

Reporting of Patient Diseases, Conditions, and Occurrences

An Informational Guide for Physicians



MASSACHUSETTS
MEDICAL SOCIETY

Prepared by The Office of the General Counsel, Massachusetts Medical Society.

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I. Introduction

Massachusetts law imposes a variety of reporting duties on physicians. Some diseases or conditions must be reported to local health authorities, while others are reportable to various offices of the state Department of Public Health. In addition, events such as births, deaths, gunshot wounds and other types of injuries and occurrences must be reported to designated authorities. This brochure is intended to alert Massachusetts physicians to current state requirements for reporting diseases, conditions and occurrences.

This brochure focuses on state reporting requirements applicable to physicians. It does not address reporting requirements imposed on hospitals, clinics, or other health care facilities, nor federally mandated reporting. For your convenience, the reporting requirements are grouped by category, and, where possible, pertinent addresses, telephone numbers, and websites are included. Because the emphasis is on traditional public health reporting, the brochure also does not include requirements for the reporting of alleged physician misconduct, self-reporting of malpractice claims and hospital privilege restrictions, or reporting of incidents under the Massachusetts Board of Registration in Medicine's Patient Care Assessment Regulations. Although this brochure is accurate as of the publication date, statutes and regulations may be subsequently amended.

For certain diseases, conditions and occurrence, fines may be imposed for failure to make a report in accordance with the requirements. These fines are authorized by state statutes which were, in most cases, established throughout the 20th century, and some even earlier. Although in many cases, these fines were established long ago and represent a relatively small financial penalty, the fines remain in effect today and may be imposed as a result of noncompliance. Furthermore, failure to make a report in accordance with the requirements may result in civil liability (e.g., failure to report an infected individual could result in a claim filed by a subsequently infected individual). It also should be noted that failure to satisfy reporting requirements may subject a physician to disciplinary action by the Board of Registration in Medicine.

The information in this brochure does not constitute legal advice. It is intended for use as a general reference guide only. Unique facts or circumstances may necessitate consultation of additional statutes, regulations and case law for answers to specific legal questions. An attorney who is knowledgeable about health care law should be consulted about all legal matters.

Note: The information contained in this booklet is based on state laws and regulations in effect as of the date of printing, and is therefore subject to change. Readers may wish to check the Massachusetts Medical Society Web site (www.massmed.org), the MMS publication *Vital Signs*, and the Massachusetts Department of Public Health website (www.mass.gov/dph/) for any updates that may be posted from time to time.

II. Diseases Reportable Directly to the Massachusetts Department of Public Health

Certain diseases must be reported directly to the Department of Public Health, often on special forms provided upon request. Other diseases that are reportable in the first instance to the local boards of health are discussed in Section III. Failure to report contagious or infectious diseases declared by the Department of Public Health to be dangerous to the public health is punishable by a fine between \$50 and \$200.

A. Acquired Immune Deficiency Syndrome (AIDS)

Cases of AIDS must be reported no more than 24 hours after diagnosis or identification. Physicians should contact the HIV/AIDS Surveillance Program by telephone, in writing, by facsimile, or other electronic means, as deemed acceptable by the Department of Public Health.

See 105 C.M.R. 300.180(C).

For additional information, see the Department of Public Health, HIV/AIDS Surveillance Program website at <http://www.mass.gov/dph/cdc/aids/aidsprog.htm>.

Report to:

Department of Public Health
HIV/AIDS Surveillance Program
Room 241, 2nd Floor
State Laboratory Institute
305 South Street
Boston, MA 02130
(617) 983-6560

B. Human Immunodeficiency Virus (HIV)

Newly identified HIV infection must be reported to the Department of Public Health within 24 hours of diagnosis or identification. HIV reports use a non-name reporting system.

See 105 C.M.R. 300.180(D).

For additional information, see the Department of Public Health, HIV/AIDS Surveillance Program website at <http://www.mass.gov/dph/cdc/aids/aidsprog.htm>.

