

THE OREGON JURISPRUDENCE AND OREGON FORMULARY EXAMS
ARE OPEN BOOK EXAMS, BUT **DO REQUIRE REVIEW BEFORE** TAKING THEM
QUESTIONS ON BOTH EXAMINATIONS ARE MULTIPLE CHOICE

OREGON FORMULARY BLUEPRINT

(1½ hours is allowed for this examination)

Contraindications/indications, common dosage, and common side effects for the current Naturopathic Formulary.

The Formulary is found in the Oregon Administrative Rules (OAR) 850-060-0225 and 850-060-0226 (classifications) with the most current compendium as an attachment to the rules. The websites for these rules are:

www.oregon.gov/OBNM/rules/850-060-0225_1.pdf

www.oregon.gov/OBNM/rules/850-060-0226_1.pdf

Although this examination is open book, there is not enough time to look up every answer. You must review the formulary before taking this exam to pass. Not every resource book will have every drug listed.

*You may use the reference book of your choice for this exam, but you may use only one reference book. The most often used resource books are the Drug Information Handbook, Drugs Facts and Comparison, AHFS or PDR. Not all drugs or answers will be found in any one resource. You should choose the book that you feel the most comfortable working with. You are not limited by these choices, but you are limited to only one resource book during the examination. Laptops, palm-pilots, or other hand-held computers are not allowed. You will be given a copy of the most current compendium when you take the examination. **No other notes will be allowed.***



OREGON JURISPRUDENCE BLUEPRINT

(1 hour is allowed for this examination)

1. Reporting of communicable diseases / child abuse
2. Oregon Naturopathic Statutes - ORS 685
3. Naturopathic Administrative Rules - OAR 850

The mandatory reporting requirements of communicable diseases can be found at ORS Chapter 433.004 and OAR Chapter 333, Division 18. Laws on Reporting Child abuse can be found at ORS 419B.005 – 419B.015

The most emphasis will be on license requirements and restrictions, continuing education, grounds for discipline, and definitions. Statute and Rules are found at the following website link:

<http://www.oregon.gov/OBNM/ORSOAR.shtml>

You will be given a copy of the current statutes and rules to use during the exam. These will be the only documents allowed for use during this exam. You will not be allowed to use the handouts given on communicable diseases or the reporting thereof, only the statutes and rules. Once the exam is complete you will be allowed to keep these documents for your reference. It is suggested that applicants carefully read ORS 685 and OAR 850, review public health laws and know reportable communicable diseases. Although this is an open book examination, you need to review the statute and rules, and other materials given to you before taking the exams.

Oregon Revised Statute Chapter 433 on Mandatory Reporting of Communicable Diseases

433.004 Reportable diseases; duty to report; effect of failure to report; rules. (1) The Department of Human Services shall by rule:

- (a) Specify reportable diseases;
 - (b) Identify those categories of persons who must report reportable diseases and the circumstances under which the reports must be made;
 - (c) Prescribe the procedures and forms for making such reports and transmitting the reports to the department; and
 - (d) Prescribe measures for investigating the source and controlling reportable diseases.
- (2) Persons required under the rules to report reportable diseases shall do so by reporting to the local public health administrator. The local public health administrator shall transmit such

reports to the department.

(3) In addition to other grounds for which a state agency may exercise disciplinary action against its licensees or certificate holders, the substantial or repeated failure of a licensee or certificate holder to report when required to do so under subsection (2) of this section shall be cause for the exercise of any of the agency's disciplinary powers.

(4) Any person making a report under this section is immune from any civil or criminal liability that might otherwise be incurred or imposed with respect to the making of a report under this section or to the contents of the report. [1987 c.600 §3; 2007 c.445 §6a]

DIVISION 18 DISEASE REPORTING

333-018-0000

Who is Responsible for Reporting

- (1) Each Health Care Provider knowing of or attending a case or suspected case of any of the diseases, infections, or conditions listed in OAR 333-018-0015 shall report such cases as specified. Where no Health Care Provider is in attendance, any individual knowing of such a case shall report in a similar manner.
- (2) Each Health Care Facility, where more than one Health Care Provider may know or attend a case or suspected case, may establish administrative procedures to ensure that every case is reported without duplication.
- (3) Each Licensed Laboratory shall report test results as specified in OAR 333-018-0015(5). When more than one Licensed Laboratory is involved in testing a specimen, the laboratory that is responsible for reporting the test result directly to the Licensed Physician caring for the patient shall be responsible for reporting.

Stat. Auth.: ORS 431, ORS 432, ORS 433, ORS 434, ORS 437, ORS 616 & 624

Stats. Implemented:

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 29-1994, f. & cert. ef. 12-2-94; OHD 3-2002, f. & cert. ef. 3-4-02

333-018-0005

To Whom Reports Shall Be Made

- (1) In general, if the patient is an Oregon resident, reports shall be made to the Local Public Health Authority for the patient's place of residence.
- (2) With the consent of the Local Public Health Authority and the Department of Human Services (DHS), reports may be made directly to DHS (e.g., via electronic reporting).
- (3) In urgent situations when Local Public Health Authority staff are unavailable, case reports shall be made directly to DHS.
- (4) Where the case is not an Oregon resident, reports shall be made either to the patient's

Local Public Health Authority (if in another of the United States) or directly to DHS.

(5) Licensed Laboratories shall report directly to the DHS HIV Program:

(a) All tests indicative of and specific for HIV infection as required by OAR 333-018-0015;

(b) All CD4+ T-lymphocyte counts; and

(c) All HIV viral load tests.

Stat. Auth.: ORS 431.110, 433.001, 433.004, 433.006

Stats. Implemented: ORS 431.110, 433.001, 433.004, 433.006, 433.106

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 20-1985(Temp), f. & ef. 9-30-85; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 15-1988, f. 7-11-88, cert. ef. 9-1-88; HD 13-1990(Temp), f. 5-25-90, cert. ef. 8-1-90; HD 5-1991, f. 3-29-91, cert. ef. 4-1-91; HD 10-1991, f. & cert. ef. 7-23-91; HD 29-1994, f. & cert. ef. 12-2-94; OHD 22-2001, f. & cert. ef. 10-19-01; OHD 3-2002, f. & cert. ef. 3-4-02; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05; PH 1-2007, f. & cert. ef. 1-16-07

333-018-0010

Form of the Report

(1) Each report from a Health Care Provider shall include at least the identity, address, and telephone number of the person reporting and of the attending Licensed Physician, if any; the name of the person affected or ill, that person's current address, telephone number, and date of birth; the diagnosed or suspected disease, infection, or condition, and the date of illness onset.

(2) Each report from a Licensed Laboratory shall include at least the name and telephone number of the reporting laboratory; the name, age or date of birth, and county of residence of the person from whom the laboratory specimen was obtained; the date the specimen was obtained, the name, address and telephone number of that person's Health Care Provider; the name or description of the test, and the test result.

(3) All reports shall be made by telephone or by other means approved by the Local Public Health Authority, consistent with the needs for timely reporting as provided in OAR 333-018-0015.

(4) Upon request, Health Care Providers and Licensed Laboratories shall provide to any Local Public Health Authority or DHS public

health official additional information of relevance to the investigation or control of reportable diseases or conditions (e.g., reported signs and symptoms, laboratory test results (including negative results), potential exposures, contacts, and clinical outcomes).

Stat. Auth.: ORS 431, 432, 433.001, 433.004, 433.006, 433.235 - 433.280, 437, 616 & 624

Stats. Implemented: ORS 431, 432, 433.001, 433.004, 433.006, 433.012, 433.106, 433.110, 433.130, 433.235 - 433.280, 437, 616 & 624

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 13-1990(Temp), f. 5-25-90, cert. ef. 8-1-90; HD 5-1991, f. 3-29-91, cert. ef. 4-1-91; HD 10-1991, f. & cert. ef. 7-23-91; HD 29-1994, f. & cert. ef. 12-2-94; OHD 3-2002, f. & cert. ef. 3-4-02; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05

333-018-0015

What Is to Be Reported and When

(1) Health care providers shall report all cases or suspected cases of the diseases, infections, microorganisms, and conditions specified below. The timing of health care provider reports is specified to reflect the severity of the illness or condition and the potential value of rapid intervention by public health agencies.

