

**NEW JERSEY REPORTING OBLIGATIONS (AS OF SEPTEMBER, 2008)**

Please be advised that this is a general guide intended to help you navigate the numerous New Jersey reporting obligations, and should not be construed as legal advice or as pertaining to specific, factual situations. If legal advice or other expert assistance is required, the services of a competent professional person should be sought. Please be further advised that while we have made every attempt to include as much information as possible in the table set forth below, note that New Jersey laws and regulations contain a number of reporting obligations, some of which may not be included below, may not have existed or may not have been applicable at the time this chart was created.

<b>General reporting obligation</b>	<b>What to report</b>	<b>Who to report to and when to report</b>
<p>Wound, burn or other injury caused by firearm, weapon etc.</p>	<p>Every case of a <b>wound, burn or any other injury arising from or caused by a firearm, destructive device, explosive or weapon shall be reported at once to the police authorities</b> of the municipality where the person reporting is located or to the State Police by the physician consulted, attending or treating the case or the manager, superintendent or other person in charge, whenever such case is presented for treatment or treated in a hospital, sanitarium or other institution.</p> <p>This does not apply to wounds, burns or injuries received by a member of the armed forces of the United States or the State of New Jersey while engaged in the actual performance of duty.</p> <p>Every case which contains the criteria set forth below shall be <b>reported at once to the police authorities of the municipality where the person reporting is located, or to the Division of State Police</b>, by the physician consulted, attending, or treating the injury, or by the manager, superintendent, or other person in charge, whenever such case is presented for treatment or treated in a hospital, sanitarium or any other institution, facility, or office where medical care is provided. This subsection shall not apply to injuries received by a member of the armed forces of the United States or the State of New Jersey while engaged in the actual performance of duty.</p> <p>The <b>defined criteria</b> shall consist of a flame burn injury accompanied by one or more of the following factors:</p> <ol style="list-style-type: none"> <li>(1) A fire accelerant was used in the incident causing the injury and the presence of an accelerant creates a reasonable suspicion that the patient committed arson.</li> <li>(2) Treatment for the injury was sought after an unreasonable delay of time.</li> <li>(3) Changes or discrepancies in the account of the patient or accompanying person concerning the cause of the injury which creates a reasonable suspicion that the patient committed arson.</li> <li>(4) Voluntary statement by the patient or accompanying person that the patient was injured during the commission of arson.</li> <li>(5) Voluntary statement by the patient or accompanying person that the patient was injured during a suicide attempt or the commission of criminal homicide.</li> <li>(6) Voluntary statement by the patient or accompanying person that the patient has exhibited fire setting</li> </ol>	<p>Municipal Police authorities or Division of State Police</p> <p>New Jersey State Police, P.O. Box 7068, West Trenton, NJ 08628</p> <p>Phone: 609-882-2000</p>

	<p>behavior prior to the injury or has received counseling for such behavior.</p> <p>(7) Any other factor determined by the bureau of fire safety in the Department of Community Affairs from information in the burn patient arson registry to typify a patient whose injuries were caused during the commission of arson.</p>	
<p>HIV/AIDS</p>	<p><b>Every physician attending a person found to be infected with HIV, or ordering a test resulting in the diagnosis of HIV</b>, shall, within 24 hours of receipt of a laboratory report indicating such a condition, or within 24 hours of making a diagnosis of HIV infection or AIDS, report in writing such condition directly to the Department of Health and Senior Services.</p> <p>The report shall include the name and address of the reporting physician, the name, address, gender, race and birth date of the person found to be infected with HIV, the date the specimen tested for HIV was obtained, and such other information as may be required by the Department of Health and Senior Services.</p> <p>A physician shall not report a person infected with HIV if the physician is aware that the person having control or supervision of any institution such as a hospital, sanitarium, nursing home, penal institution, clinic, blood bank, insurance company or other entity requiring HIV testing, or a facility for HIV counseling, is reporting that person as being infected with HIV, or if the physician is aware that the person has previously been reported to the Department of Health and Senior Services as being infected with HIV.</p> <p>Every physician attending a child known to be perinatally exposed to HIV, or ordering a test resulting in the diagnosis of perinatally exposed to HIV, shall, within 24 hours of receipt of a laboratory report indicating such a condition, report in writing such condition directly to the Department of Health and Senior Services.</p> <p>New Jersey’s Aids Assistance Act also requires that “all diagnosed cases of AIDS and all diagnosed cases of HIV infection shall be reported to the department [of health] along with the identifying information for the person diagnosed.” N.J.S.A. 26:5C-1 et seq.</p>	<p>Department of Health and Senior Services</p> <p>P. O. Box 360, Trenton, NJ 08625-0360</p> <p>Phone: (609) 292-7837</p> <p>Toll-free in NJ: 1-800-367-6543</p>
<p>Communicable disease</p>	<p>N.J.S.A. 26:4-15 requires that “<b>every physician shall, within 12 hours after his diagnosis that a person is ill or infected with a communicable disease . . . report such diagnosis and such related information as may be required by the State Department of Health.</b></p> <p>In <b>cases of venereal diseases</b>, the report shall be made to the State Department of Health, and in other cases to the health officer or other officer or employee designated to receive such reports by the local board of health having jurisdiction of the area wherein the diagnosis was made, which officer or employee the local board of health is hereby authorized to designate.</p> <p>The report shall be in writing, and shall include the name of the reporting physician, the name of the disease, the name, age and precise location of the person ill or infected with the disease and such other information as may be required by regulation of the State Department of Health.”</p> <p>A Board of Medical Examiners licensee shall report a case of a communicable disease in accordance with</p>	<p>Department of Health and Senior Services</p> <p>P. O. Box 360, Trenton, NJ 08625-0360</p> <p>Phone: (609) 292-7837</p> <p>Toll-free in NJ: 1-800-367-6543</p> <p>BME Mailing Address: P.O.</p>

	<p>Department of Health and Senior Services regulations at N.J.A.C. 8:57-1.1 et seq.</p> <p>(N.J.A.C. 8:57-1.3 - 1.4 provide that physicians and other health care professionals are required to report: cases due to the following diseases and/or infectious agents shall be reported. Diseases in List 1 shall include confirmed and suspect cases and shall be reported immediately by telephone. Diseases in List 2 shall include confirmed cases and shall be reported within 24 hours of diagnosis. These lists are attached to this chart.)</p>	<p>Box 183, Trenton, NJ 08625</p> <p>For Delivery Services: 140 East Front Street, Trenton, New Jersey 08608</p> <p>Telephone: (609) 826-7100</p> <p>Fax: (609) 826-7117</p> <p>Email: bme@dca.lps.state.nj.us</p>
<p>Child abuse</p>	<p>Any person having reasonable cause to believe that a <b>child has been subjected to child abuse or acts of child abuse shall report the same immediately to the Division of Youth and Family Services by telephone or otherwise.</b></p> <p>Such reports, where possible, shall contain the names and addresses of the child and his parent, guardian, or other person having custody and control of the child and, if known, the child's age, the nature and possible extent of the child's injuries, abuse or maltreatment, including any evidence of previous injuries, abuse or maltreatment, and any other information that the person believes may be helpful with respect to the child abuse and the identity of the perpetrator.</p> <p><b>"Abused child"</b> means a child under the age of 18 years whose parent, guardian, or other person having his custody and control:</p> <ul style="list-style-type: none"> <li>a. Inflicts or allows to be inflicted upon such child physical injury by other than accidental means which causes or creates a substantial risk of death, or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ;</li> <li>b. Creates or allows to be created a substantial or ongoing risk of physical injury to such child by other than accidental means which would be likely to cause death or serious or protracted disfigurement, or protracted loss or impairment of the function of any bodily organ; or</li> <li>c. Commits or allows to be committed an act of sexual abuse against the child;</li> <li>d. Or a child whose physical, mental, or emotional condition has been impaired or is in imminent danger of becoming impaired as the result of the failure of his parent or guardian, or such other person having his custody and control, to exercise a minimum degree of care (1) in supplying the child with adequate food, clothing, shelter, education, medical or surgical care though financially able to do so or though offered financial or other reasonable means to do so, or (2) in providing the child with proper supervision or guardianship, by unreasonably inflicting or allowing to be inflicted harm, or substantial risk thereof, including the infliction of excessive corporal punishment or using excessive physical restraint under circumstances which do not indicate that the child's behavior is harmful to himself, others or property; or by any other act of a similarly serious nature requiring the aid of the court;</li> </ul>	<p>Child Abuse/Neglect Hotline: 1-877-NJ ABUSE (652-2873)</p>

