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## NEW LAW CLARIFIES PATIENTS' RIGHTS TO ACCESS MEDICAL RECORDS

By Mike Sherman  
BME Complaint Resource Officer

Rarely does a day go by that the BME does not receive several telephone calls, from either patients or licensees, regarding a patient's right to copies of their medical records. It is clear from the type of questions received that there is misunderstanding in the medical community regarding patient rights and medical records.

To make matters more interesting, the 2003 Oregon Legislature passed House Bill (HB) 2305, making state patient-records laws comply with federal Health Insurance Portability and Accountability Act (HIPAA) regulations. This bill took effect upon passage and made some significant changes in state law regarding patient's access to medical records.

HB 2305 was meant to complement HIPAA, and needs to be read in conjunction with the federal regulations. I will attempt to summarize some of the more important changes the Oregon bill and HIPAA make. The BME is in the process of changing its administrative rule on the release of records to incorporate these changes.

The law gives patients the right to access their medical records personally, or to have them sent to an authorized person or organization. The law gives a very broad definition of information that the patient is entitled to obtain, and includes "information that relates to the past, present, or future physical or mental health of an individual" in any form. The law also includes billing information as information the patient is entitled to obtain.

Unlike the previous law, HB 2305 does not exempt the release of records of another health care provider which may be contained in the record. The new law allows the health care provider to require a written release from the requesting patient in a format very similar to the one specified by the old law (ORS 192.525, which has been repealed).

As in the old law, current law does allow

certain exemptions to the general requirement to release information. There is an exemption for release for information which would harm the health of the patient. Psychotherapy notes are exempt as is information compiled, in anticipation of, or for, litigation. If the medical record contains information obtained from someone **other than a healthcare provider** under a promise of confidentiality, then that information may be exempted if releasing the information would tend to identify the source.

HB 2305, like the previous law, allows charging a fee for reproducing records. However, the new law specifies the amount which may be charged. HB 2305 allows a fee of \$25 for the first ten pages of written material and 25 cents a page for orders of more than 10 pages. When X-rays or other non-written materials are ordered, the actual cost of reproducing the items may be charged. Inability to pay is not grounds to withhold medical records. **Additionally, the law does not exempt the release of records when a patient's bill is not paid in full. Records should not be withheld for that reason.**

In summary, HB 2305 and HIPAA:

- Give patients broad access to their medical records in the possession of the licensee who receives the request.
- Patients may request all or part of the record.
- Patients may request that the information be sent to them or to another person.
- Licensees may require a written release and require the patient to specify which part of the record they wish to obtain.
- A fee, which is specified in the statute, may be charged.

Please keep in mind that this article is a summary, and is not intended to substitute for a detailed reading of the current law. If questions arise concerning medical records, feel free to contact the Board's Complaint Resource Officer at (503) 229-5770. ■

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## From the Executive Director

# Lengthy Legislative Session Spells Success for BME

By Kathleen Haley, J.D.

The 2003 session of the Oregon Legislature was the longest in the state's history, but ended well for the Board of Medical Examiners. Lawmakers approved bills which will help the Board and the state's medical community better serve the people of Oregon.

The BME's own reporting bill, House Bill (HB) 2165, becomes law January 1, 2004. The new law will require that health care facilities report to the Board within 10 working days any information, or official action, incident or event which may show that a licensee is medically incompetent, impaired or unable to safely practice. The new law will also require licensees to self-report any such action. HB 2165 also adds protection from civil liability for those persons who make such reports to the Board in good faith. And the bill refers to "licensees" rather than "physicians," making it clear that the reporting law also refers to physician assistants and acupuncturists.

HB 2165 made several changes in the old reporting law, which had no minimum time frame in which to report and did not require licensees to self-report. There also was no clear definition of conduct or incidents which could merit such reports to the BME. Now, the new language defines "official action, incident or event" as "a restriction, limitation, loss or denial of privileges of a licensee to practice medicine, any formal action taken against a licensee by a government agency or a health care facility

based on a finding of medical incompetence, unprofessional conduct or licensee impairment, or the withdrawal by a licensee from the practice of medicine or podiatry."

The BME now must write administrative rules to implement HB 2165, including rule language defining medical incompetence.

While working HB 2165 through the legislative process, Board members and staff worked with legislators and with representatives of the Oregon Medical Association (OMA), the Oregon Association of Hospitals and Health Systems (OAHHS) and other interested parties to craft a bill that would protect patient interests. We are confident that HB 2165 will serve this purpose.