Report to:

Department of Public Health
HIV/AIDS Surveillance Program
Room 241, 2nd Floor
State Laboratory Institute
305 South Street
Boston, MA 02130
(617) 983-6560

C. Cancer

A physician must report to the Department of Public Health Cancer Registry every case of malignant disease and benign brain-related tumor disease diagnosed, evaluated, treated, medically supported, or palliated which has not been previously diagnosed, evaluated or treated at a health care facility. “Malignant disease” is defined as any of those listed in the most recently amended “International Classification of Diseases for Oncology” (ICD-O), published by the World Health Organization, excluding basal, epithelial, papillary and squamous cell carcinomas of the skin, but including carcinomas of the vermillion border of the lip, vulva, labia, penis, scrotum, and anus. “Benign brain-related tumors” means a tumor (neoplasm) that grows in place with little or no potential to spread (invade) to other tissue. Tumors included in this definition occur in the following body sites: meninges, brain, spinal cord, cranial nerves, and other nerves of the central nervous system, pituitary gland, pineal gland, and craniopharyngeal duct, as listed in the most recently amended ICD-O.

Reports must be made within 180 days of the date of diagnosis or date of first contact when diagnoses, evaluation, treatment, medical support or palliative services occurred elsewhere. The report must include the following data categories: patient identifiers and demographics, provider and facility identifiers, cancer identification, extent of disease at diagnosis, first course of treatment, and other information as necessary to ensure completeness. Forms can be obtained from the Cancer Registry.

See 105 C.M.R. 301.000, et seq.; M.G.L. Ch. 111, § 111B.

For additional information, see the Department of Public Health, Massachusetts Cancer Registry website at <http://www.mass.gov/dph/bhsre/mcr/canreg.htm>.

Report to:

Department of Public Health
Center for Health Information, Statistics, Research, and Evaluation
Massachusetts Cancer Registry
250 Washington Street, 6th Floor
Boston, MA 02108

(617) 624-5642

D. Sexually Transmitted Diseases

Whenever a physician becomes aware of or has reason to believe that a person within his or her care, or for whom clinical testing is being performed is infected with one of the following sexually transmitted diseases, the physician must report the case to the STD Division of the Department of Public Health by telephone, in writing, by facsimile or other electronic means as deemed acceptable by the Department of Public Health, no more than 24 hours after diagnosis or identification:

- (1) Acquired immunodeficiency syndrome (AIDS)
- (2) Chancroid
- (3) Chlamydial infection (genital)
- (4) Genital warts

- (5) Gonorrhea
- (6) Granuloma inguinale
- (7) Herpes simplex infection, neonatal (onset within 30 days after birth)
- (8) Lymphogranuloma venereum
- (9) Ophthalmia neonatorum caused by any agent
- (10) Pelvic inflammatory disease of any etiology
- (11) Syphilis

The report must include: the name of the patient; complete address; age or date of birth; sex; race; marital status; name of the disease, site of infection and stage; whether the patient has been under treatment for this infection, with information regarding the type of treatment; name, address and telephone number of the diagnosing physician; and any other additional information deemed necessary by the Department of Public Health.

In the event that a physician decides that a diagnosis of an STD is no longer accurate, the physician should immediately report that changed diagnosis to the Department of Public Health.

See 105 C.M.R. 300.180(C), 340.100, and 340.101.

For additional information, see the Department of Public Health, Division of Sexually Transmitted Disease Prevention website at <http://www.mass.gov/dph/cdc/std/divstd.htm>.

Report to:

Department of Public Health
Division of STD Prevention
305 South Street
Boston, MA 02130
(617) 983-6940

E. Tuberculosis

All cases of confirmed tuberculosis or clinically suspected tuberculosis must be reported to the Division of Tuberculosis Prevention and Control in the Department of Public Health within 24 hours. The notice must include, at a minimum, the case name, date of birth, sex and address, and the name and telephone number of the physician reporting the case.

All cases of latent tuberculosis infection also must be reported to the Division of Tuberculosis Prevention and Control. The report must include the following information: name and address of the individual, date of birth, gender, size of the positive skin test or alternative test result, treatment initiated, and, as requested by the Department of Public Health, information about risk of exposure to tuberculosis.

Physicians also must notify the local board of health in the town where the patient resides or the Division of Tuberculosis Control of any person with confirmed or clinically suspected tuberculosis, in a communicable form, who is unable or unwilling to receive proper medical care and as such, poses a threat to the public health.

See 105 C.M.R. 300.180(A), 300.180(B), and 365.000, et seq.

