

H. A completed application for reinstatement of license shall be submitted to the Board office on a business day. The Board shall deem an application for reinstatement of license received on the date that the Board stamps on the application as it is delivered to the Board office.

I. To complete an application for reinstatement of license, an applicant shall provide the following information and documentation:

1. The applicant's full current name, suspended license number, and certification number if a specialty certification was held by the licensee.
2. The applicant's current home and all office addresses, current home and all office phone numbers, and all current office fax numbers.
3. The name and professional designation of the owner or owners of the office or clinic at which the applicant will be employed.
4. The applicant's social security number.
5. A list of all other states or jurisdictions in which the applicant is or has been licensed or certified to practice chiropractic or any other health care profession with a verification of good standing for each current license or certification submitted directly by the licensing agency of the other states or jurisdictions.
6. A list of required continuing education courses completed with certification of course completion.
7. A record of any professional disciplinary investigation or sanction initiated since the applicant last applied to renew this license.
8. A record of any conviction or plea agreement for a misdemeanor or a felony since the date of the applicant's last application for licensure.
9. The applicant's notarized signature attesting to the truthfulness of the information provided by the applicant.

J. The Board shall process a license reinstatement application in accordance with R4-7-502 (D) through (J). The Board shall deem the application received on the date that the Board stamps on the application as the application is delivered to the Board Office.

K. The Board shall reinstate or renew a license if:

1. The applicant or licensee has complied with the requirements of these rules and A.R.S. § 32-900 et seq. (The Chiropractic Practice Act).

2. The applicant or licensee has not had any professional disciplinary sanction taken against the applicant's or licensee's license by a licensing board since the last application for licensure.

3. The applicant or licensee has not been convicted of, pled guilty to, or pled nolo contendere to a misdemeanor or a felony since the last application for licensure.

L. If the provisions of subsection (K) are satisfied, the Board shall issue a license renewal certificate on or before February 1, of each year. The license renewal certificate shall serve as notice that the renewal application is complete and approved.

M. If there is reason to believe that the provisions of subsection (K) have not been satisfied or that possible grounds for denying the renewal or reinstatement application exist, the Board shall notify the applicant of this possibility within 25 business days of the date that the application is received at the Board office.

N. An applicant who is so notified that renewal or reinstatement may be denied may provide a written response and shall submit any documentation as required by the Board within 60 calendar days from the date of notice. An applicant who is unable to supply the required documentation within 60 calendar days may submit a written request to the Board for an extension of time in which to provide the required documentation. The request for an extension of time shall be submitted to the Board office before the 60-day deadline for submission of the required documentation, and shall state the reason that the applicant is unable to comply with the 60-day requirement and the amount of additional time requested. The Board shall grant a request for an extension of time if the Board finds that the reason the applicant was unable to comply with the 60-day requirement was due to circumstances beyond the applicant's control and that compliance can reasonably be expected to be remedied during the extension of time.

O. If an applicant fails to submit required documentation within the time permitted, the Board shall issue a notice of intent to deny the renewal application.

P. The Board shall render a licensing decision no later than 70 business days after receiving all required documentation as specified in subsection (N). The Board shall deem required documentation received on the date that the Board stamps on the documentation as the documentation is delivered to the Board's office.

Q. For the purpose of A.R.S. § 41-1073, the Board establishes the following time-frames for renewal licenses:

1. Administrative completeness review time-frame: 25 business days.
2. Substantive review time-frame: 70 business days.
3. Overall time-frame: 95 business days.

**R4-7-504. License: Denial**

If the Board denies a license, the Board shall send the applicant written notice explaining:

1. The reason for denial, with citations to supporting statutes or rules;
2. The applicant's right to seek a fair hearing to challenge the denial; and
3. The time periods for appealing the denial.

**R4-7-505. Renumbered**

**ARTICLE 6. ACUPUNCTURE CERTIFICATION**

**R4-7-601. Definition of Acupuncture as Applied to Chiropractic**

- A. Acupuncture as applied to chiropractic is stimulation, preparatory and complementary to an adjustment, of a certain meridian point or points on or near the surface of the body to control and regulate the flow and balance of energy of the body.
- B. Acupuncture includes acupuncture by needle, electrical stimulation, ultrasound, acupressure, laser, auricular therapy, or any implement that stimulates acupuncture points.
- C. Acupuncture does not include cupping, moxibustion, or cosmetic therapy.