(2) When local public health authorities cannot be reached within the specified time limits, reports shall be made directly to DHS, which shall maintain an around-the-clock public health consultation service.

(3) Licensed laboratories shall report all test results indicative of and specific for the diseases, infections, microorganisms, and conditions specified below. Such tests include but are not limited to: microbiological culture, isolation, or identification; assays for specific antibodies; and identification of specific antigens, toxins, or nucleic acid sequences.

(4) Reportable diseases, infections, microorganisms, and conditions, and the time frames within which they must be reported are as follows:

(a) Immediately, day or night: *Bacillus anthracis* (anthrax); *Clostridium botulinum* (botulism); *Corynebacterium diphtheriae* (diphtheria); *Severe Acute Respiratory Syndrome* (SARS) and infection by SARS-coronavirus; *Yersinia pestis* (plague); intoxication caused by marine microorganisms

or their byproducts (for example, paralytic shellfish poisoning, domoic acid intoxication, ciguatera, scombroid); any known or suspected common-source outbreaks; any uncommon illness of potential public health significance.

(b) Within 24 hours (including weekends and holidays): *Haemophilus influenzae* (any invasive disease; for laboratories, any isolation or identification from a normally sterile site); measles (rubeola); *Neisseria meningitidis* (any invasive disease; for laboratories, any isolation or identification from a normally sterile site); pesticide poisoning; poliomyelitis; rabies (human or animal); rubella; and *Vibrio* (all species).

(c) Within one local public health authority working day: *Bordetella pertussis* (pertussis); *Borrelia* (relapsing fever, Lyme disease); *Brucella* (brucellosis); *Campylobacter* (campylobacteriosis); *Chlamydia* (*Chlamydia psittaci* (psittacosis); *Chlamydia trachomatis* (chlamydiosis; lymphogranuloma venereum); *Clostridium tetani* (tetanus); *Coxiella burnetii* (Q fever); Creutzfeldt-Jakob disease and other transmissible spongiform encephalopathies; *Cryptosporidium* (cryptosporidiosis); *Cyclospora cayentanensis* (cyclosporiasis); *Escherichia coli* (Shiga-toxigenic, including *E. coli* O157 and other serogroups); *Francisella tularensis* (tularemia); *Giardia* (giardiasis); *Haemophilus ducreyi* (chancroid); *hantavirus*; hepatitis A; *hepatitis B* (acute or chronic infection); *hepatitis C*; *hepatitis D* (delta); *HIV infection* (does not apply to anonymous testing) and AIDS; *Legionella* (legionellosis); *Leptospira* (leptospirosis); *Listeria monocytogenes* (listeriosis); *mumps*; *Mycobacterium tuberculosis* and *M. bovis* (tuberculosis); *Neisseria gonorrhoeae* (gonococcal infections); *pelvic inflammatory disease* (acute, non-gonococcal); *Plasmodium* (malaria); *Rickettsia* (all species: Rocky Mountain spotted fever, typhus, others); *Salmonella* (salmonellosis, including typhoid); *Shigella* (shigellosis); *Taenia solium* (including cysticercosis and undifferentiated *Taenia* infections); *Treponema pallidum* (syphilis); *Trichinella* (trichinosis); *Yersinia* (other than pestis); any infection that is typically arthropod vector-borne (for example: Western equine encephalitis, Eastern equine

encephalitis, St. Louis encephalitis, dengue, West Nile fever, yellow fever, California encephalitis, ehrlichiosis, babesiosis, Kyasanur Forest disease, Colorado tick fever, etc.); human bites by any other mammal; and hemolytic uremic syndrome.

(d) Within seven days: suspected lead poisoning (for laboratories; this includes all blood lead tests performed on persons with suspected lead poisoning).

(5) Licensed laboratories shall report, within seven days, the results of all tests of CD4+ T-lymphocyte absolute counts and the percent of total lymphocytes that are CD4 positive, and HIV nucleic acid (viral load) tests.

Stat. Auth.: ORS 433.004, 433.006

Stats. Implemented: ORS 431.110, 432.060, 433.001, 433.004, 433.006, 433.012, 433.110, 433.019, 433.130, 437.010-437.990, 616.745, 624.080

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 20-1985(Temp), f. & ef. 9-30-85; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 15-1988, f. 7-11-88, cert. ef. 9-1-88; HD 13-1990(Temp), f. 5-25-90, cert. ef. 8-1-90; HD 5-1991, f. 3-29-91, cert. ef. 4-1-91; HD 10-1991, f. & cert. ef. 7-23-91; HD 9-1992, f. & cert. ef. 8-14-92; HD 29-1994, f. & cert. ef. 12-2-94; OHD 22-2001, f. & cert. ef. 10-19-01; OHD 3-2002, f. & cert. ef. 3-4-02; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05; PH 7-2006, f. & cert. ef. 4-17-06; PH 13-2006(Temp), f. 6-27-06, cert. ef. 7-1-06 thru 12-27-06; PH 19-2006, f. & cert. ef. 9-13-06; PH 11-2007(Temp), f. & cert. ef. 8-22-07 thru 2-18-08; PH 13-2007, f. & cert. ef. 11-7-07

333-018-0018

Submission of Isolates to the Public Health Laboratory

Licensed Laboratories are required to forward aliquots or subcultures of the following to the Oregon State Public Health Laboratory:

- (1) Suspected *Neisseria meningitidis* and *Haemophilus influenzae* from normally sterile sites.
- (2) Suspected Shiga-toxigenic *Escherichia coli* (STEC), including *E. coli* O157, *Salmonella spp.*, *Shigella spp.*, *Vibrio spp.*, *Listeria spp.*, *Yersinia spp.*, and *Mycobacterium tuberculosis*.
- (3) Serum that tests positive for IgM antibody to hepatitis A virus.

(4) Serum that tests positive for IgM core antibody to hepatitis B virus.
Stat. Auth.: ORS 438
Stats. Implemented: ORS 438.310
Hist.: HB 248, f. 6-30-70, ef. 7-25-70; HD 28-1988, f. & cert. ef. 12-7-88; HD 20-1994, f. & cert. ef. 7-20-94; HD 6-1995, f. & cert. ef. 9-13-95; OHD 11-2001, f. & cert. ef. 5-16-01, Renumbered from 333-024-0050(5); OHD 3-2002, f. & cert. ef. 3-4-02; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05; PH 28-2006, f. 11-30-06, cert. ef. 12-18-06

333-018-0020

Handling of Reports by Local Public Health Authorities

(1) The Local Public Health Authority shall notify the DHS immediately of any reported cases of the following diseases and conditions: anthrax, botulism (foodborne), cholera, diphtheria, marine intoxications, measles, Pesticide Poisoning, plague, poliomyelitis, rabies; any Uncommon Illness of Potential Public Health Significance; any Outbreak of disease.

(2) For other diseases, the Local Public Health Authority shall notify the DHS no later than the end of each business week of all cases reported during that week except animal bites that have been investigated by the Local Public Health Authority need not be reported to DHS. Reports shall be sent by fax or other means approved by DHS, in a format approved by DHS.

Stat. Auth.: ORS 431, ORS 432, ORS 433, ORS 434, ORS 437, ORS 616 & 624

Stats. Implemented:

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 12-1983, f. & ef. 8-1-83; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 29-1994, f. & cert. ef. 12-2-94; OHD 3-2002, f. & cert. ef. 3-4-02

333-018-0030

Laboratory Reporting of HIV Testing Activity

(1) Licensed laboratories shall report to the Department of Human Services (DHS), on a quarterly basis beginning March 1, 2007, a summary of the number of individuals tested and the number with HIV-positive test results:

(a) Laboratories shall report test results separately for males and females within the following age groups:

(A) <5 years;

(B) 5-12 years;
(C) 13-19 years;
(D) 20-29 years;
(E) 30-39 years;
(F) 40-49 years;
(G) 50-64 years; and
(H) ≥65 years.

(b) This report shall also identify the test type used to identify positives and negatives.

(c) Reports shall be submitted via electronic means in comma separated or other format mutually agreeable to DHS and reporting laboratory.

(d) Such reporting shall be on a statistical basis only and shall not otherwise identify individuals.

(2) Blood banks, plasma centers, sperm banks, anatomical gift services and insurance companies shall report to DHS, on a quarterly basis beginning March 1, 2007, a summary of the number of individuals HIV tested during the three previous months, the number with HIV-positive test results, and the number with negative results:

(a) For insurance companies, this requirement applies to all tests performed at the request of the company for insurance eligibility purposes.

(b) This report shall also identify the test system used to identify positives and negatives.

(c) Such reporting shall be on a statistical basis only and shall not identify individuals.

NOTE: Specific rules regarding informed consent for HIV testing and confidentiality of HIV test results may be found in OAR 333-012-0265 and 333-012-2700.

Stat. Auth.: ORS 431.110, 433.001, 433.004

Stats. Implemented: ORS 431.110, 433.001, 433.004

Hist.: HD 15-1988, f. 7-11-88, cert. ef. 9-1-88; HD 6-1990(Temp), f. 2-22-90, cert. ef. 3-1-90; HD 16-1991, f. & cert. ef. 10-10-91; HD 10-1994(Temp), f. & cert. ef. 4-8-94; HD 29-1994, f. & cert. ef. 12-2-94; OHD 22-2001, f. & cert. ef. 10-19-01; OHD 3-2002, f. & cert. ef. 3-4-02; PH 19-2005(Temp), f. 12-30-05, cert. ef. 1-1-06 thru 6-29-06; PH 6-2006, f. & cert. ef. 4-17-06; PH 1-2007, f. & cert. ef. 1-16-07

333-018-0035

Procedures Involving Emergency Response Employees

(1) Each person or local government employing persons to render emergency care shall designate a contact person or "designated officer" to receive reports from the Local Public Health Authority made under ORS 433.006. The employer shall assure that the designated officer has sufficient training to carry out the duties as described below, which shall include appropriate procedures for follow-up after occupational exposures to specific diseases as specified below in section (2) and section (6).

(2) Sections (3)–(5) apply only to the following subset of reportable diseases: meningococcal disease, infectious pulmonary or laryngeal tuberculosis, diphtheria, plague (*Yersinia pestis*), rabies, hemorrhagic fevers (e.g., Lassa, Marburg, and Ebola).

(3) Health Care Providers and Health Care Facilities shall, when reporting this subset of diseases, determine and include as part of their report whether or not an emergency care provider was involved in pre-hospital care for this disease.

(4) Health Care Providers and Facilities shall report to the Local Public Health Authority and may relay the diagnosis of these diseases directly to the emergency care providers or the designated officer specified below in section (5), but shall not disclose the identity or addresses of the person having the disease or otherwise refer specifically to the person.

(5) Upon receiving a report of a reportable disease as defined in section (2) above, the designated officer shall notify all out-of-hospital caregivers, including but not limited to: first responders, emergency medical technicians, paramedics, firefighters, law enforcement

officers, corrections officers, probation officers, or other current or former personnel of the employer who may have been exposed to the reportable disease. The designated officer shall inform the personnel only of the reportable disease and the fact of possible exposure and the appropriate follow-up procedures. The designated officer shall not inform the personnel of the identity or addresses of the individual having the reportable disease or otherwise refer specifically to the individual having the reportable disease.

(6) In the event of an occupational exposure to a bloodborne pathogen as defined by ORS 433.060(8), the designated officer shall also assist the exposed worker as defined in ORS 433.060(11) in implementing the provisions of ORS 433.065 through ORS 433.080 and associated DHS rules (333-012-0260 through 333-012-0270). These rules include provisions for determining HIV, hepatitis B and C status of the source patient and soliciting HIV testing after an occupational exposure.

Stat. Auth.: ORS 433.045 - ORS 433.080 & ORS 431.110(1)(e)

Stats. Implemented: ORS 433.006 & ORS 433.065

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 12-1983, f. & ef. 8-1-83; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 29-1994, f. & cert. ef. 12-2-94; HD 8-1997, f. & cert. ef. 6-26-97; OHD 15-2001, f. & cert. ef. 7-12-01, Renumbered from 333-018-0023; OHD 3-2002, f. & cert. ef. 3-4-02

Oregon Revised Statute Chapter 419b on Reporting Of Child Abuse

419B.005 Definitions. As used in ORS 419B.005 to 419B.050, unless the context requires otherwise:

(1)(a) "Abuse" means:

(A) Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child which has been caused by other than accidental means, including any injury which appears to be

at variance with the explanation given of the injury.

(B) Any mental injury to a child, which shall include only observable and substantial impairment of the child's mental or psychological ability to function caused by cruelty to the child, with due regard to the culture of the child.

(C) Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration and incest, as those acts are defined in ORS chapter 163.

(D) Sexual abuse, as defined in ORS chapter 163.

(E) Sexual exploitation, including but not limited to:

(i) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct which allows, employs, authorizes, permits, induces or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording or other exhibition which, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct which is part of any investigation conducted pursuant to ORS 419B.020 or which is designed to serve educational or other legitimate purposes; and

(ii) Allowing, permitting, encouraging or hiring a child to engage in prostitution, as defined in ORS chapter 167.

(F) Negligent treatment or maltreatment of a child, including but not limited to the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the health or welfare of the child.

(G) Threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare.

(H) Buying or selling a person under 18 years of age as described in ORS 163.537.

(I) Permitting a person under 18 years of age to enter or remain in or upon premises where methamphetamines are being manufactured.

(J) Unlawful exposure to a controlled substance, as defined in ORS 475.005, that subjects a child to a substantial risk of harm to the child's health or safety.

(b) "Abuse" does not include reasonable discipline unless the discipline results in one of the conditions described in paragraph (a) of this subsection.

(2) "Child" means an unmarried person who is under 18 years of age.

(3) "Public or private official" means:

(a) Physician, including any intern or

resident.

(b) Dentist.

(c) School employee.

(d) Licensed practical nurse or registered nurse.

(e) Employee of the Department of Human Services, State Commission on Children and Families, Child Care Division of the Employment Department, the Oregon Youth Authority, a county health department, a community mental health and developmental disabilities program, a county juvenile department, a licensed child-caring agency or an alcohol and drug treatment program.

(f) Peace officer.

(g) Psychologist.

(h) Member of the clergy.

(i) Licensed clinical social worker.

(j) Optometrist.

(k) Chiropractor.

(L) Certified provider of foster care, or an employee thereof.

(m) Attorney.

(n) Naturopathic physician.

(o) Licensed professional counselor.

(p) Licensed marriage and family therapist.

(q) Firefighter or emergency medical technician.

(r) A court appointed special advocate, as defined in ORS 419A.004.

(s) A child care provider registered or certified under ORS 657A.030 and 657A.250 to 657A.450.

(t) Member of the Legislative Assembly.

(4) "Law enforcement agency" means:

(a) Any city or municipal police department.

(b) Any county sheriff's office.

(c) The Oregon State Police.