In a similar spirit, we worked with representatives of other healthcare interest groups on HB 2349, which creates a 17-member Patient Safety Commission as a semi-independent state agency. The new law, which "sunset" or ends Jan. 2, 2010, creates a program in which hospitals, healthcare systems and individuals would report patient safety concerns to the Commission.

I must emphasize that HB 2349 and the new Patient Safety Commission in no way change or compromise the BME's mission and procedures insofar as enforcing the Medical Practice Act is concerned. During the legislative process, the BME successfully incorporated into the bill an amendment preserving

the BME's investigative powers and functions, including obtaining records from hospitals and healthcare systems. And Medical Director Philip Parshley, M.D. will represent the BME on an OMA patient safety committee created to help implement the new law and commission it creates.

Pain management was an important issue during the legislative session. Lawmakers approved Senate Bill (SB) 436, which removed the statutory requirement that chronic pain patients receive second evaluations from appropriate medical specialists before treatment with controlled substances. The new law also requires certain pain medication-related records and notices to be kept and issued on forms approved and provided by the BME.

The BME is writing administrative rule language and revising its Statement of Philosophy on Pain Management to reflect changes in laws regarding pain management.

Physician assistants will have the privilege of prescribing Schedule II drugs under certain conditions, effective January 1, 2004 (SB 647). Thanks to an amendment proposed by the BME, PAs will be required to be currently certified by the National Commission on Certification of Physician Assistants (NCCPA), including completion of all required continuing medical education (CME) coursework.

Schedule II controlled substances include opium, morphine, cocaine, methadone, amphetamine, methamphetamine, secobarbital, ephedrine, ketamine and one hallucinogenic substance, nabilone.

Prior to passage of SB 647, physician assistants practicing in locations where a supervising physician does not regularly practice could administer Schedule II drugs on an emergency basis, but not to prescribe them.

*(continued on page 7)*

## **PODIATRISTS: APPLICATIONS AVAILABLE FOR ADVISORY COUNCIL APPOINTMENT**

Podiatrists interested in serving on the Oregon Board of Medical Examiners' (BME) Advisory Council on Podiatry, for a three-year term beginning December 1, 2003, are encouraged to contact the BME office for an application.

Podiatrists serving on the Council must have been Oregon residents for at least two years, and been licensed as podiatrists for no less than two years.

Council members are appointed by the Governor, and appointments are subject to confirmation by the state Senate. The Council contains five members: three podiatrists, one public member, and a physician member of the BME. Each term of office is three years, and each member may serve no more than three consecutive terms.

The Advisory Council on Podiatry is responsible for reviewing the requirements for licensure, recommending changes as needed, and reviewing applicants for licensure. The Council also reviews the results of the biennial continuing medical education (CME) audit which occurs after the license renewal of all actively licensed podiatrists, and provides input to the BME on any issues regarding the scope of practice of podiatrists in Oregon.

Podiatrists interested in Council service may call Mike Sims, BME executive assistant, at (503) 229-5873, ext. 218. ■

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## **THANKS TO OUR CONSULTANTS**

In addition to the able, knowledgeable work performed by Board members and staff, the BME benefits from the special expertise and effort provided by its consultants.

The BME has a pool of consultants from which it can draw to assist in investigating and resolving all cases it receives. BME consultants represent every facet of healthcare the agency licenses and regulates, from MDs and DOs to acupuncturists and podiatrists. These consultants are practicing healthcare providers, and many are healthcare educators as well. Each brings specific skills and experiences to helping the BME resolve the many cases with which it must deal every year, and their contribution to the well-being of Oregon's citizens cannot be overstated.

The Board of Medical Examiners and its staff say "Thank you!" to all BME consultants for rendering invaluable service to the BME in carrying out its mission: "To protect the health, safety and well being of Oregon citizens by regulating the practice of medicine in a manner that promotes quality care." ■

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## **REFERRALS TO THERAPY: YOUR RESPONSIBILITIES AS A PHYSICIAN**

Recently, questions have been raised regarding physician referrals of patients to ancillary health services, and therapy alternatives that might or might not be covered by health plans.

Oregon Revised Statute (ORS) 688.125 states that health care practitioners who own (wholly or in part) physical therapy practices, or who employ physical therapists, must inform patients of such ownership and/or employment. In addition, such practitioners must inform patients that alternative sources of physical therapy treatment are available, particularly when patients' healthcare plans do not cover all sources of treatment and therapy.