**R4-7-602. Repealed**

**R4-7-603. Renumbered**

**R4-7-604. Renumbered**

**R4-7-605. Renumbered**

**R4-7-606. Renumbered**

**ARTICLE 7. STANDARDS OF EDUCATION**

**R4-7-701. Repealed**

**R4-7-702. Education Requirements for Licensure**

To qualify for licensure, an individual shall have graduated from a college of chiropractic that is accredited as specified in A.R.S. § 32-921 (B)(2)(a) or that meets the standards of education for accreditation contained in The Council on Chiropractic Education Standards for Doctor of Chiropractic Programs and Institutions.

## **ARTICLE 8. CONTINUING EDUCATION**

### **R4-7-801. Continuing Education Requirements**

A. To be eligible to renew a license, a licensee shall complete 12 credits of continuing education between January 1 and December 31 of each year. A credit of continuing education is defined as 60 minutes of education.

B. A licensee shall obtain continuing education credit in the following manner:

1. By attending or participating in a course, seminar, or workshop on subjects listed in A.R.S. §§ 32-922(B) or 32-922.02 that is taught at or sponsored by an organization listed in A.R.S. § 32-921(B).

2. By teaching a post-graduate course as a faculty member of a Council on Chiropractic Education-accredited chiropractic college. Continuing education credits earned in this manner are calculated as two credits of continuing education for each hour of post-graduate course instruction for the first course presentation, and one credit for each hour of instruction after the first course presentation. A maximum of six credits of continuing education credit may be earned in this manner annually.

3. By completing post-graduate mediated instruction or programmed learning courses under an accredited college or university only. Mediated instruction and programmed learning refers to learning transmitted by intermediate mechanisms such as audio or visual tape or telephone. A licensee shall obtain a certificate of program completion from the accredited college or university to verify compliance with this provision.

C. The Board shall award continuing education credit only for continuing education subjects listed in A.R.S. §§ 32-922(B) and 32-922.02.

D. The Board shall grant an extension of 90 days to comply with the continuing education requirements to a qualified licensee. To qualify for an extension, a licensee shall:

1. Timely file a license renewal application and renewal fee; and

2. Submit a written request for an extension, including evidence of good cause why the continuing education requirements were not met.

E. The following reasons constitute good cause for the Board to grant an extension of time to comply with the continuing education requirements:

1. The licensee graduated from an accredited chiropractic college, or a college that meets the requirements of R4-7-702, during the year that the continuing education requirements are to be met;

2. The licensee lived in a country where there was no accredited chiropractic college, or a college that meets the requirements of R4-7-702, for at least seven months during the year that the continuing education requirements are to be met;

3. The licensee was in active military service for at least seven months during the year that the continuing education requirements are to be met; or

4. The licensee was not able to complete the continuing education requirements because of a documented disability of the licensee or the licensee's spouse, child, or parent.

F. If the Board grants an extension of time in which to complete the continuing education requirements, the continuing education credits obtained during the 90-day extension shall be applied to meet only the requirements for which the extension is granted. A licensee shall not report continuing education credit earned during a 90-day extension for a subsequent renewal year.

#### **R4-7-802. Documenting Compliance with Continuing Education Requirements**

A. A licensee shall retain documents to verify compliance with the continuing education requirements for at least five years from the date the continuing education credit is used to qualify the licensee for renewal.

B. With each license renewal application, a licensee shall attest by providing the licensee's signature, that the licensee has met the continuing education requirements, and will comply with subsection (A).

C. The Board may require a licensee to provide documentation to verify compliance with continuing education requirements, including that:

1. Each continuing education credit was for 60 minutes of education;

2. The requirements of subsections (A) and (B) were satisfied;

3. Continuing education credit was earned between the immediately preceding January 1 and the date that the license renewal application was filed or the date on which an extension of time expired; and

4. No continuing education credit earned between the immediately preceding January 1 and the date that the license renewal application was filed was earned under an extension of time to comply with the continuing education requirements of a previous year.

**R4-7-803. Effect of Suspension on Continuing Education Requirements**

A licensee whose license is suspended under A.R.S. §§ 32-923, 32-924, or 32-931, shall complete 12 credits of continuing education for each calendar year or part of a calendar year that the license is suspended before the license may be reinstated or renewed.

