



Oregon

Board of Medical Examiners

620 Crown Plaza
1500 SW First Avenue
Portland, OR 97201-5826
(503) 229-5770
FAX (503) 229-6543

TO: Physicians and Physician Assistants Interested in Registering with the Board for Limitation on Liability for Donated Services

FROM: Oregon Board of Medical Examiners

REGARDING: **LIABILITY CAP FOR DONATED SERVICES**

House Bill 2554, passed by the 1999 Legislature, limits the liability of Oregon-licensed physicians, physician assistants, and certain other health professionals for injury, death, or other loss that may arise from services they provide without compensation. These health professionals are liable only when such loss results from gross negligence on their part, provided they have met the following prior conditions:

1. The physician or physician assistant is registered with the Board of Medical Examiners as a provider of health care services without compensation and who wishes to claim the liability limitation provided by HB 2554.
2. The patient, or a person who has authority under law to make decisions for the patient, signs a statement notifying the patient that the health care services are provided without compensation and that the practitioner is liable only to the extent provided by the new law. This statement must be signed prior to receiving the services.
3. The practitioner receives the informed consent of the patient or the person who has authority under law to make health care decisions for the patient prior to providing the health care services.
4. The practitioner provides health care services without compensation, except for reimbursement for laboratory fees, testing services, and other out-of-pocket expenses.

There is no charge by the Board of Medical Examiners for registration in this program, which must be renewed annually. However, to keep expenses down, the Board will not send renewal notices. Participating physicians and physician assistants will be responsible for updating their own registration each year.

Also included in this registration packet is the registration form to be completed and returned to the Board, and the Notification of Health Care Services Provided without Compensation and Limitation of Physician Liability form. Please make a copy of the blank registration form so that you can submit it to register next year, and make copies of the notification of health care services form for your patients to sign. You may contact the Oregon Medical Association at 503-226-1515 for additional copies of the notification of health care services form.

If you have any questions, please contact the Board at 503-229-5770.

Oregon Board of Medical Examiners
1500 SW 1st Ave., Suite 620
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Received by the BME: _____

**REGISTRATION FOR LIABILITY LIMITATION FOR PHYSICIANS AND
PHYSICIAN ASSISTANTS - ORS 771 (House Bill 2554)**

This registration is valid for one year from the date it is received by the Board. Registration must be renewed annually. If you wish to renew this registration, please request a new registration form and submit it to the Board two weeks prior to the expiration date.

| | | | |
|-------------------------|------------|----------------|----------|
| _____ | | | |
| Last Name | First Name | Middle Initial | MD/DO/PA |
| _____ | | | |
| Practice Street Address | | | |
| _____ | | | |
| City | State | Zip | |
| _____ | | | |
| Practice Phone Number | | License Number | |

Per ORS 676.340 and 676.345, a physician (MD/DO) or physician assistant (PA) who is registered with the Oregon Board of Medical Examiners and who provides health care services without compensation is not liable for any injury, death or other loss arising out of the provision of those services, unless the injury, death or other loss results from the gross negligence of the physician or physician assistant.

By registering with the Board, I agree to the following:

- I will provide health care services to patients without compensation that are within the scope of my license, except for reimbursement for laboratory fees, testing services and other out-of-pocket expenses;
- I will provide the patient, or person authorized under law to make health care decisions for the patient, with a statement notifying the patient that my health services are provided without compensation, and that I may be held liable for death, injury or other loss only if the injury, death or other loss results from gross negligence. The patient must sign a Notification of Health Care Services Provided Without Compensation and Limitation of Physician Liability form (attached) prior to health care services being provided.
- I will obtain the patient's informed consent for the health care services before providing the services, or receive the informed consent of a person who has authority under law to make health care decisions for the patient.

Licensee's Signature

Date

**NOTIFICATION OF HEALTH CARE SERVICES PROVIDED WITHOUT
COMPENSATION AND LIMITATION OF PHYSICIAN LIABILITY**

Check one:

I am a patient of: _____
(Physician's Name)

I am a person who has the authority under law to make health care
decisions for: _____
(Patient's name)

My doctor is providing me with health care services free of charge. However, I may be required to pay my doctor for laboratory fees, testing services, or other out-of-pocket expenses. In cases where my doctor is providing the services at a health clinic, I may also be required to pay the clinic a fee for my doctor's services. However, my doctor will not be paid for providing these services.

Because I am getting this care free of charge, I understand and agree that my doctor is not liable for any injury, death, or other loss arising out of giving me these health care services unless the injury, death, or other loss is caused by my doctor's gross negligence.

My doctor gave me this notice and I signed it before receiving any health care services. Additionally, I have given my informed consent to receiving health care services from my doctor.

Patient's Signature Date

Patient's Name

Signature of Patient's authorized representative (if necessary)