	<p>e. Or a child who has been willfully abandoned by his parent or guardian, or such other person having his custody and control;</p> <p>f. Or a child who is in an institution and (1) has been so placed inappropriately for a continued period of time with the knowledge that the placement has resulted and may continue to result in harm to the child's mental or physical well-being or (2) has been willfully isolated from ordinary social contact under circumstances which indicate emotional or social deprivation. A child shall not be considered abused pursuant to this subsection if the acts or omissions occur in a day school.</p>	
<p>Elder abuse</p>	<p>Any caretaker, social worker, <b>physician</b>, registered or licensed practical nurse or other professional, who, as a result of information obtained in the course of his employment, has reasonable cause to suspect or believe that an institutionalized <b>elderly person is being or has been abused or exploited</b>, shall report such information in a timely manner to the ombudsman or to the person designated by him to receive such report.</p> <p>b. Such report shall contain the name and address of the elderly person, information regarding the nature of the suspected abuse or exploitation and any other information which might be helpful in an investigation of the case and the protection of such elderly person.</p>	<p>Report to the Ombudsman and report must be made in a timely manner.</p> <p>Toll Free Hotline: 1-877-582-6995</p> <p>Email: PublicAdvocate@advocate.state.nj.us</p> <p>The Office of the Ombudsman, P.O. Box 852, Trenton, NJ 08625-0852</p> <p>Fax: 609-943-3479</p>
<p>Duty to report according to hospital policies and procedures</p>	<p><b>Emergency department staff</b> shall conform with hospital policies and procedures for complying with applicable statutes and protocols to <b>report child abuse, sexual abuse, and abuse of elderly or disabled adults, specified communicable disease, rabies, poisonings, and unattended or suspicious deaths.</b></p>	<p>Statewide New Jersey Poison Information and Education System (1-800-962-1253)</p>
<p>EMTALA - Reporting inappropriate transfer (FYI - this is a Federal requirement but can be reported to the State survey agency)</p>	<p><b>Hospital is required to report</b> to CMS or the State survey agency promptly when it suspects it may have received an <b>improperly transferred individual. Notification should occur within 72 hours</b> of the occurrence.</p> <p>Failure to report improper transfers may subject the receiving hospital to termination of its provider agreement.</p> <p>Note: Hospital shall not penalize or take adverse action against a physician or a qualified medical person because the physician or qualified medical person refuses to authorize the transfer of an individual with an emergency medical condition that has not been stabilized <b>or against any hospital employee who reports a</b></p>	<p>Report to CMS -</p> <p>Centers for Medicare &amp; Medicaid Services, 7500 Security Boulevard Baltimore, MD 21244 (1-800-447-8477)</p> <p>Report to State Agency - 609-292-9793; or 609-633-9547; or</p>

	<p><b>violation of EMTALA's requirements.</b></p> <p>(State Operations Manual - Appendix V)</p>	<p>609-341-3005</p>
<p>Reporting criminal acts and physical plant/operational interruptions (recently revised regulation - effective as of March, 2008)</p>	<p><b>A health care facility shall immediately report to the appropriate police authorities all criminal acts or potentially criminal acts that occur within a facility and pose a danger to the life or safety</b> of patients or residents, employees, medical staff or members of the public present in the facility.</p> <p>Note: 'Acts occurring within a facility' means, in the case of a home-based service, that is, services provided by home health care facilities, hospice facilities, assisted living residences, comprehensive personal care homes, and assisted living programs, acts related to events within the control of the facility or directly caused by or related to services of the facility.</p> <p>Examples of reportable events in the nature of <b>potentially criminal acts</b> include, but are not limited to, the following: Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider; Abduction of a patient or resident of any age; Sexual assault on a patient or resident, staff member, or visitor within or on the grounds of a facility; and Death or significant injury of a patient or resident, staff member, or visitor resulting from a physical assault that occurs within or on the grounds of the facility.</p> <p>Examples of reportable events in the <b>nature of physical plant and operational interruptions</b> include, but are not limited to, the following: Loss of heat or air conditioning; Loss or significant reduction of water, electrical power, or any other essential utilities necessary to the operation of the facility; Fires, disasters, or accidents that result in injury or death of patients, residents or employees, or in evacuation of patients or residents from all or part of the facility; A labor stoppage or staffing shortage sufficient to require the temporary closure of a service; and Notices of a potential strike that a facility receives from an employee bargaining unit. The report shall be accompanied by the facility's plan to continue service operations in the event the strike occurs.</p> <p>A facility licensed in accordance with N.J.S.A. 26:2H-1 et seq. shall <b>notify the Department immediately of the types of events reportable</b> described above.</p> <ol style="list-style-type: none"> <li>1. The Department anticipates the development of an Internet web-based electronic reporting system but shall, in the interim, require facilities to submit the notice required by means of telephone, facsimile, or e-mail, or a combination thereof.             <ol style="list-style-type: none"> <li>i. The Department shall provide notice to facilities on the reporting medium to be used, including telephone and facsimile numbers, e-mail addresses and/or web addresses.</li> </ol> </li> <li>2. In the case of acute care facilities, <b>'immediately'</b> means <b>no later than three hours after discovery</b> of the event.</li> <li>3. In the case of long-term care facilities, "immediately" means telephonic notification to the Department at</li> </ol>	<p>Department of Health, Licensing and Inspections Department - 609-292-6947</p>