**ARTICLE 9. UNPROFESSIONAL CONDUCT**

**R4-7-901. Advertising of a Deceptive and Misleading Nature**

The Board shall cause a license to be investigated, suspended, or revoked for advertising that is likely to deceive or defraud the public, including but not limited to the following examples:

1. Advertising painless procedures.
2. Advertising complete health services; or
3. Advertising that uses the words “specialist,” “specializing,” or “expert.”

**R4-7-902. Unprofessional or Dishonorable Conduct Activities**

Unprofessional or dishonorable conduct, as used in A.R.S. § 32-924(B)(5), means:

1. Referring a patient to a diagnostic or treatment facility or prescribing goods and services to be purchased from a facility in which the chiropractic physician has any pecuniary interest, without disclosing in writing to the patient and any third party payor, the chiropractic physician's interest.
2. Knowingly making a false or misleading statement to the Board, its investigators or representatives, a patient, or a third party payor.
3. Failing to create and maintain a patient record that includes the patient's health history, examination findings, diagnostic results, x-ray films if taken, x-ray reports, treatment plan, and notes for each patient visit. The notes for each patient visit shall include the patient's name, the date of service, the chiropractic physician's findings, all services rendered, and the name or initials of the chiropractic physician who provided services to the patient.
4. Failing to maintain a patient's record, including x-rays, for at least five years after the last treatment date, or failing to provide written notice to the Board, about how to access the patient records of a chiropractic practice that is closed, for at least five years after each patient's last treatment date. The patient records of minors shall be maintained for five years beyond the minor's 18th birthday.

5. Failing to release a copy of a patient's record, diagnostic quality radiographic copy x-rays, or both to another licensed physician, the patient, or the authorized agent of the patient, within 10 business days of receiving a written request to do so, or failing to return original x-rays to a licensed physician within 10 business days of a written request to do so.
6. Representing that the licensee is certified by this Board in a specialty area in which the licensee is not certified, or has academic or professional credentials that the licensee does not have.
7. Practicing under, or billing for services under any name other than the name by which the chiropractic physician is licensed, including corporate, business, or other licensed health care providers' names, without first notifying the Board in writing.
8. Suggesting, or having sexual contact, as defined in A.R.S. § 13-1401, with an individual in the course of patient treatment, (other than with an individual with whom a current consensual personal relationship exists before a chiropractor/patient relationship was established).
9. Charging a fee for services not rendered.
10. Failing to allow properly authorized Board personnel to have, on demand by subpoena, access to any document, report, or record maintained by the chiropractic physician relating to the chiropractic physician's practice or professional activities.
11. Failing to supervise properly a chiropractic assistant employed by the chiropractic physician.
12. Failing to report in writing to the Board any information based upon personal knowledge that a chiropractic physician may be grossly incompetent, guilty of unprofessional or dishonorable conduct, or mentally or physically unable to provide chiropractic services safely. Any person who reports or provides information to the Board in good faith is not subjected to civil damages as a result of that action. If the informant requests that the informant's name not be disclosed, the Board shall not disclose the informant's name unless it is essential to the disciplinary proceedings conducted under this Section.
13. Violating any federal or state law or rule or regulation applicable to the practice of chiropractic.

## ARTICLE 10. PRECEPTORSHIP TRAINING PROGRAM

### **R4-7-1001. Eligibility; Application**

A. Both extern and preceptor shall submit a written application to the Board. The Board shall process the application within the time-frames provided in R4-7-502(J). The application shall be submitted on a form that contains the extern's photo; the extern's and preceptor's name, address, telephone number, and any other names of the extern and preceptor; the preceptor's license number, number of years in practice, and disciplinary history; a waiver of confidentiality and notarized signature from both the extern and preceptor; the beginning and ending date of the program; location, days, and hours of the proposed program; the name and contact number for the sponsoring college; the date of extern graduation; and identification of the proposed scope of the program and the eligibility of the applicants for approval.