The American Medical Association (AMA) has created ethical guidelines regarding referral of patients. The AMA states that physicians should advocate for patients for any care they believe will materially benefit those patients. In addition, AMA ethical guidance standards state that when healthcare plans do not permit referrals to non-contracting specialists, diagnostic or treatment facilities, patients should be so informed so they can decide whether to seek outside help at their own expense or accept only the services available within the healthcare plan.

In addition, a basic principle of medicine states that physicians are to be patient advocates and should make referrals of such a nature that patients will receive whatever services are needed. ■

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## Your Guide to the BME Web Site

*All license application material now available 'on line'*

The Board of Medical Examiners (BME) Web site, located at [www.bme.state.or.us](http://www.bme.state.or.us), is a valuable and easily-used tool for members of the medical community and non-medical citizens alike.

The latest development at the BME Web site is the addition of license-application packets for M.D.s, D.O.s and podiatrists. These may be accessed at any time, filled out and printed on the computer, and then delivered to the BME office in person or by postal mail. The M.D., D.O. and podiatrist licensure packets now join those for acupuncturists and physician assistants (PA) on the Web.

A link to the M.D., D.O. and podiatrist application packets may be found on the Web site's Home page. Links to acupuncturist and PA application packets, as well as all other forms for license and registration renewals, may be found by clicking "Forms," on the left side of the Home page.

### **What else does the BME Web site have to offer? Let's answer your questions:**

**How do I find information about doctors and other BME licensees?** There are three helpful links on the left side on the Web site Home page – "DocFinder/Find a Licensee," "Information About Licensees" and "Search for a Provider." Any of these links will guide you to a service maintained by Administrators in Medicine (AIM), in conjunction with the BME. DocFinder provides the following information on BME licensees: license status, type and number; standing and any limitations, issue and expiration dates, medical specialty as reported by the licensee, year of birth and educational background.

Persons wishing information on closed insurance claims against BME licensees may go to the link "Information about Licensees," for information on how to order such information and what fees are charged.

**Where I can I learn what actions the BME has taken regarding licensees:** Any license-related or disciplinary actions that are public information may be found by accessing the link "Board Actions (Summaries of)." Interested parties can receive summaries of recent and past actions (to 2000) involving BME licensees, including actions affecting the status of their licenses. There is also information on how to receive copies of Board public orders, including any fees charged.

**Can I get information on how to file a complaint with the BME? Can I file a complaint on line?** You can click the left-side link "Filing A Complaint," and access information on how to file written complaints with the BME. There is no means of filing complaints through the Web site, however.

**Can I use the Web site to find out about laws, rules and regulations affecting health care in Oregon?** Yes " use the link to "Rules and Statutes," which will guide you to all Oregon laws and administrative rules, including those specifically pertaining to the BME.

**Are current license statistics available on the Web site?** Yes. Interested persons can see numbers of actively-licensed practitioners by specialty, by county and by license status. Statistics are updated on a monthly basis.

**Can I get information on the BME itself?** "About the Board" contains links to BME and committee meeting dates and agendas, information about Board members, directions to the BME's downtown Portland office, a history of the BME, employment information and important phone numbers.

**How about the BME newsletter?** The *BME Report*, the BME's quarterly newsletter, is available on the Web site. Again, there is a direct link to the current newsletter and to back issues on the left side of the Home page.

**Is information available on the Web site in other languages?** Yes. The BME informational brochure is available in Chinese, Russian, Spanish and Vietnamese.

**What else can be found on the Web site's Home page?** There are answers to "Frequently Asked Questions," including questions most often asked by Board licensees and by patients. There is a link to information about "HIPAA," the federal Health Insurance Portability and Accountability Act of 1996, which is a comprehensive federal protection for the privacy of personal health information. Under "Links," you can access Web sites for other Oregon health-related boards, for medical boards in other states and for medical professional organizations.

There is a link to "Topics of Interest," containing information on such topics as pain management, Death with Dignity, sexual misconduct and medical records. Board Statements of Philosophy on many topics can be found under "Topics," as well.

Finally, there is a "Site Index" listing all Web site offerings in alphabetical order.

The Web site is one of the more visible, useful tools the BME offers its licensees and the general public, to better provide and access quality health care in Oregon. ■



## Welcome to the Web site of the Oregon Board of Medical Examiners

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The mission of the Oregon Board of Medical Examiners is to protect the health, safety, and well being of Oregon citizens by regulating the practice of medicine in a manner that promotes quality care.

