understand that the willingness of the Facility to conduct this assessment or provide treatment does not depend on my signing this Authorization.

OR

Since the Hospital is paying for the health assessment and/or treatment and has conditioned payment for the assessment and/or treatment on receipt of a report, the Facility may refuse to conduct the assessment or provide treatment if I refuse to sign this Authorization.

I understand that my health information is protected by federal law. I also understand that, by signing this Authorization, the information will be disclosed to the parties hereby authorized to receive it and could be disclosed to other parties. However, if the information in question relates to my treatment at a federally-assisted drug or alcohol treatment facility, then federal law prohibits it from being re-disclosed. Also, the information being disclosed is protected by the Illinois peer review laws and *[the Facility] OR [my treating physician]*, the Hospital, and others involved in the peer review process are required to maintain the confidentiality of peer review information pursuant to those state laws.

I understand that I may revoke this Authorization at any time, in writing, except to the extent that *[the Facility] OR [my treating physician]* has already relied upon it in making a disclosure to the Hospital. My written revocation will become effective when *[the Facility] OR [my treating physician]* has knowledge of it.

This Authorization expires when my Medical Staff appointment and clinical privileges at the Hospital end. Once this Authorization has expired, *[the Facility] OR [my treating physician]* may no longer use or disclose my health information for the purpose listed in this Authorization, unless I sign a new Authorization form.

Date

Signature of Practitioner

CONFIDENTIAL PEER REVIEW DOCUMENT

APPENDIX D

HEALTH STATUS ASSESSMENT FORM

Please respond to the following questions based upon your assessment of the current health status of _____ (the "Practitioner"). If additional space is required, please attach a separate sheet.

CURRENT HEALTH STATUS	YES	NO
1. Does the Practitioner have any medical, psychiatric, or emotional conditions that could affect his/her ability to exercise safely the clinical privileges set forth on the attached list and/or to perform the duties of Medical Staff appointment, including response to emergency call? If "yes," please provide the diagnosis and prognosis: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the Practitioner continuing to receive medical treatment for any conditions identified in Question 1? If "yes," please describe treatment plan: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the Practitioner been prescribed or is the Practitioner currently taking any medication that may affect either clinical judgment or motor skills? If "yes," please specify medications and any side effects: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the Practitioner currently under any limitations concerning activities or work load? If "yes," please specify: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

SUBSTANCE ABUSE/AFTER-CARE PROGRAM	YES	NO
<i>(If the Practitioner is participating in a substance abuse or after-care program, please also answer the questions in this section.)</i>		
1. Please specifically describe the substance abuse rehabilitation or after-care program: _____ _____		
2. Is the Practitioner in compliance with all aspects of the program? <input type="checkbox"/> <input type="checkbox"/> If “no,” please explain: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
CONDITIONS, RESTRICTIONS, AND ACCOMMODATIONS	YES	NO
1. Does the Practitioner’s behavior and/or clinical practice need to be monitored? <input type="checkbox"/> <input type="checkbox"/> If “yes,” please describe: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
2. In your opinion, are any conditions or restrictions on the Practitioner’s clinical privileges or other accommodations necessary to permit the Practitioner to exercise privileges safely and/or to fulfill Medical Staff responsibilities appropriately? If “yes,” please describe such restrictions, conditions, or accommodations: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
3. In your opinion, is the Practitioner capable of resuming clinical practice and providing continuous, competent care to patients as requested? <input type="checkbox"/> <input type="checkbox"/> If “no,” please explain: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

_____ Date

_____ Signature of Evaluating Practitioner