	<p><b>(609) 392-2020</b>, followed by written notification within 72 hours.</p>	
<p>Seizures/recurrent periods of unconsciousness/impairment or loss of motor coordination</p>	<p>Each physician treating <b>any person 16 years of age or older for recurrent convulsive seizures or for recurrent periods of unconsciousness or for impairment or loss of motor coordination due to conditions such as, but not limited to, epilepsy in any of its forms, when such conditions persist or recur despite medical treatments</b>, shall, within 24 hours after his determination of such fact, report the same to the Director of the Division of Motor Vehicles.<sup>1</sup></p> <p>Note: The American Medical Association (AMA) 1999 ethical guidelines states that all physicians are ethically responsible for notifying their state Motor Vehicle Department if they believe a patient may not be able to drive safely.</p>	<p>Director of the Division of Motor Vehicles.</p> <p>Report must be made within 24 hours after determination of the fact.</p> <p>New Jersey Motor Vehicle Commission</p> <p>P.O. Box 160</p> <p>Trenton, NJ 08666</p> <p>Phone: (609) 292-6500; (609) 292-7500 ext. 5032</p> <p>Toll free in NJ: (888) 486-3339</p> <p>See also:  <a href="http://www.state.nj.us/mvc/Licenses/medical_physicians.htm">http://www.state.nj.us/mvc/Licenses/medical_physicians.htm</a></p>
<p>Serious preventable adverse event</p>	<p>Health care facilities licensed pursuant to N.J.S.A. 26:2H-1 et seq. <b>must report to the Department of Health and Senior Services every serious preventable adverse event that occurs in that facility.</b></p> <p>A “serious preventable adverse event” is an adverse event that is a preventable event and results in death or loss of a body part, or disability or loss of bodily function lasting more than seven days or still present at the time of discharge from a health care facility.</p> <p>A “preventable event” is an event that could have been anticipated and prepared against, but occurs because of an error or other system failure.</p> <p>An “adverse event” is an event that is a negative consequence of care that results in an unintended injury or illness, which may or may not have been preventable.</p>	<p>Department of Health and Senior Services</p> <p>Department of Health and Senior Services, P. O. Box 360, Trenton, NJ 08625-0360</p> <p>Phone: (609) 292-7837</p> <p>Toll-free in NJ: 1-800-367-6543</p>

<sup>1</sup> On September 10, 2008, we spoke to a Robert at the Medical Review Unit of the Motor Vehicle Commission and were advised that this statute does not require reporting of alcohol-impaired drivers.

<p>Dangerous patient (may report)</p>	<p>A licensee, in the exercise of professional judgment, who has had a <b>good faith belief</b> that a <b>patient because of a mental or physical condition may pose an imminent danger to himself or herself or to others, may</b> release pertinent information to a law enforcement agency or other health care professional in order to minimize the threat of danger.</p>	<p>Law enforcement agency or other health care professional</p>
<p>Dangerous patient (must report)</p>	<p>In contrast with the above:</p> <p>A duty to warn and protect is incurred when the following conditions exist:</p> <p>(1) The <b>patient has communicated to that practitioner a threat of imminent, serious physical violence</b> against a readily identifiable individual or against himself and the circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out the threat; <b>or</b></p> <p>(2) The circumstances are such that a <b>reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out an act of imminent, serious physical violence against a readily identifiable individual or against himself.</b></p>	<p><b>A licensed practitioner of psychology, psychiatry, medicine, nursing, clinical social work or marriage counseling shall discharge the duty to warn and protect</b> by doing any one or more of the following:</p> <p>(1) Arranging for the patient to be admitted voluntarily to a psychiatric unit of a general hospital, a short-term care facility, a special psychiatric hospital or a psychiatric facility;</p> <p>(2) Initiating procedures for involuntary commitment of the patient to a short-term care facility, a special psychiatric hospital or a psychiatric facility;</p> <p>(3) Advising a local law enforcement authority of the patient's threat and the identity of the intended victim;</p> <p>(4) Warning the intended victim of the threat, or, in the case of an intended victim who is under the age of 18, warning the parent or guardian of the intended victim; or</p> <p>(5) If the patient is under the age of 18 and threatens to commit suicide or bodily injury</p>

