



TO: Oregon Medical Board Licensees Registering for Limitation on Liability
RE: **Liability Limitation for Volunteer Services**

Oregon Revised Statutes 676.340 and 676.345 limit the liability of Oregon licensed physicians, physician assistants, acupuncturists, and certain other health care practitioners from injury, death, or other loss that may arise from services they provide without compensation. These health care practitioners are liable only when such loss results from gross negligence on their part, provided they have met the following prior conditions:

1. The physician, physician assistant, or acupuncturist is registered with the Oregon Medical Board as a provider of health care services without compensation who wishes to claim the liability limitation provided by ORS 676.340 and 676.345.
2. The patient, or a person who has authority under law to make decisions for the patient, signs a statement acknowledging that the health care services are provided without compensation and that the practitioner is liable only to the extent provided by the law. The *Notification of Health Care Services Provided Without Compensation and Limitation of Liability* form (page 4 English, page 5 Spanish) must be signed prior to receiving health care 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 Oregon Medical Board for this program. Liability Limitation registration expires with a practitioner's license and must be renewed with each subsequent license renewal. However, to keep expenses down, the Board will not send renewal notices. Participating practitioners will be responsible for updating their own registration, which may be completed with a license renewal or by submitting a registration form to the Board.

Registration for the program must be approved by the Board and the *Notification of Health Care Services Provided Without Compensation and Limitation of Liability* form to be signed by the patient prior to providing health care services.

If you have any questions, please contact the Oregon Medical Board at 971-673-2700 or info@omb.oregon.gov.



Limitations on liability of health practitioners providing health care services without compensation

Below are portions of the Oregon Revised Statutes governing limitations on liability of health care practitioners providing health care services without compensation, and the registration program for health practitioners claiming liability limitation.

676.340 Limitations on liability of health practitioners providing health care services without compensation; requirements; exceptions; attorney fees; applicability.

(1) Notwithstanding any other provision of law, a health practitioner described in subsection (7) of this section who has registered under ORS 676.345 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 health practitioner.

(2) A health practitioner may claim the limitation on liability provided by this section only if the patient receiving health care services, or a person who has authority under law to make health care decisions for the patient, signs a statement that notifies the patient that the health care services are provided without compensation and that the health practitioner may be held liable for death, injury or other loss only to the extent provided by this section. The statement required under this subsection must be signed before the health care services are provided.

(3) A health practitioner may claim the limitation on liability provided by this section only if the health practitioner obtains the patient's informed consent for the health care services before providing the services, or receives the informed consent of a person who has authority under law to make health care decisions for the patient.

(4) A health practitioner provides health care services without compensation for the purposes of subsection (1) of this section even though the practitioner requires payment of laboratory fees, testing services and other out-of-pocket expenses.

(5) A health practitioner provides health care services without compensation for the purposes of subsection (1) of this section even though the practitioner provides services at a health clinic that receives compensation from the patient, as long as the health practitioner does not personally receive compensation for the services.

(6) In any civil action in which a health practitioner prevails based on the limitation on liability provided by this section, the court shall award all reasonable attorney fees incurred by the health practitioner in defending the action.

(7) This section applies only to:

- (a) A physician licensed under ORS chapter 677;
- (b) A nurse licensed under ORS 678.040 to 678.101;
- (c) A nurse practitioner licensed under ORS 678.375 to 678.390;
- (d) A clinical nurse specialist certified under ORS 678.370 and 678.372;
- (e) A physician assistant licensed under ORS

677.505 to 677.525;

- (f) A dental hygienist licensed under ORS 680.010 to 680.205;
- (g) A dentist licensed under ORS 679.060 to 679.180;
- (h) A pharmacist licensed under ORS chapter 689; and
- (i) An optometrist licensed under ORS chapter 683
- (j) A naturopathic physician licensed under ORS chapter 574; and
- (k) An acupuncturist licensed under ORS 677.757 to 677.770.

676.345 Registration program for health care professionals claiming liability limitation; program requirements.

(1) A health practitioner described in ORS 676.340 (7) may claim the liability limitation provided by ORS 676.340 only if the health practitioner has registered with a health professional regulatory board in the manner provided by this section. Registration under this section must be made:

- (a) By a physician, physician assistant, or acupuncturist with the Oregon Medical Board;
- (b) By a nurse, nurse practitioner or clinical nurse specialist, with the Oregon State Board of Nursing;
- (c) By a dentist or dental hygienist, with the Oregon Board of Dentistry;
- (d) By a pharmacist, with the State Board of Pharmacy; and
- (e) By an optometrist, with the Oregon Board of Optometry.

