



Ohio Administrative Code

Rule 4731-16-07 Treatment provider program obligations.

Effective: June 30, 2007

(A) In order to hold a certificate of good standing pursuant to this chapter of the Administrative Code, a treatment provider must:

(1) Report to the board the name of any practitioner suffering or showing evidence of suffering impairment as described in division (B)(5) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (B)(6) of section 4760.13 of the Revised Code or division (B)(6) of section 4762.13 of the Revised Code who fails to comply within one week with a referral for examination;

(2) Report to the board the name of any impaired practitioner who fails to enter treatment within forty-eight hours following the program or provider's determination that the practitioner needs treatment;

(3) Require every practitioner who enters treatment to agree to a treatment contract establishing the terms of treatment and aftercare, including any required supervision or restrictions of practice during treatment or aftercare;

(4) Require a practitioner to suspend practice upon entry into any required inpatient treatment;

(5) Report to the board any failure by an impaired practitioner to comply with the terms of the treatment contract during inpatient or outpatient treatment or aftercare contract during aftercare;

(6) Report to the board the resumption of practice of any impaired practitioner before the treatment provider has made a clear determination that the practitioner is capable of practicing according to acceptable and prevailing standards of care;

(7) Require that each practitioner who has completed treatment signs an aftercare contract with an approved treatment provider within one week of completion of treatment;



(8) Report the identity of any practitioner practicing under the terms of an aftercare contract to hospital administrators, medical chiefs of staff, and chairpersons of impaired physicians committees of all health care institutions at which the practitioner holds clinical privileges. If the practitioner does not hold clinical privileges at any health care institution, the treatment provider shall report the practitioner's identity to the impaired physicians committee of the county medical society, osteopathic academy, or podiatric medical association in every county in which the practitioner practices. If there are no impaired physicians committees in the county, the treatment provider shall report the practitioner's identity to the president or other designated member of the county medical society, osteopathic academy, or podiatric medical association;

(9) Report to the board the identity of any practitioner who suffers a relapse;

(10) Fulfill all recordkeeping requirements applicable under state and federal laws, including the requirements set forth in paragraphs (C) and (D) of this rule; and

(11) In furtherance of paragraphs (A)(5), (A)(6), (A)(8), and (A)(9) of this rule, the treatment provider shall require every practitioner who submits for an evaluation or enters treatment to execute a release with respect to issuance of the reports enumerated therein.

(B) The treatment provider shall not report to the board the identity of a practitioner who has been referred for evaluation or treatment by a party other than the board, so long as the practitioner maintains participation in accordance with requirements of section 4731.25 of the Revised Code and the practitioner has not suffered a relapse as defined in rule 4731-16-01 of the Administrative Code.

(C) The treatment provider shall complete and maintain records, separate from all other records, containing the following information for each practitioner seen for evaluation or treatment:

(1) Date of referral and identity of referral source;

(2) Date of admission for evaluation;

(3) Date treatment recommendations are made;



- (4) Date referral source is notified of treatment recommendations;
 - (5) Beginning and ending dates of each treatment phase (e.g. - inpatient, intensive outpatient, extended residential treatment, and aftercare);
 - (6) Dates of all reports made under paragraph (A)(8) of this rule, and identities of individuals to whom made;
 - (7) Dates and sources of information received, if any, indicating there are grounds to believe the practitioner has relapsed during or following aftercare;
 - (8) In the event of the practitioner's refusal to execute appropriate releases under paragraph (B) of this rule, or in the event of revocation of such releases, the date that the referral source is notified that no further information can be given regarding that practitioner under federal law; and
 - (9) In the event the treatment provider is required to report to the board pursuant to one of the provisions of paragraph (A) of this rule, such report shall be made by telephone to the board's executive director or the executive director's designee as soon as practicable, and confirmed by letter mailed within seventy-two hours after the reporting requirement arises.
- (D) No later than two weeks following the end of each one year period during which the treatment provider has held a certificate of good standing under this chapter of the Administrative Code, the treatment provider shall file with the board a report containing all of the following information for that year:
- (1) Number of practitioners referred for evaluation; (including self-referrals);
 - (2) Number of practitioners evaluated;
 - (3) Number of referral sources by category (e.g., - self-referrals, board referrals, medical society referrals, referrals by colleagues);



- (4) Number of practitioner evaluations which resulted in treatment recommendations for chemical dependency;
- (5) Number of practitioners treated based on the treatment providers own recommendations;
- (6) Number of practitioners treated based on transfer or referral from other treatment providers;
- (7) Number of practitioners who entered each phase of treatment;
- (8) Number of practitioners engaged in each phase of treatment (including those who began treatment in prior years);
- (9) Number of practitioners who successfully completed each phase of treatment;
- (10) Number of practitioners discharged from each phase of treatment other than upon successful completion, and the rationale for each such discharge;
- (11) Number of practitioner relapses identified during aftercare and following aftercare;
- (12) Number and names of practitioners reported to the board under this chapter of the Administrative Code; and
- (13) Number and identities of referral sources notified of the treatment provider's inability to release information under federal law.