

PATIENT'S RIGHT TO KNOW ACT
SB 1448 PROBATION DISCLOSURE TO PATIENTS

[Enter Date]

Dear **[Enter Patient's Name]**:

I, [Enter Physician's/Probationer's Full Name], have been placed on probation by the Osteopathic Medical Board of California for a period of **[Enter the Length of the Probation Term]**. The effective date of probation is **[Enter Effective Date of Probation]**. The expected probation end date is **[Enter Date Probation is Expected to End]**.

The following are practice restrictions on my license included in the probationary order:

List All Restrictions Here (*Note: The probationary practice restrictions are available on the physician's profile page on the Board's website www.ombc.ca.gov.*)

For more information regarding this probationary order, including a copy of the Decision and/or Accusation, please contact the Osteopathic Medical Board of California:

Osteopathic Medical Board of California
1300 National Drive, Suite 150
Sacramento, CA 95814
(916) 928-8390
www.ombc.ca.gov

(Include a link to your physician profile page here)

Sincerely,

[Enter Physician's Name & Signature Block]

*I, **[Enter Patient's Name]**, have received a copy of this disclosure before my first visit following the probationary order which became effective **[Enter Effective Date of Probation]**. I understand that a copy of this disclosure will be maintained in my medical records and I can obtain more information by contacting the Osteopathic Medical Board of California.*

Patient's Name (Print)

Patient's Signature

Date