B. Except as provided in subsection (D), the Board may approve participation by an extern who:

1. Concurrently participates in an undergraduate or postgraduate preceptorship program offered by an accredited chiropractic college and provides verifiable proof of enrollment;
2. Submits a written waiver of confidentiality that permits the Board access to any information, records, or documentation collected or used by the college to evaluate the extern's eligibility for or performance in the program;
3. Provides a Certificate of Attainment on Parts I and II of the examination by the National Board of Chiropractic Examiners;
4. Successfully completes and provides documentation of the coursework required by A.R.S. § 32-922.02 for practice of chiropractic specialties, if specialties are to be included in the training program; and
5. Submits the \$75.00 filing fee.

C. The Board shall not approve participation for an extern who:

1. Has been the subject of disciplinary sanction or convicted of a felony or a misdemeanor involving moral turpitude.
2. Is currently under investigation for a licensing violation, felony or misdemeanor involving moral turpitude.
3. Fails to demonstrate good character and reputation.
4. Fails to demonstrate the physical and mental ability to practice chiropractic skillfully and safely.



5. Has practiced chiropractic without a license or through participation in an approved preceptor program.

D. The Board may approve participation for a preceptor who:

1. Concurrently participates as a preceptor at the chiropractic college in which the extern is enrolled throughout the program and provides verifiable proof of participation;

2. Submits a written waiver of confidentiality that permits the Board access to any information, records, or documentation collected or used by the college to evaluate the preceptor's eligibility for or performance in the program; and

3. Is licensed in Arizona for at least five years preceding the date the program is to begin and, if the program is to include practice of chiropractic specialties, is certified in those specialties for at least three years proceeding the date upon which the program is to begin.

E. The Board shall not approve participation for a preceptor who:

1. Has been the subject of disciplinary sanction or convicted of a felony or a misdemeanor involving moral turpitude.

2. Is currently under investigation for a licensing violation, felony or misdemeanor involving moral turpitude.

3. Fails to demonstrate good character and reputation.

4. Fails to demonstrate the physical and mental ability to practice chiropractic skillfully and safely.

#### **R4-7-1002. Practice Limitations**

A. Under the supervision of the preceptor and commensurate with the extern's education, training, and experience, an extern may engage in the practice of health care, as defined in A.R.S. § 32-925, except that an extern shall not perform any procedure defined as a chiropractic specialty requiring certification unless the extern and the preceptor have met the eligibility requirements in R4-7-1001 for that specialty.

B. At all times when patients may be present, the extern shall wear a badge showing the extern's name and the title "Extern" in capital letters equal in size to the name.

C. Before an extern conducts an examination or renders care to a patient, the preceptor shall secure from the patient a written consent to the examination or care. The written consent shall specify that the patient understands that an extern is not a licensed doctor, and that the preceptor retains responsibility for quality of care. The preceptor shall maintain the signed consent as a part of the patient's file.

**R4-7-1003. Regulation and Termination of the Preceptorship Program**

A. The Board, on its own initiative or upon receipt of a complaint, may investigate conduct of an extern or preceptor occurring within the program for compliance with these rules and A.R.S. § 32-924. The Board may, pursuant to A.R.S. § 32-929, obtain patient records as part of the investigation.

B. If after investigation, the Board determines that the conduct of the extern or preceptor imperatively requires emergency action, the Board shall suspend approval of the program pending proceedings for termination or other action. The Board shall promptly notify the extern, the preceptor, and the college of the suspension, the reasons for the suspension, and the conditions under which the suspension may be lifted, if any.

C. If after a hearing, the Board determines that the conduct of the preceptor or the extern constituted a violation of these rules or A.R.S. § 32-924, the Board shall terminate the program and may sanction the preceptor or deny licensure to the extern if the extern has applied for a license.

D. If the Board receives written verification from a chiropractic college that the extern or preceptor is no longer concurrently participating in the associated chiropractic college program, the Board shall terminate approval of the extern's training program.

E. An extern may participate in a preceptorship program until the results of the next scheduled Part IV of the National Board of Chiropractic Examiners examination are released or for six months, whichever occurs first.

**Appendix A. Repealed**

**Appendix B. Repealed**

**Appendix C. Repealed**

**Appendix D. Repealed**

**Appendix E. Repealed**

**Appendix F. Repealed**

**ARTICLE 11. CHIROPRACTIC ASSISTANTS**

**R4-7-1101. Use of the Term "Chiropractic Assistant"**

Only a chiropractic assistant as defined in A.R.S. § 32-900 who assists a chiropractor by performing basic health care duties, shall use the term "chiropractic assistant" or "C.A."