In addition to its licensing functions, the Board conducts investigations, imposes disciplinary action, and supports rehabilitation, education, and research to further its legislative mandate to protect the citizens of Oregon. The Board of Medical Examiners is also responsible for the scope of practice of First Responders and EMTs. The Board presently licenses the following health care providers:

**Medical Doctors (MD)**

**Doctors of Osteopathic Medicine (DO)**

**Podiatric Physicians (DPM)**

**Physician Assistants (PA)**

**Acupuncturists (L.Ac)**

#### DISCLAIMER AND COPYRIGHT

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We will not obtain personally-identifying information about you when you visit our site, unless you choose to provide such information to us. Except as might be required by law, we do not share any information we receive with outside parties. For full text see: [BME Privacy Policy](#)

### Find a Licensee

[DocFinder](#)

### Site Index

[Click here for an extended listing](#)

### Site Search

[Click here to go to our search option](#)

**NEW**

New pages added to the BME Web site.

**NEW**

**MD/DO/DPM  
Application  
Packet**

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Updated: 11/25/03

Comments about this Web site?  
Send email to:  
web.comments at state.or.us



□

## Board Actions – June 12, 2002 to October 16, 2003

**CULLEN, Edward C., MD16629; Medford, Ore.**

A Stipulated Order was entered into on July 22, 2003. Licensee agreed to the following terms: Revocation with stay; 10-year probation; reprimand; fine; community health service; Continuing Medical Education (CME) in professional boundaries; no female patients over 18 years old without the presence of a chaperone; Board reporting; psychotherapy with reports.

**DUBIN, David A., MD,, LL12784; Portland, Ore.**

A Stipulated Order was entered into on Sept. 25, 2003 in which Licensee was granted a Limited License, Fellow for a period of six months. Terms include practice under the direct supervision of a physician mentor and CME in emergency medicine. Licensee must demonstrate acceptable clinical competency during this time before he may apply for an unlimited license.

**EDWARDS, Robert N., MD14941; Klamath Falls, Ore.**

A Final Order was issued by the Board on Aug. 7, 2003. This Order revoked Licensee's license, but the revocation was stayed and Licensee was placed on five years probation under the following conditions: reprimand, fine, no cytology practice until CME completed, over-reads for first 300 Pap smears and for 20 percent of them thereafter, forensic autopsy reports to be reviewed by pathologist with progress reports to Board; Board reporting.

**FAHEY, Karen J., MD19600; Grants Pass, Ore.**

Licensee entered into a Corrective Action Order on Oct. 16, 2003. This Order returns Licensee back to practice under conditions that include: Licensee may not work more than 24 hours per week and may not take call; Licensee must work in a group practice where there is more than one MD/DO in full time practice; Licensee shall continue care with a mental-health professional and psychiatrist with quarterly reports to the Board; random urinalyses; abstinence from the use of alcohol and drugs not prescribed by her physician.

**FARRIS, Cathleen L., MD 19029; Camas, Wash.**

A Stipulated Order was entered into on July 10, 2003. In this Order, Licensee agreed to abstain from the use of alcohol; undergo substance abuse monitoring through random urinalyses; not to self-prescribe medications; and remain under the care of a primary care physician. This Order terminates all other existing Board orders.

**FAULK, Charles E., MD10505; Salem, Ore.**

A Stipulated Order was entered into on Aug. 7, 2003 in which Licensee agreed to withdraw from practice pending the conclusion of the Board's investigation into his competency to practice medicine.

**GREEN, John A., MD12292; Oregon City, Ore.**

A Corrective Action Order was entered into on Sept. 4, 2003. In this Order, Licensee agreed to provide written documentation to patients regarding the treatment that they received after each visit. Licensee must complete a course on conscious sedation within nine months.

**HOULE, Richard P., MD13172; Portland, Ore.**

A Corrective Action Order was entered into on July 10, 2003. In this order Licensee agreed to complete course work on appropriate prescribing and on pain and suffering.

**HUTSON, Daniel B., PA00697; Corbett, Ore.**

1) An Interim Stipulated Order was entered into on Sept. 4, 2003. In this order Licensee agreed to immediately withdraw from practice pending the conclusion of the Board's investigation.

2) An Interim Stipulated Order was entered into on Aug. 8, 2003. Pending the conclusion of the Board's investigation,

Licensee agreed to the following practice terms: 50 percent chart review by all supervising physicians/agents, chaperone for female patients over 10 years old; Licensee may not treat any person outside of a hospital or clinical setting unless a life threatening emergency, random urinalyses, maintain current charts on all patients.