		upon himself, warning the parent or guardian of the patient.
Blindness or visual impairment	<p>The Commissioner of the Department of Human Services shall require the confidential reporting to the commission by <b>every</b> ophthalmologist, optometrist, other eye or <b>health care provider, or any other agency, organization or facility as the commissioner determines to be appropriate, of all cases in which a person is known to be blind or visually impaired or may become blind or visually impaired as the result of a degenerative eye condition</b>, including, but not limited to: corneal degeneration, uveitis, macular degeneration, retinitis pigmentosa, any progressive hereditary disease causing retinal degeneration, diabetic retinopathy which requires treatment, ischemic optic neuropathy, and glaucoma with a restriction of 10 degrees or less in either eye.</p> <p>“Visually Impaired” is defined as having a condition in which a person has a corrected visual acuity not exceeding 20/70, but not less than 20/200, in the person’s better eye, or in which the peripheral field of the person’s vision has contracted so that the diameter of the visual field subtends an angle no greater than 40 degrees but no less than 20 degrees.</p>	<p>Commission for the Blind and Visually Impaired of the Department of Human Services</p> <p>Phone: (973) 648-3333</p> <p>Address: 153 Halsey Street, 6th Floor Post Office Box 47017 Newark, NJ 07101</p>
Deaf child	<p>It shall be the duty of every attending or consulting physician, nurse, parent or guardian having charge of <b>any minor under six years of age who is totally deaf or whose hearing is impaired</b> to report the same at once in writing to the state department of health, giving the name, age and residence of such minor to the director of health and furnish such additional information as the director may require.</p>	<p>Department of Health and Senior Services, P. O. Box 360, Trenton, NJ 08625-0360</p> <p>Phone: (609) 292-7837</p> <p>Toll-free in NJ: 1-800-367-6543</p>
Resident abuse	<p>Any person who has reasonable cause to suspect that a <b>resident of a residential health care facility, rooming house or boarding house is suffering or has suffered abuse or exploitation</b>, shall report such information in a timely manner to the Commissioner of the Department of Human Services or to the person or agency within the department designated by the commissioner to receive such reports.</p> <p>Such report shall contain the name and address of the resident, information regarding the nature of the suspected abuse or exploitation and any other information which might be helpful in an investigation of the case and the protection of the resident.</p>	<p>Department of Human Services, 222 South Warren Street, P.O. Box 700, Trenton, NJ 08625-0700</p> <p>Phone: (609) 292-3717</p>
Loss, theft of prescription blank	<p>Licensed prescribers and healthcare facilities shall notify the Office of Drug Control in the Division [of Consumer Affairs] as soon as possible but no later than 72 hours of becoming aware that any <b>New Jersey Prescription Blank in their possession has been lost, stolen, or altered in any way</b>. An incident report shall be filed in writing with the Office of Drug Control within seven days after such notification on a form provided by the Office of Drug Control.</p>	<p>Office of Drug Control in the Division of Consumer Affairs. 973-504-6558</p> <p>Verbal notification must be within 72 hours from becoming</p>

		aware of the incident. Written notification must be within seven days after the verbal notification.
Theft or loss of controlled substances	Notify the Drug Control Unit of any theft or loss of any controlled substances upon discovery of such theft or loss. Must complete DDC-52 form regarding such theft or loss. Thefts must be reported whether or not the controlled substances are subsequently recovered and/or the responsible parties are identified and action taken against them.	Drug Control Unit, Department of Law and Public Safety, Division of Consumer Affairs, Enforcement Bureau located at PO Box 45045, Newark, NJ 07101.
Disciplinary actions against health care professionals	<p>Health care facilities licensed under N.J.S.A. 26:2H-1 et seq., must report to the Division of Consumer Affairs certain <b>disciplinary actions against health care professionals</b><sup>2</sup> for reasons relating to the health care professional's impairment, incompetency or professional misconduct.</p> <p>Actions that must be reported relate to the health care professional's impairment, incompetency or professional misconduct and adversely affect patient care or safety. Such actions include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• a revocation or suspension of privileges;</li> <li>• discharge from the staff of a health care entity;</li> <li>• the placing of conditions or limitations on the exercise of clinical privileges or practice;</li> <li>• voluntary resignation from a health care entity staff under certain circumstances; and</li> <li>• voluntary relinquishment of any partial privileges, under certain circumstances.</li> </ul>	<p>Division of Consumer Affairs</p> <p>124 Halsey Street</p> <p>Newark, New Jersey 07102</p> <p>Consumer Hotline: (973) 504-6200</p> <p>Toll-free in NJ: 1- 800-242-5846</p>
Practitioner Duty to Report Change in Status	<p>NJAC 13:35-6.19 - A <b>licensee shall provide notice to the Board of Medical Examiners in writing, on such forms as the Board may require and within 21 days, of any changes, additions or deletions</b> pertaining to the following information last provided by the licensee on the biennial license renewal form:</p> <p>1. The name and address of all practice locations;</p>	<p>BME Mailing Address: P.O. Box 183, Trenton, NJ 08625</p> <p>For Delivery Services: 140 East Front Street, Trenton,</p>

<sup>2</sup> The definition of "health care professional" includes, without limitation, any health care professional licensed pursuant to N.J.S.A. Title 45 or Title 52, to practice a health care profession, including, but not limited to, licensees of the following boards: the Board of Medical Examiners, the Board of Nursing, the Board of Dentistry, the Board of Optometrists, the Board of Pharmacy, the Board of Chiropractic Examiners, the Board of Social Work Examiners, and the Board of Psychological Examiners.

