



INSTRUCTIONS FOR HEALTH CARE CLINIC CHANGE OF MEDICAL OR CLINIC DIRECTOR FORM

COMPLETE APPLICATION FORM

Part I. Enter the clinic name, complete address, telephone and FAX number of the clinic.

Part II. Enter the name of the previous Medical or Clinic Director, DOH license number, and the last date of affiliation as Medical/Clinic Director.

Part III. Check Medical Director or Clinic Director (CHECK ONLY ONE).

Enter the name of the new Medical or Clinic Director, DOH License Number, first date of affiliation as Medical/Clinic Director, complete residence address and telephone number, complete business address and telephone number.

Part IV. Medical/Clinic Director shall list all licensed health care clinics for which he/she is medical/clinic director under s. 400.9905 (5), F.S. (Attach additional sheets, if necessary).

Part V. The new Medical or Clinic Director **and** an authorized representative of the clinic must sign the form. The Medical or Clinic Director is affirming that he or she has agreed in writing to accept legal responsibility for the activities on behalf of the clinic as specified in Chapter 400.9935, F.S., Clinic Responsibilities.

Part VI. Enter the name and Social Security Number of the new Medical or Clinic Director. [*The SSN# is required to determine compliance with Level 2 background screening & is not disclosed as a public record.*]

ATTACHMENTS TO APPLICATION

- Copy of current Health Care Clinic License.
- Copy of Practitioner's license issued by the Department of Health.
- Submit a fingerprint card with the \$43.25 per card processing fee, payable to the Agency for Health Care Administration. Fingerprint cards may be requested from the AHCA Health Care Clinic Unit at (850) 412-4404.

Faxes will not be accepted for processing. Mail forms and attachments to: AHCA-Health Care Clinic Unit, 2727 Mahan Drive, MS 53, Tallahassee, Florida, 32308

REFERENCES:

Who may serve as a "Medical Director": (5) "Medical director" means a physician who is employed or under contract with a clinic and who maintains a full and unencumbered physician license in accordance with chapter 458 [Medical Physician, MD], chapter 459 [Osteopathic Physician, D.O.], chapter 460 [Chiropractic, D.C.], or chapter 461 [Podiatry, D.P.M.].

Who may serve as a "Clinic Director": However, if the clinic does not provide services pursuant to the respective physician practices acts listed in this subsection, it may appoint a **Florida-licensed health care practitioner** who does not provide services pursuant to the respective physician practices acts listed in this subsection to serve as a clinic director who is responsible for the clinic's activities. A health care practitioner may not serve as the clinic director if the services provided at the clinic are beyond the scope of that practitioner's license, except that a licensee specified in s. 456.053(3)(b) [PT, OT & SP] who provides only services authorized pursuant to s. 456.053(3)(b) may serve as clinic director of an entity providing services as specified in s. 456.053(3)(b).

Health care practitioner [456.001 (4), F.S.] means any person licensed under chapter 457 [Acupuncture]; chapter 458 [Medical Practitioners]; chapter 459 [Osteopathy]; chapter 460 [Chiropractic]; chapter 461 [Podiatry]; chapter 462 [Naturopathy]; chapter 463 [Optometry]; chapter 464 [Nursing]; chapter 465 [Pharmacy]; chapter 466 [Dentistry]; chapter 467 [Midwifery]; part I [Speech-Language Pathology and Audiology], part II [Nursing Home Administration], part III [Occupational Therapy], part V [Respiratory Therapist], part X [Dietetic and Nutrition], part XIII [Athletic Trainers], or part XIV [Orthotics, Prosthetics and Pedorthics] of chapter 468; chapter 478 [Electrolysis]; chapter 480 [Massage Therapy]; part III [Clinical Laboratory Personnel] or part IV [Medical Physicists] of chapter 483; chapter 484 [Optical Devices and Hearing Aids]; chapter 486 [Physical Therapy]; chapter 490 [Psychology]; or chapter 491 [Clinical Counseling].

DUTIES OF MEDICAL/CLINIC DIRECTOR PURSUANT TO S. 400.9935 (1)(a)-(g), (2), (3), F.S., CLINIC RESPONSIBILITIES:

(1) Each clinic shall appoint a medical director or clinic director who shall agree in writing to accept legal responsibility for the following activities on behalf of the clinic. The medical director or the clinic director shall:

(a) Have signs identifying the medical director or clinic director posted in a conspicuous location within the clinic readily visible to all patients.