(d) A county juvenile department. [1993 c.546 §12; 1993 c.622 §1a; 1995 c.278 §50; 1995 c.766 §1; 1997 c.127 §1; 1997 c.561 §3; 1997 c.703 §3; 1997 c.873 §30; 1999 c.743 §22; 1999 c.954 §4; 2001 c.104 §148; 2003 c.191 §1; 2005 c.562 §26; 2005 c.708 §4]

419B.007 Policy. The Legislative Assembly finds that for the purpose of facilitating the use of protective social services to prevent further abuse, safeguard and enhance the welfare of abused children, and preserve family life when consistent with the protection of the child by

stabilizing the family and improving parental capacity, it is necessary and in the public interest to require mandatory reports and investigations of abuse of children and to encourage voluntary reports. [1993 c.546 §13]

419B.010 Duty of officials to report child abuse; exceptions; penalty. (1) Any public or private official having reasonable cause to believe that any child with whom the official comes in contact has suffered abuse or that any person with whom the official comes in contact has abused a child shall immediately report or cause a report to be made in the manner required in ORS 419B.015. Nothing contained in ORS 40.225 to 40.295 or 419B.234 (6) affects the duty to report imposed by this section, except that a psychiatrist, psychologist, member of the clergy, attorney or guardian ad litem appointed under ORS 419B.231 is not required to report such information communicated by a person if the communication is privileged under ORS 40.225 to 40.295 or 419B.234 (6). An attorney is not required to make a report under this section by reason of information communicated to the attorney in the course of representing a client if disclosure of the information would be detrimental to the client.

(2) Notwithstanding subsection (1) of this section, a report need not be made under this section if the public or private official acquires information relating to abuse by reason of a report made under this section, or by reason of a proceeding arising out of a report made under this section, and the public or private official reasonably believes that the information is already known by a law enforcement agency or the Department of Human Services.

(3) A person who violates subsection (1) of this section commits a Class A violation. Prosecution under this subsection shall be commenced at any time within 18 months after commission of the offense. [1993 c.546 §14; 1999 c.1051 §180; 2001 c.104 §149; 2001 c.904 §15; 2005 c.450 §7]

419B.015 Report form and content; notice. (1)(a) A person making a report of child abuse, whether the report is made voluntarily or is required by ORS 419B.010, shall make an

oral report by telephone or otherwise to the local office of the Department of Human Services, to the designee of the department or to a law enforcement agency within the county where the person making the report is located at the time of the contact. The report shall contain, if known, the names and addresses of the child and the parents of the child or other persons responsible for care of the child, the child's age, the nature and extent of the abuse, including any evidence of previous abuse, the explanation given for the abuse and any other information that the person making the report believes might be helpful in establishing the cause of the abuse and the identity of the perpetrator.

(b) When a report of child abuse is received by the department, the department shall notify a law enforcement agency within the county where the report was made. When a report of child abuse is received by a designee of the department, the designee shall notify, according to the contract, either the department or a law enforcement agency within the county where the report was made. When a report of child abuse is received by a law enforcement agency, the agency shall notify the local office of the department within the county where the report was made.

(2) When a report of child abuse is received under subsection (1)(a) of this section, the entity receiving the report shall make the notification required by subsection (1)(b) of this section according to rules adopted by the department under ORS 419B.017.

(3)(a) When a report alleging that a child or ward in substitute care may have been subjected to abuse is received by the department, the department shall notify the attorney for the child or ward, the child's or ward's court appointed special advocate, the parents of the child or ward and any attorney representing a parent of the child or ward that a report has been received.

(b) The name and address of and other identifying information about the person who made the report may not be disclosed under this subsection. Any person or entity to whom notification is made under this subsection may not release any information not authorized by this subsection.

(c) The department shall make the notification required by this subsection within

three business days of receiving the report of abuse.

(d) Notwithstanding the obligation imposed by this subsection, the department is not required under this subsection to notify the parent or parent's attorney that a report of abuse

has been received if the notification may interfere with an investigation or assessment or jeopardize the child's or ward's safety. [1993 c.546 §15; 1993 c.734 §1a; 2005 c.250 §1; 2007 c.237 §1]

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