	<p>2. The name of all practitioners directly associated with the practice, or the practice name if five or more practitioners are offering professional services through the same practice entity;</p> <p>3. The name and address of each licensed health care facility and health maintenance organization with which the licensee has an affiliation, except that with respect to health maintenance organization affiliations, the licensee shall be relieved of this reporting obligation if the entities with which the licensees has an affiliation have agreed to provide the Board with a list of participating providers on a quarterly basis;</p> <p>4. The name and address of the licensee's medical malpractice insurer, if any; and</p> <p>5. The name and address of any health care service entity in which the licensee or any member of his or her immediate family has acquired a financial interest, the date on which that interest was acquired and whether the licensee refers patients to that service.</p> <p><b>A licensee shall provide notice to the Board in writing within 10 days of any changes in circumstances which would alter the response last provided by the licensee to questions on the biennial renewal form eliciting information pertaining to pending or finalized actions, including those predicated on a no contest or nolo contendere plea or other consensual or voluntary agreement, or a surrender or resignation of license or of privileges or a consent to limitations on practice which occurred in the face of an investigation or of pending action. Reporting of the following actions is required:</b></p> <p>1. Pending or final actions by criminal authorities for violations of law or regulation, or any arrest or conviction for any criminal or quasi-criminal offense pursuant to the laws of the United States, this State or another state, including, but not limited to: Criminal homicide; Aggravated assault; Sexual assault, criminal sexual contact or lewdness; or An offense involving any controlled dangerous substance or controlled substance analog.</p> <p>2. Actions by a health care facility or health maintenance organization grounded, in whole or in part, upon patient care concerns which actions condition, curtail, limit, suspend or revoke privileges;</p> <p>3. Disciplinary actions by state licensing authorities;</p> <p>4. Actions by the Department of Health;</p> <p>5. Actions by the Drug Enforcement Administration or any state drug enforcement agency;</p> <p>6. Actions by Medicaid, Medicare, CHAMPUS, or other governmental insurance program;</p> <p>7. Actions by professional review organizations or utilization review organizations; or</p> <p>8. Actions by a medical malpractice insurance carrier declining coverage or a continuation of coverage, assessing a surcharge based on claims experience, imposing new limitations or restrictions on practice, or requiring remedial education or office monitoring.</p>	<p>New Jersey 08608</p> <p>Telephone: (609) 826-7100</p> <p>Fax: (609) 826-7117</p> <p>Email: bme@dca.lps.state.nj.us</p>
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<p>Reporting gross incompetence or unprofessional conduct</p>	<p>Health care professionals must <b>report information about another health care professional's impairment or demonstration of gross incompetence or unprofessional conduct</b> which would present an imminent danger to an individual patient or to the public health, safety or welfare.</p>	<p>Must promptly notify the Division of Consumer Affairs, the applicable licensing board, or a professional assistance or intervention program approved or designated by the Division of Consumer Affairs or the applicable board.</p>
<p>Another practitioner's inappropriate dispensing of drugs</p>	<p>A practitioner who is in possession of information which reasonably indicates that <b>another practitioner has prescribed, dispensed or administered any drug or drugs in a manner which jeopardizes the public health, safety or welfare or for purposes deemed to be unlawful</b> shall report such information to the Board of Medical Examiners.</p>	<p>BME Mailing Address: P.O. Box 183, Trenton, NJ 08625</p> <p>For Delivery Services: 140 East Front Street, Trenton, New Jersey 08608</p> <p>Telephone: (609) 826-7100</p> <p>Fax: (609) 826-7117</p> <p>Email: <a href="mailto:bme@dca.lps.state.nj.us">bme@dca.lps.state.nj.us</a></p>
<p>False claim for payment</p>	<p>Anyone "who believes that a violation of [the Fraud Prevention Act] has been or is being made shall notify the [Division of Insurance Fraud Prevention of such violation]".</p> <p>Such violations include, but are not limited to: presenting or causing to be presented any written or oral statement as part of, or in support of or opposition to, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains any false or misleading information concerning any fact or thing material to the claim; or preparing or making any written or oral statement that is intended to be presented to any insurance company, in connection with, or in support of or opposition to any claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains any false or misleading information concerning any fact or thing material to the claim; or concealing or knowingly failing to disclose the occurrence of an event which affects any person's initial or continued right or entitlement to (a) any insurance benefit or payment or (b) the amount of any benefit or payment to which the person is entitled.</p>	<p>Division of Insurance Fraud Prevention</p> <p>(609) 984-1936</p>
<p>FYI - Incident during surgery (in-office, not hospital)</p>	<p><b>Physicians performing surgery or special procedures in the physician's office must report</b> any incident related to surgery, special procedures or the administration of anesthesia within the office which <b>results in a patient death, transport of the patient to the hospital for observation or treatment for a period in excess of 24 hours, or a complication or other untoward event.</b></p> <p>The report is to be made to the Executive Director of the Board of Medical Examiners. The Report should be</p>	<p>Executive Director of the Board, by telephone within 24 hours as well as mailed within seven days, using the form provided at <a href="http://www.njconsumeraffairs.c">http://www.njconsumeraffairs.c</a></p>

	<p>made by telephone within 24 hours as well as mailed within seven days, using the form provided at <a href="http://www.njconsumeraffairs.com/bme/confidentrpt.pdf">http://www.njconsumeraffairs.com/bme/confidentrpt.pdf</a>. Such a report will be investigated by the Board and will be deemed confidential.</p>	<p>om/bme/confidentrpt.pdf.</p> <p>BME Mailing Address: P.O. Box 183, Trenton, NJ 08625</p> <p>For Delivery Services: 140 East Front Street, Trenton, New Jersey 08608</p> <p>Telephone: (609) 826-7100</p> <p>Fax: (609) 826-7117 Email: bme@dca.lps.state.nj.us</p>
<p>FYI - ACF - reporting practitioners (in ACF, not hospital)</p>	<p>An <b>ambulatory care facility</b> (“ACF”) is required to notify the Medical Practitioner Review Panel (which is attached to the Board of Medical Examiners) if a practitioner (defined as a physician, medical resident or intern, or podiatrist) who is employed by, who is under contract to render professional services to, or who has privileges at an ACF:</p> <p>(i) Has full or partial privileges summarily or temporarily revoked or suspended, permanently reduced, suspended or revoked, has been discharged from the staff or has had a contract to render professional services terminated or rescinded for reasons relating to the practitioner's incompetency, misconduct, or impairment; ...</p> <p>(ii) Is granted a leave of absence pursuant to which the practitioner may not exercise clinical privileges or practice within the facility and if the reasons provided in support of the leave relate to any physical, mental, or emotional condition or drug or alcohol abuse, which might impair the practitioner's ability to practice with reasonable skill and safety.</p>	<p>The ACFs must provide such notification within seven days of the date of the action.</p>