**INNES, Arthur J., MD08257; Vancouver, Wash.**

A Voluntary Limitation was entered into on Oct. 16, 2003. This order limited Licensee's practice to surgical assisting only. Licensee may not schedule or perform any surgery as the primary operating surgeon, including taking call during weekends or nights. Licensee must also inform the administrator of any hospital where he has credentials, or obtains credentials, of the existence of this order.

**JARRETT, John R., MD08191; Eugene, Ore.**

A Stipulated Order was entered into on July 10, 2003. Licensee agreed to surrender his retired Oregon medical license while under investigation. He also agreed to never apply for relicensure in the state of Oregon.

**KAHN, Heather A., MD22858; Klamath Falls, Ore.**

A Stipulated Order was entered into on July 10, 2003. In this order Licensee agreed to the following terms: 10 years probation; reprimand; quarterly Board reporting; random urinalyses and/or hair analyses; continuation of psychiatric care; Board approved practice setting. Licensee must either complete a residency program or work in a hospital, clinical or group setting where she will receive active supervision and mentoring; abstinence from alcohol and marijuana and other mood altering and/or addictive drugs.

**LARSEN, James C., MD18864; Bozeman, Mont.**

A Stipulated Order was entered into on Aug. 7, 2003. This Order reprimanded Licensee and imposed a fine.

**POINDEXTER, Charles W., MD07491; Portland, Ore.**

A Stipulated Order was entered into on Aug. 7, 2003. In this Order, Licensee agreed to surrender his Oregon license while under investigation

**RIOS, Ferdinand L., MD17304; Florence, Ore.**

A Corrective Action Order was entered into on Sept. 4, 2003. In this Order Licensee agreed to complete the Physicians Evaluation Education Renewal Program (PEER)

**ROTTER, Steven M., MD15275; Portland, Ore.**

A Corrective Action Order was entered into on July 22, 2003. In this order Licensee agreed to the following terms: Board-approved practice monitor for at least 12 months; CME in Family Practice or Internal Medicine.

**SHIPSEY, Patrick E., MD14307; Bakersfield, Calif.**

A Stipulated Order was entered into on July 10, 2003. In this order Licensee agreed to a reprimand and fine. Other terms: When Licensee reactivates his Oregon license he must obtain a primary-care physician, and is restricted from purchasing, ordering, prescribing, administering, dispensing or otherwise possessing controlled substances (including samples) in any practice setting except a hospital or urgent care clinic (does not include medication prescribed to Licensee by another licensed physician for legitimate medical purposes)

**STEPAN, Daniel E., MD21984; Portland, Ore.**

Licensee entered into a Stipulated Order on Oct. 16, 2003. The terms of this Order include a reprimand and fine. Licensee must enroll in the Diversion Program for Health Professionals (HPP or "Diversion") if and when he returns to practice in the state of Oregon

**TOLIVER, George S., DO16685; Yakima, Wash.**

A Stipulated Order was entered into on Oct. 16, 2003. The terms of this Order include a reprimand and fine. Licensee may not prescribe Schedule II and III drugs in excess of 14

## BOARD ACTIONS *(continued from page 6)*

days until he completes CME in pain management. Licensee may only prescribe Schedule II, III and IV drugs under the Board's Triplicate Prescription Program (TPP).

### **WICKS, Michael D., MD09070; Silverton, Ore.**

A Corrective Action Order was entered into on July 10, 2003. Licensee agreed to complete CME regarding appropriate prescribing; Licensee must complete PEER if he elects to treat patients for chronic non-malignant pain with controlled substances; second opinion required for chronic non-malignant pain patients being treated with Schedule II or III medications in excess of 30 days.

### **WOODS, Dorothy L., MD24696; Aptos, Calif.**

A Voluntary Limitation was entered into on Sept. 4, 2003. In this Order Licensee agreed to limit her practice to psychiatry.

### **WRIGHT, Thomas E., MD18554; Hubbard, Ore.**

The Board issued an Order Rescinding Complaint and Notice on Aug. 7, 2003. This Order rescinded the Board's May 6, 2003 Compliant and Notice of Proposed Disciplinary Action under the condition that Licensee retired his Oregon medical license. ■

## Lengthy Legislative Session Spells Success for BME *(continued from page 2)*

The BME has a solid 2003-2005 budget with which to carry out its mission. The budget totals approximately \$6.7 million and contains no new fees or fee increases. During the coming interim, we will add a new staff member in the Licensing section, to help provide even greater efficiency in that very important process.