#### **R4-7-1102. Chiropractic Assistant Training**

A. A C.A. shall complete 24 clock hours of coursework, with a minimum of four hours in each of the following subjects: chiropractic principles, management of common diseases, history taking, recordkeeping, professional standards of conduct, and CPR. If a chiropractor supervising C.A. is certified in a specialty under A.R.S. § 32-922.02, the C.A. shall complete 12 hours of additional training in that specialty.

B. A C.A. shall take coursework from a Board-approved facility or chiropractor. The facility or chiropractor providing coursework shall submit documentation that describes each subject listed in subsection (A) to the Board for approval prior to offering the course.

C. A C.A. shall begin Board-approved coursework within three months of initial employment with a supervising chiropractor, and shall complete the coursework within one year of initial employment with the supervising chiropractor.

D. A C.A. shall register with the Board or its designee upon completing required coursework. A C.A. shall submit a separate registration form for each place of employment and supervisor. A C.A. shall submit documentation to the Board or its designee on a Board-approved form, signed by the supervising chiropractor, showing the date that the C.A. completed each required subject. The Board shall issue the C.A.'s registration upon approval of the registration form.

E. A chiropractor supervising a C.A. shall maintain at the C.A.'s place of employment a copy of the C.A.'s registration.

#### **R4-7-1103. Scope of Practice**

A. A C.A. shall perform only tasks that are:

1. Consistent with a supervising chiropractor's licensure and certification; and
2. Delegated by the supervising chiropractor.

B. A C.A. shall not take an x-ray.

C. A supervising chiropractor shall be responsible for all acts or omissions of a supervised C.A.

D. A person who does not meet the coursework requirements of R4-7-1102 shall perform only clerical or administrative duties.

## **ARTICLE 12. RESTRICTED PERMITS**

### **R4-7-1201. Eligibility for a Restricted Permit**

The Board shall grant a restricted permit to practice chiropractic in this state if the applicant:

1. Submits a complete application to the Board;
2. Meets all requirements under A.R.S. § 32-921(B)(1) through (B)(3) and (C) and A.R.S. § 32-932;
3. Has a Certificate of Attainment for Part I and Part II of the examination conducted by the National Board of Chiropractic Examiners (NBCE);
4. Takes and passes the Arizona jurisprudence examination with a score of at least 75%;  
and
5. Has not had a license to practice a health care profession suspended or revoked in any state.

### **R4-7-1202. Application for Restricted Permit**

A. An applicant may obtain a restricted permit application package at the Board Office on any business day, or may request a package be mailed to the applicant. The applicant shall pay a non-refundable \$10 fee for each application package.

B. A completed restricted permit application package may be submitted to the Board office on any business day. The Board shall consider the date of application to be the date of receipt stamped by the Board office.

C. With the exception of the information required by subsection (C)(12), an applicant shall submit a completed restricted permit application package to the Board at least 45 days before the date of the Arizona jurisprudence examination. A complete application package shall contain the following:

1. Two current identical color photographs showing the applicant's full face and a description of any identifying characteristics;
2. The applicant's full legal name and any former names or aliases;
3. All of the applicant's current home and office addresses, home and office phone numbers, office facsimile numbers, and all previous home or office addresses for the five years preceding the date of application;

4. The applicant's chiropractic college transcript and the applicant's certificate of attainment of passing scores for Parts I and II of the NBCE examination;
5. The applicant's social security number;
6. Any record of a conviction, guilty plea or nolo contendere plea to a misdemeanor or felony, even if the conviction or plea was sealed, expunged, set aside, or forgiven, and any record of an arrest, indictment, or civil penalty or criminal charge.
7. A completed fingerprint card and the \$25 processing fee;
8. A list of all other states or jurisdictions where the applicant is or has been licensed to practice chiropractic or licensed to practice any other health care profession, with a verification of good standing submitted directly to the Board by the licensing agency of the state or jurisdiction. The verification of good standing shall state whether the applicant has been denied a license, a license has been sanctioned or whether the applicant's license has been suspended or revoked;
9. Verification that the applicant has held an active license as a chiropractic physician for the five years immediately preceding application, submitted directly to the Board by the licensing agency of the state or jurisdiction;
10. A copy of the applicant's contract with a charitable clinic or organization that identifies the name and location of the organization and contains the information required by A.R.S. § 32-932(C) and documentation that the organization meets the requirements of § 501(C)(3) of the internal Revenue Code;
11. A copy of the charitable clinic's or organization's bylaws;
12. A score of 75% or higher on the Arizona jurisprudence examination; and
13. The applicant's notarized signature attesting to the truthfulness of the information provided by the applicant.