(b) Ensure that all practitioners providing health care services or supplies to patients maintain a current active and unencumbered Florida license.

(c) Review any patient referral contracts or agreements executed by the clinic.

(d) Ensure that all health care practitioners at the clinic have active appropriate certification or licensure for the level of care being provided.

(e) Serve as the clinic records owner as defined in s. 456.057.

(f) Ensure compliance with the recordkeeping, office surgery, and adverse incident reporting requirements of chapter 456, the respective practice acts, and rules adopted under this part.

(g) Conduct systematic reviews of clinic billings to ensure that the billings are not fraudulent or unlawful. Upon discovery of an unlawful charge, the medical director or clinic director shall take immediate corrective action. If the clinic performs only the technical component of magnetic resonance imaging, static radiographs, computed tomography, or positron emission tomography, and provides the professional interpretation of such services, in a fixed facility that is accredited by the Joint Commission on Accreditation of Healthcare Organizations or the Accreditation Association for Ambulatory Health Care, and the American College of Radiology; and if, in the preceding quarter, the percentage of scans performed by that clinic which was billed to all personal injury protection insurance carriers was less than 15 percent, the chief financial officer of the clinic may, in a written acknowledgment provided to the agency, assume the responsibility for the conduct of the systematic reviews of clinic billings to ensure that the billings are not fraudulent or unlawful.

(2) Any business that becomes a clinic after commencing operations must, within 5 days after becoming a clinic, file a license application under this part and shall be subject to all provisions of this part applicable to a clinic.

(3) Any contract to serve as a medical director or a clinic director entered into or renewed by a physician or a licensed health care practitioner in violation of this part is void as contrary to public policy. This subsection shall apply to contracts entered into or renewed on or after March 1, 2004.

Refer to Administrative Rule 59A-33.008 - Medical or Clinic Director.



**HEALTH CARE CLINIC
CHANGE OF MEDICAL OR CLINIC DIRECTOR FORM**

You must report a change of Medical or Clinic Director. Pursuant to s. 400.9915, F.S. (3), "failure by a clinic to employ a qualified medical or clinic director constitutes a ground for emergency suspension of the license by the agency pursuant to s. 120.60(6)."

Refer to the instructions before completing this form. Faxes will NOT be accepted for processing.

I. CLINIC INFORMATION

Name of Clinic _____ HCC License Number _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ FAX Number _____

II. PREVIOUS MEDICAL OR CLINIC DIRECTOR

Name of Previous Medical or Clinic Director: _____

DOH License Number: _____ Last Date of Affiliation as Medical/Clinic Director: _____

III. NEW MEDICAL OR CLINIC DIRECTOR INFORMATION (See Instructions - References)

Check One: **MEDICAL DIRECTOR** **CLINIC DIRECTOR**

Name: _____ DOH License Number: _____
(Attach a copy of the license)

Effective Date of Affiliation as Medical/Clinic Director: _____

Residence Address (Street, City, State, Zip) _____ Residence Telephone Number _____

Business Address (Street, City, State, Zip) _____ Business Telephone Number _____

IV. LIST OF LICENSED HEALTH CARE CLINICS CURRENTLY SUPERVISED BY NEW MEDICAL/CLINIC DIRECTOR:
(Attach additional sheets if necessary)

Name of Clinic	Address (Street, City, & Zip)	HCC License No.

V. SIGNATURE

I affirm that I have read s. 400.9935, F.S., Clinic Responsibilities and FAC 59A-33.008, and agree in writing as the director of the clinic named on this form to accept legal responsibility for the activities on behalf of the clinic set out in 400.9935, F.S.

Signature of New Medical or Clinic Director

Print Name of New Medical or Clinic Director

Date

Signature of Authorized Representative of Clinic

Print Name of Authorized Representative of Clinic

Date

CONTINUES ON NEXT PAGE

VI. CHANGE OF MEDICAL OR CLINIC DIRECTOR - ADDENDUM TO THE FORM

Name and Social Security Number of New Medical or Clinic Director
(SS# may not be disclosed as a public record)

Name: _____

Social Security Number: _____

As provided in section 119.0721, Florida Statutes, information on this attachment will not be included in the public record maintained for this Health Care Clinic by the Agency for Health Care Administration.

Please mail form and required attachments to:

AHCA - Health Care Clinic Unit
2727 Mahan Drive, MS 53
Tallahassee, Florida 32308

PLEASE KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS