Arkansas Board of Podiatric Medicine

Procedures for filing a complaint against podiatric physicians

An individual wishing to file a complaint with the Board of Podiatric Medicine (the "Board") against a podiatric physician should submit a written complaint, setting forth the conduct or activities complained of with specificity and enclosing copies of all documentation referred to or supportive of the complaint. Include the complete, name, business address and phone number of the physician and the complainant. Also, include a completed from to permit the Arkansas Board of Podiatric Medicine to release a copy of the complaint to the podiatric physician.

All complaints received are reviewed by the Board. The Board will typically require a complainant to sign a release that authorizes it to send a copy of the complaint to the physician and to obtain a response to the allegations and copies of any relevant documents, including the complainant's medical records if applicable and if deemed necessary.

This Board's jurisdiction is contained in the Arkansas statutes annotated 17-96-101 et seq. which circumscribes the limits of its authority to investigate and act against a podiatric physician in any given instance. Under the Act, the Board is empowered to take action against a physician only if he or she has violated a specific prohibition contained therein, as particularly set forth by the Arkansas statutes annotated 17-96-101 et seq. or the Board's rules respecting podiatric physicians.

As a result, the Board may initiate an investigation only if it has reasonable cause to believe that a podiatric physician within the Board's jurisdiction has violated one of these provisions.

Finally, the Board is not permitted to give medical opinions or medical advice nor does it have the authority to award damages or render any sort of money judgment-only a court of law can do so. The Board's investigative function is limited to the investigation and administrative disposition of allegations of misconduct and the imposition of disciplinary action against podiatric physicians.

General Correspondence Address:

Arkansas Board of Podiatric Medicine
4815 West Markham St. Slot# 1
Little Rock, AR 72205-3867

Arkansas Board of Podiatric Medicine

Release of Medical Records Form

I_____ ,
Print Name of Person Authorizing Records Release

Do hereby authorize any health care provider or entity who has provided health care to me, or my dependant, in connection with the treatment or issues that are the subject of this complaint, or for any complications arising from these issues or treatment, to provide the Arkansas Board of Podiatric Medicine or its authorized representatives, any and all information relevant to me, or my dependent's medical condition, all treatment and billing records, including, but not limited to patient records, medical charts, test results, billing and payment records, insurance correspondence, evaluations, x-rays or other diagnostic tools, prescriptions, progress notes, history and physicals, order sheets, admission forms, laboratory reports, incident reports and consultation records for:

_____
Patients Name

_____

_____
Patient's Date of Birth

I hereby give the Arkansas Board of Podiatric Medicine permission to send a copy of the complaint to the podiatric physician named on the complaint.

I agree that a photocopy of this authorization and signature has the same force and effect as the original.

This authorization is not limited by time or medical subject area.

_____ _____
Signature of Authorizing Person Date

Please use black or blue ink to fill in all of the blanks. Type or print legibly. Make sure to sign and date the form on the bottom line. Mail the completed form to:

Arkansas State Board of Podiatric Medicine
4815 West Markham St. Slot #1
Little Rock, AR 72205-3867

Complaint Form

Please print or type

1. **Name of complainant:** _____

2. **Address and telephone number of complainant:**

   Address:_____

   City: _____

   State:_____

   Zip:_____

   Daytime phone number:_____ Evening phone number:_____

   Email: _____

3. **Relationship of complainant to patient:**

   ☐ self ☐ physician ☐ friend ☐ son/daughter

   ☐ spouse ☐ parent ☐ brother/sister ☐ legal guardian

   ☐ other – please specify _____

4. **Name of patient (if different) and patient's date of birth:**

   _____ Date of Birth: _____

5. **Podiatric Physician Information:**

   Name:_____

   Address:_____

   City: _____

   State: _____

   Zip:_____

   Phone:_____

   Approximate Dates of Treatment: From _____ to _____

6. Nature of Complaint(s):

Clearly state the nature of your complaint and enclose copies of any records, or reports from any other physician which will support your statement (if available). Complaint form must be signed and dated. (Attached Additional Pages if Necessary.)

I affirm that all the information provided by me in connection with my complaint, whether on this form or supplemental/subsequent to this form, is true and correct, and I submit this complaint without any misstatement, falsification, or omission of information. I have read the preceding statement and it is true to the best of my information and belief.

I authorize any of the persons or organizations referenced in this form to provide the Board with any and all information with regard to any of the subjects covered by this complaint, and I release all such parties from all liability from any damages which may result from furnishing such information to the board.

I am the person named in this form/complaint.

This form must be signed and dated:

Signature Date