(2) The health professional regulatory boards listed in subsection (1) of this section shall establish a registration program for the health practitioners who provide health care services without compensation and who wish to be subject to the liability limitation provided by ORS 676.340. All health practitioners registering under the program must provide the health professional regulatory board with:

- (a) A statement that the health practitioner will provide health care services to patients without compensation, except for reimbursement for laboratory fees, testing services and other out-of-pocket expenses;
- (b) A statement that the health practitioner will provide the notice required by ORS 676.340 (2) in the manner provided by ORS 676.340 (2) before providing the services; and
- (c) A statement that the health practitioner will only provide health care services without compensation that is within the scope of the health practitioner's license.

(3) Registration under this section must be made biennially. The health professional regulatory boards listed in subsection (1) of this section may not charge a fee for registration under this section.

Includes amendments by Oregon Laws 2019, chapter 227 (SB 60) operative on January 1, 2020.



Registration for Liability Limitation

This registration is valid up to two years and expires with a practitioner's license. Registration must be renewed with each subsequent license renewal.

Select One: MD DO PA DPM LAc

Last Name			First Name			Middle Name		
Practice Street Address								
City			State			Zip		
Practice Phone Number						License Number		

Per ORS 676.340 and 676.345, a licensee registered with the Oregon Medical Board 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 practitioner.

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

1. 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.
2. 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 care services are provided without compensation, and that I may be held liable for death, injury or other loss only if resulting from gross negligence. The patient will sign a *Notification of Health Care Services Provided without Compensation and Limitation of Liability* form prior to health care services being provided.
3. I will obtain the informed consent of the patient, or person who has authority under law to make health care decisions for the patient, prior to providing the health care services.

Send completed registration form to licensing@omb.oregon.gov or by fax to 971-673-2672



Notification of Health Care Services Provided without Compensation and Limitation of Liability

Patient Name (Print) _____

Physician/Physician Assistant/Acupuncturist Name (Print) _____

Check one:

I am the patient

-OR-

I am a person who has legal authority to make health care decisions for the patient

Authorized Representative Name (Print) _____

My physician/physician assistant (PA)/acupuncturist is providing me with health care services free of charge. However, I may be required to pay my physician/PA/acupuncturist for laboratory fees, testing services, or other out-of-pocket expenses. If my physician/PA/acupuncturist is providing the services at a health clinic, I may also be required to pay the clinic fee for my physician/PA/acupuncturist's services. However, my physician/PA/acupuncturist will not be paid for providing these services.

By signing this notification form, I understand and agree that my physician/PA/acupuncturist is not liable for any injury, death or other loss arising out of these health care services unless the injury, death, or other loss is caused by my physician's/PA/acupuncturist's gross negligence.

I received and am signing this notification before receiving any health care services. Additionally, I have given my informed consent to receiving these health care services from my physician/PA/acupuncturist.

Patient Signature

Date

-OR-

Authorized Representative Signature

Date



Notificación de los servicios de atención médica prestados sin compensación y limitación de responsabilidad

Nombre del paciente (en letra de molde) _____

Nombre del médico/médico ayudante/acupuntor (en letra de molde) _____

Seleccione una opción:

Soy el paciente

-O-

Soy una persona con autoridad legal para tomar decisiones relacionadas con la salud del paciente.

Nombre del representante autorizado (en letra de molde) _____

Mi médico/médico ayudante (PA)/acupuntor me está brindando servicios de atención médica sin costo alguno. Sin embargo, es posible que sea necesario pagar a mi médico/PA/acupuntor por los honorarios de laboratorio, servicios de pruebas u otros gastos extra. Si mi médico/PA/acupuntor está prestando sus servicios en una clínica de salud, es posible que también sea necesario que pague la tarifa de la clínica por los servicios de mi médico/PA/acupuntor. Sin embargo, a mi médico/PA/acupuntor no se le pagará por proporcionar estos servicios.

Al firmar este formulario de notificación, entiendo y acepto que mi médico/PA/acupuntor no es responsable de ninguna lesión, muerte u otra pérdida que surja de estos servicios de atención médica; a menos que la lesión, muerte u otra pérdida sea causada por una negligencia grave de mi médico/PA/acupuntor.

Recibí y firmo esta notificación antes de recibir cualquier servicio de atención médica. Además, he dado mi consentimiento informado para recibir estos servicios de atención médica de mi médico/PA/acupuntor.

Firma del paciente

Fecha

-O-

Firma de un representante autorizado

Fecha