



Professional Compliance Program Grievance Report

Please complete this form carefully. All material that you wish AAOS to consider must either accompany this form or be sent electronically and identified as grievance material. AAOS will not review grievance material submitted electronically until a signed and dated grievance application is received in the Office of General Counsel. AAOS will return this form and all accompanying materials to you if this form is not signed or if it does not conform to the required format.

Patient health information in your answers and supporting materials must follow the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Generally, all patient-identifiable health information must be removed from grievances before they can be accepted by AAOS. The HIPAA requirements for de-identifying patient information are attached. AAOS will return to you supporting material that is not consistent with HIPAA requirements.

All grievance forms and accompanying materials must be submitted to:

American Academy of Orthopaedic Surgeons
6300 North River Road
Rosemont, IL 60018-4262
Attention: Office of General Counsel
OR
professionalcompliance@aaos.org

No inquiry, correspondence or materials may be sent to members of the Committee on Professionalism (COP), the Judiciary Committee, or any other AAOS official or officer, staff or representative. Verbal contact may be made only through the Office of the General Counsel.

AAOS will acknowledge your grievance and transmit a copy of the Professional Compliance Procedures to you. The Office of General Counsel will refer grievances that meet the criteria for review to the Committee on Professionalism (COP).



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Section I: Contact Information

Your Name (Grievant): _____

Address: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Section II: Information about the Grievance

1. Name and address of the Fellow or Member who is the subject (Respondent) of this report:

2. Date of the action or statement that is the subject matter of this grievance:

3. If this matter has been before a court, state medical board, or other state or federal administrative body, please attach an order from the appropriate authority referencing all parties and indicating that the matter has reached a final conclusion.

___ **Order attached**

4. If there is a confidentiality or non-disclosure agreement or a protective order related to this matter, please attach a copy of the agreement or protective order. *You should consult your attorney about any agreement or protective order.*

___ **Agreement/Protective Order attached**

___ **It is my intention to disclose the confidentiality or non-disclosure agreement.**

Section III: Information About the Specific Allegation

The Professional Compliance Program requires that you provide detailed information for each action or statement that you allege violated an AAOS Standard of Professionalism. For each action or statement, please provide separate answers to each of the questions below. Each set of answers will form a single allegation.

5. **Identify the AAOS Standards of Professionalism (SOPs) and the Mandatory Standards that you allege were violated. Reports without this information will be returned.**

Check one*	SOPs Subject to this Grievance Report	Mandatory Standards
	Providing Musculoskeletal Services to Patients	
	Professional Relationships	
	Orthopaedic Expert Witness Testimony** <i>(for opinions rendered before May 12, 2010)</i>	
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	Orthopaedic Expert Opinion and Testimony** <i>(for opinions rendered on or after May 12, 2010)</i>	
	Research and Academic Responsibilities	
	Advertising by Orthopaedic Surgeons	
	Orthopaedist-Industry Conflicts of Interest	

** A separate form must be completed for each different set of SOPs alleged to be in violation (i.e., violations of Professional Relationships and Expert Opinion & Testimony) Each set of the Standards will be reviewed as a separate grievance matter.*

***Please refer to the appropriate set of Standards*

6. Please word process or type your answers. You may provide your answers on a separate piece of paper, using paragraph numbers that correspond to the numbered questions. At the top of each separate page, include your name and the name of the Fellow or Member you consider to have committed the violation. To complete filing of the grievance, you must:

- Describe in detail how the action or statement was in violation of the Mandatory Standard(s) listed above and identify any evidence that supports your allegation(s).
- Attach pertinent medical records, operative reports and/or office notes.
- Provide films/images on a CD/DVD that allows for duplication.

Attach complete copies of relevant documents that you intend to rely on as evidence, providing specific page references to the sections that support your allegations. Pursuant to HIPAA requirements, you must de-identify all patient information in your attachments.

Section IV: Information About Allegations of Unethical Orthopaedic Expert Opinion

Answer the following questions only if this complaint involves allegations that a Fellow or Member testified in a manner that allegedly violated the Standards of Professionalism for Orthopaedic Expert Witness Testimony / Orthopaedic Expert Opinion and Testimony:

7. **Did the Fellow or Member prepare a written report?** Yes No
If yes, please submit a complete copy of the report.

8. **Did the Fellow or Member testify at a deposition?** Yes No
If yes, please submit a complete transcript of the pertinent deposition testimony, including copies of any relevant exhibits.

Note: Videotaped depositions must be transcribed to written format before submitting to the AAOS.

9. **Did the Fellow or Member testify at trial?** Yes No
If yes, please submit a complete transcript of the pertinent trial testimony, including copies of any relevant exhibits.

Section V: Signature Page

Please note: AAOS will not review grievance material submitted electronically until an original signed and dated grievance application is received in the Office of General Counsel.

I am a Fellow or Member of the AAOS and understand that I have a professional and ethical obligation to include in my grievance only information that is truthful and accurate.

I verify that the above contents are true and correct to the best of my knowledge and that nothing has been concealed. I agree that I shall promptly notify the AAOS, through its Office of General Counsel, of any subsequent information that is relevant to my grievance.

In signing this agreement, I understand that the Professional Compliance Program Procedures do not apply to matters currently in litigation, arbitration or mediation; under review by a state medical board or other state or federal agency; or are the subject of a peer review investigation. I verify that any and all such activity has concluded and that this matter is not now under appeal, that I have no intention of appealing this matter and/or that all appeals have been exhausted.

I further understand that it is my obligation to notify the AAOS if, at any time after my grievance has been submitted, the subject matter of the grievance becomes a subject of litigation, arbitration, mediation, administrative review, or review by a state medical board or other state or federal agency. Moreover, I understand that the AAOS shall then suspend and hold my grievance in abeyance pending final resolution of the proceedings.

I acknowledge that I will treat as confidential all information regarding this grievance and direct all communication in connection with this grievance to the Office of General Counsel. I agree that I will not share with others information about this grievance unless and until the Board of Directors has taken final action and, should I do so, I will hold the AAOS harmless from any resulting damages.

Signature:

Date:

Requirements for De-Identifying Patient Information for the AAOS Professional Compliance Program

The AAOS Professional Compliance Program generally requires that Fellows or Members who submit patient information through the grievance process de-identify that information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. Material submitted to AAOS must not contain the following identifiers of the patient or of relatives, employers, or household members of the patient:

1. Names
2. All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code and geocodes
3. All elements of dates (except year) for dates directly related to an individual, including:
 - Birth date (age is acceptable, up to age 89)
 - Admission date
 - Discharge date
 - Date of death
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social security numbers
8. Patient identification or medical record number
9. Patient account number
10. Health plan beneficiary numbers
11. Certificate and license numbers
12. Vehicle identifiers (including license plate number) and serial numbers
13. Medical device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers (including finger and voice prints)
17. Full face photographs and comparable images
18. Any other unique identifying number, characteristic, or code

You must not disclose patient information to AAOS if you have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is the subject of the information. Lastly, you should consider discussing your submission with your attorney to ensure that you would not violate patient confidentiality, the physician-patient privilege, any state privacy laws or the HIPAA Privacy Rule by submitting the information.