I am pleased at the willingness and enthusiasm with which Board members assisted BME staff in advancing the agency's budget and other issues of interest at the state Capitol. Board members' assistance in explaining the BME mission to legislators, particularly new ones, was especially important during the budget process early in the session. A number of individual legislators were particularly helpful this year, including Sens. Margaret Carter (Portland), Bill Fisher (Roseburg), Bill Morrisette (Springfield), Ben Westlund (Bend), Jackie Winters (Salem), and Rep. Jeff Kruse (Roseburg). Rep. Alan Bates of Ashland, an osteopathic physician, was quite helpful in bringing his particular knowledge and point of view to the process.

Other legislative matters of interest:

- PAs now are allowed to sign death certificates (SB 648).
- Naturopaths now are authorized to give physical examinations for youngsters participating in interscholastic sports.
- A bill proposing to call podiatric physicians simply "physicians" failed to pass.

Once again, I would characterize the 2003 legislative session as a successful one for the BME, its licensees and their patients, with a solid 2003-05 budget, the passage of favorable bills and failure of unfavorable ones. Much of this success is due to an outstanding Board and staff, all of whom went the extra mile to see that the process went smoothly and that lawmakers had adequate information with which to make difficult decisions. Those lawmakers and their able staff also worked diligently to help us serve the citizens of Oregon.

As 2003 draws to a close, I would like on behalf of the Board and staff to wish you all happy holiday seasons with your dear ones, and a happy and prosperous 2004. ■

## OREGON ADMINISTRATIVE RULES ADOPTED BY THE BOARD OF MEDICAL EXAMINERS

The Board at its July and October 2003 meetings adopted the following Oregon Administrative Rules (OAR):

### July 2003

**OAR 847-020-0190:** Makes rule OAR language compatible with the statutory language in the Oregon Medical Practice Act (ORS Chapter 677). Rule language is changed from "No applicant shallÉ" to "An applicant may notÉ" be entitled to licensure. The new rule language allows the Board discretion in licensure matters involving circumstances which could be possible grounds for denial, according to legal counsel.

**OAR 847-035-0030:** Allows EMTs-Intermediate (I) to administer morphine for pain management, subject to assigned standing orders from Board-licensed physicians.

**OARs 847-050-0005, OAR 847-050-0010, OAR 847-050-0023, OAR 847-0050-0025, OAR 847-050-0027 and OAR 847-050-0041:** Specifies that a supervising physician is licensed under ORS Chapter 677. Specifies the Physician Assistant National Certifying Examination (PANCE) as a specialty exam under Limited License, Postgraduate for PAs.

### October 2003

**OAR 847-005-0005:** Increases the physician assistant (PA) license renewal fee by \$50, to \$330 per biennium, but allows physician assistants unlimited supervising physician and practice description changes during the biennium.

**OAR 847-070-0038:** Makes changes in the Limited License, Visiting Professor application process for acupuncturists. The acupuncture applicant will submit a limited license applicant form and provide verification of education, acupuncture license, and identify (birth certificate), and a letter from the acupuncture school or program offering him/her a faculty position. Practice and teaching are limited to the school or program. ■



## Statement of Purpose

The *BME Report* is published to help promote medical excellence by providing current information about laws and issues affecting medical licensure and practice in Oregon.



*It's the law! You must notify the BME within 30 days of changing your practice address or mailing address. To help ensure that you receive your license renewals and other important information on time, call the BME for an address change form, or print the form from [www.bme.state.or.us/forms.html](http://www.bme.state.or.us/forms.html).*

## PHYSICIAN LICENSE RENEWAL REMINDER

The biennial license renewal process for M.D. and D.O. licenses is underway. Licensees who had not renewed their licenses by December 1, 2003 received reminder postcards, which served as their second and final notices by mail.

If the BME has not received license-renewal materials for individual licensees at its Portland office by the end of the working day Wednesday, December 31, the licenses will lapse. Licensees will then need to pay a late fee, in addition to the regular registration fee, to restore their licenses to their regular status. Licensees who received letters advising them of problems with their applications, they must resolve those problems before their licenses expire, to avoid lapses of their licenses. Licensees are also reminded that they may not practice with lapsed licenses

**Does the BME Have Your Current Address?** To ensure that you receive your license-renewal materials on time, please be sure we have your current address. If you have moved and your mail from the BME is being forwarded, or if you move between now and the time the license-renewal notices go out, please let us know immediately so that we may update our computer files. ■