E. The Board shall process a restricted permit application in accordance with R4-7-502(D) through (J).

**R4-7-1203. Issuance and Renewal of a Restricted Permit**

A. The Board may issue a restricted permit for a period not to exceed one year or until December 31 of the year in which the restricted permit is issued, whichever period is lesser. The Board may renew the restricted permit for a period not to exceed one year upon submission to the Board of a complete permit renewal application.

B. A restricted permit holder who applies for renewal of the restricted permit shall provide the following information:

1. The restricted permit holder's full name;
2. All of the restricted permit holder's current home and office addresses, home and office phone numbers, and office facsimile numbers;
3. A copy of the restricted permit holder's contract with a charitable clinic or organization that identifies the name and location of the organization and contains the information required by A.R.S. § 32-932 (C), and documentation that the organization meets the requirements of § 501(C)(3) of the Internal Revenue Code;
4. The restricted permit holder's social security number;
5. A record of any professional disciplinary investigation or sanction taken against the restricted permit holder by a licensing board since the restricted permit holder last applied for a restricted permit in this or any other state, submitted directly to the Board by the licensing board;
6. A record of any civil penalty or conviction or plea agreement for a misdemeanor or a felony since the restricted permit holder last applied for renewal of the permit, submitted directly to the Board by the agency or court of jurisdiction;
7. A list of required continuing education courses that the restricted permit holder has completed; and
8. The restricted permit holder's signature attesting to the truthfulness of the information provided by the restricted permit holder.

**C. The Board shall not renew a restricted permit if the restricted permit holder:**

1. Has been the subject of disciplinary sanction in any jurisdiction or convicted of a felony or a misdemeanor involving moral turpitude;
2. Is currently under investigation for a violation of any state law relating to licensing of health care professionals, or charged with a felony or a misdemeanor involving moral turpitude.
3. Has two or more complaints filed against the restricted permit holder within the past year;
4. Fails to meet the requirements of A.R.S. § 32-932; or
5. Fails to submit a complete restricted permit renewal application before January 1 of the calendar year for which application is made.

**D. The Board shall process a restricted permit renewal application in accordance with R4-7-503(Q) and R4-7-504.**

E. The Board shall not issue or renew a restricted permit unless the Board approves the charitable clinic or organization by which the applicant will be employed. The Board shall not approve a charitable clinic or organization unless the clinic or organization:

1. Is licensed and in good standing under A.R.S. § 36-407;
2. Offers professional medical services;
3. Offers chiropractic services for which the clinic, organization or permit holder does not receive compensation; and
4. Operates in all other respects in accordance with state and federal law.

**R4-7-1204. Regulation**

A. A restricted permit holder shall comply with this Article and applicable provisions of A.R.S. § 32-900 et seq.

B. The Board or its designee may conduct periodic and random audits of the permit holder's patient records.

C. The Board may sanction a permit holder under A.R.S. § 32-924(A) for any violation of A.R.S. § 32-900 et seq.

**ARTICLE 13. CHARGES**

**R4-7-1301. Additional Charges**

A. The Board shall collect charges for services as follows:

1. \$40.00 for directories, labels, or lists of licensees, applicants, or other regulated parties.
2. \$40.00 for annual subscriptions for meeting minutes, agendas, or other agency documents published and provided on an ongoing basis.
3. \$10.00 for a jurisprudence booklet.
4. \$5.00 for a duplicate renewal receipt.
5. \$20.00 for a duplicate ornamental license.
6. \$20.00 for a duplicate ornamental certificate.
7. \$2.00 for a hard copy of a credential verification.
8. 25¢ per page for the preparation and copying of public records.
9. \$25.00 for a verification of a license in good standing.

B. All charges are non-refundable.

**From A.R.S. Title 12: Courts and Civil Proceedings  
Chapter 5**

**§12-570. Malpractice settlement or award reporting; civil penalty**

A. If a medical malpractice action is settled or a court enters a monetary judgment, the plaintiff's attorney and the professional liability insurers shall provide the defendant's health profession regulatory board with the notice required under subsection B of this section, a copy of the complaint and a copy of either the agreed terms of settlement or the judgment. The attorney shall provide this notice and these documents within thirty days after a settlement is reached or a judgment is entered. For the purposes of this subsection, "health profession regulatory board" has the same meaning prescribed in section 32-3201.

B. The notice required by subsection A of this section shall contain the following information:

1. The name and address of each defendant.
2. The name and address of each plaintiff.
3. The date and location of the occurrence which created the claim.
4. A statement specifying the nature of the occurrence resulting in the malpractice action.
5. A copy of all expert witness depositions, a transcript of all expert witness court testimony or a written evaluation of the case by an expert witness. A professional liability insurer is not responsible for providing the information required by this paragraph.

C. The notice required by subsection A of this section is not discoverable and not admissible as evidence.

D. An attorney who does not supply the information required by subsections A and B of this section within thirty days after the notice of settlement or judgment is due under subsection A of this section is subject to a civil penalty of five hundred dollars.

**§12-571. Qualified immunity; health professionals; nonprofit clinics**

A health professional, as defined in section 32-3201, who provides medical or dental treatment within the scope of the health professional's certificate or license at a nonprofit clinic where neither the professional nor the clinic receives compensation for any treatment provided at the clinic is not liable in a medical malpractice action, unless such health professional was grossly negligent.



**From A.R.S. Title 12: Courts and Civil Proceedings  
Chapter 13**

**§12-2291. Definitions**

In this article, unless the context otherwise requires:

1. "Contractor" means an agency or service that duplicates medical records on behalf of health care providers.
2. "Health care decision maker" means an individual who is authorized to make health care treatment decisions for the patient, including a parent of a minor or an individual who is authorized pursuant to title 14, chapter 5, article 2 or 3 or section 36-3221 or 36-3231.
3. "Health care provider" means:
  - (a) A person licensed pursuant to title 32 who maintains medical records.
  - (b) A health care institution as defined in section 36-401.
  - (c) An ambulance service as defined in section 36-2201.
  - (d) A health care services organization licensed pursuant to title 20, chapter 4, article 9.
4. "Medical records" means all communications that are recorded in any form or medium and that are maintained for purposes of patient treatment, including reports, notes and orders, test results, diagnoses, treatments, photographs, videotapes, X rays, billing records and the results of independent medical examinations that describe patient care. Medical records include psychological records and all medical records held by a health care provider, including medical records that are prepared by other providers. Medical records do not include materials that are prepared in connection with utilization review, peer review or quality assurance activities, including records that a health care provider prepares pursuant to section 36-441, 36-445 or 36-2402. Medical records do not include recorded telephone and radio calls to and from a publicly operated emergency dispatch office relating to requests for emergency services or reports of suspected criminal activity, but shall include communications between emergency medical personnel and medical personnel concerning the treatment of a person.

**§12-2292. Confidentiality of medical records**

A. Unless otherwise provided by law, all medical records and the information contained in medical records are privileged and confidential. A health care provider may only disclose that part or all of a patient's medical record that is authorized pursuant to law or the patient's written authorization.

B. If necessary for its own business operations or in response to a request for a copy of the patient's medical record, a health care provider may release a patient's medical record to a contractor for the purpose of duplicating or disclosing the record on behalf of a health care provider. A contractor shall not disclose any part or all of a patient's medical record in its custody except as provided in this article. After duplicating or disclosing a patient's medical record on behalf of a health care provider, a contractor shall return the record to the health care provider who released the medical record to the contractor.

C. This article does not limit the effect of any other federal or state law governing the confidentiality of medical records.

**§12-2293. Release of medical records to patients and health care decision makers**

A. On the written request of a patient for access to or copies of the patient's medical records, the health care provider in possession of the record shall provide the medical records to the patient or the person designated in writing by the patient unless the attending physician or psychologist determines and notifies the health care provider in possession of the record that the patient's access to the patient's medical record is contraindicated due to treatment of the patient for a mental disorder as defined in section 36-501. Psychologists are exempt from making available raw test data and psychometric testing materials. If the attending physician or psychologist determines that the patient should not have access to the patient's medical records, the physician or psychologist shall note this determination in the patient's medical record.

B. On written request of a patient's health care decision maker for access to or copies of the patient's medical records, the medical records shall be provided to the health care decision maker or the person designated in writing by the health care decision maker unless the access is limited by the patient.

C. Records that are not in written form shall be released only if the patient or patient's health care decision maker specifically requests and identifies in writing the type of record desired.

D. Notwithstanding subsection A of this section, if the patient receives treatment for a mental disorder as defined in section 36-501, on written request of a health care decision maker for access to or copies of the patient's medical records, the health care provider may refuse to provide records which indicate confidential information between the patient and the health care professional. If the attending physician determines that the health care decision maker should not have access to that part of the patient's medical record, the attending physician shall note this determination in the patient's medical record and shall provide to the health care decision maker a written explanation of the reason for such denial. The health care provider shall release medical record information to the health care decision maker which includes the patient's therapy treatment plan and medication information.

**§12-2294. Release of medical records to third parties**

A. A health care provider shall disclose medical records or the information contained in medical records without the patient's written authorization as otherwise required by law.

B. A health care provider may disclose medical records or the information contained in medical records without the patient's written authorization as follows or as otherwise authorized by law:

1. To attending and consulting health care providers who are currently providing health care to the patient for the purpose of diagnosis or treatment of the patient.
2. To health care providers who have previously provided treatment to the patient, to the extent that the records pertain to the provided treatment.
3. To ambulance attendants as defined in section 36-2201 for the purpose of providing care to or transferring the patient whose records are requested.
4. To a private agency that accredits health care providers and to the allopathic board of medical examiners.
5. To health care providers for the purpose of conducting utilization review, peer review and quality assurance pursuant to section 36-441, 36-445, 36-2402 or 36-2917.
6. To a person or entity that provides billing, claims management, medical data processing, utilization review or other administrative services to the patient's health care providers.
7. To the legal representative of a health care provider in possession of the medical record for the purpose of securing legal advice.
8. To the personal representative or administrator of the estate of a deceased patient. If a personal representative or administrator has not been appointed, a health care provider may release medical records to the following persons and in the following order of priority, unless the deceased patient during the deceased patient's lifetime or a person in a higher order of priority has notified the health care provider in writing that he opposes the release of the medical records:
  - (a) The deceased patient's spouse, unless the patient and the patient's spouse were legally separated at the time of the patient's death.
  - (b) The acting trustee of a trust created by the deceased patient either alone or with the deceased patient's spouse if the trust was a revocable inter vivos trust during the deceased patient's lifetime and the deceased patient was a beneficiary of the trust during his lifetime.
  - (c) An adult child of the deceased patient.

(d) A parent of the deceased patient.

(e) An adult brother or sister of the deceased patient.

(f) A guardian or conservator of the deceased patient at the time of the patient's death.

9. To the patient's third party payor if the payor has separately obtained the patient's written authorization to disclose medical record information to the payor and furnishes a copy of this authorization to the health care provider.

C. In addition to the persons listed in subsection B, paragraph 8 of this section, a health care provider may release medical records or the information contained in medical records to the patient's health care decision maker at the time of the patient's death.

D. A health care provider shall disclose medical records to persons listed in subsection B, paragraphs 2, 4, 5 and 8 of this section only on written request. The person requesting the records shall sign the request and shall demonstrate the authority to have access to the records.

E. Medical records that are not in written form shall only be released if the written request specifically identifies the type of record desired.

F. Medical records that are disclosed pursuant to this section remain privileged. A person who receives medical records pursuant to this section shall not disclose those records without the written authorization of the patient or the patient's health care decision maker, unless otherwise provided by law.

#### **§12-2295. Charges**

A. Except as otherwise provided by law, a health care provider or contractor may charge a person who requests copies of medical records a reasonable fee for the production of the records. Except as necessary for continuity of care, a health care provider or contractor may require the payment of any fees in advance.

B. A health care provider or contractor shall not charge for the pertinent information contained in medical records provided to:

1. Another health care provider for the purpose of providing continuing care to the patient to whom the medical record pertains.

2. The patient to whom the medical record pertains for the demonstrated purpose of obtaining health care.

3. The health care decision maker or surrogate of the patient to whom the medical record pertains for the demonstrated purpose of obtaining health care.