For additional information, see the Department of Public Health, Tuberculosis Prevention and Control website at <http://www.mass.gov/dph/cdc/tb/index.htm>.

Report to:

Department of Public Health
Division of Tuberculosis Prevention and Control
305 South Street
Boston, MA 02130

(888) MASS-MTB or (617) 983-6970

F. Occupational Diseases and Work-Related Injuries

Physicians must report the following work-related diseases and injuries to the Department of Public Health no later than 10 days after diagnosis or identification:

- (1) Occupational Lung Disease (asbestosis, silicosis, beryllium disease, chemical pneumonitis, and asthma caused by or aggravated by workplace exposures)
- (2) Work-Related Acute Chemical Poisoning (carbon monoxide poisoning, pesticide poisoning and other)
- (3) Work-Related Heavy Metal Absorption
 - (a) Mercury (blood > 15 mcg/L; urine > 35 mcg/grams creatinine)
 - (b) Cadmium (blood > 5 mcg/L; urine > 5 mcg/grams creatinine)
 - (c) Other
- (4) Work-Related Carpal Tunnel Syndrome
- (5) Serious Work-Related Traumatic Injury to a Person Less Than 18 Years of Age if:
 - (a) the injury results in death or hospitalization, or, in the judgment of the treating physician, results in:
 - Significant scarring or disfigurement
 - Permanent disability
 - Significant loss of consciousness
 - Loss of a body part or bodily function; or
 - (b) the physician determines the injury is less significant but is of the same or similar nature to injuries previously sustained at the same place of employment.

The report must include, at a minimum, the physician's name and address; the patient's name, address, telephone number, age and sex; race, if known; employer's name and location where the occupational exposure or injury reportably occurred; the diagnosis of the disease or the description of the injury; the patient's occupation if known; and any other information requested by the Department of Public Health.

Physicians should use the report form provided by the Department of Public Health, Occupational Health Surveillance Program.

See 105 C.M.R 300.020 and 300.180 (E) and (F).

For additional information, see the Department of Public Health, Occupational Health Surveillance Program website at <http://www.mass.gov/dph/bhsre/ohsp/ohsp.htm>.

The Confidential Report of Occupational Disease and Injury form is available at http://www.mass.gov/Eeohhs2/docs/dph/occupational_health/confidential_report_form.pdf.

Report to:

Department of Public Health
Occupational Health Surveillance Program
250 Washington Street, 6th Floor
Boston, MA 02108

Telephone: (617) 624-5632

Fax: (617) 624-5695

G. Work-Related Disease Outbreaks

A physician who has knowledge of a work-related disease outbreak, regardless of whether the disease is included on the reportable disease list, must report it immediately by telephone, in writing, by facsimile, or other electronic means to the Department of Public Health.

See 105 C.M.R 300.181.

For additional information, see the Department of Public Health, Occupational Health Surveillance Program website at <http://www.mass.gov/dph/bhsre/ohsp/ohsp.htm>.

The Confidential Report of Occupational Disease and Injury form is available at http://www.mass.gov/Eeohhs2/docs/dph/occupational_health/confidential_report_form.pdf.

Report to:

Department of Public Health
Occupational Health Surveillance Program
250 Washington Street, 6th Floor
Boston, MA 02108

Telephone: (617) 624-5632

Fax: (617) 624-5695

III. Diseases and Other Illnesses Reportable to Local Boards of Health

Certain diseases are reportable in the first instance to the local boards of health. Failure to report contagious or infectious diseases declared by the Department of Public Health to be dangerous to the public health is punishable by a fine between \$50 and \$200.

A. Diseases

Physicians must report cases and suspect cases of the following diseases to the local board of health in the community where the case is diagnosed or suspect case is identified. Physicians may report by telephone, in writing, by facsimile or other electronic means, as deemed acceptable by the Department of Public Health. Reports must be made immediately, but in no case no more than 24 hours after diagnosis or identification. When available, the patient's name, date of birth, age, sex, address, place of employment, school and disease must be included in each report.

- (1) Amebiasis
- (2) Anthrax
- (3) Arbovirus infection, including but not limited to, infection caused by dengue, Eastern equine encephalitis virus, West Nile virus and yellow fever virus
- (4) Babesiosis
- (5) Botulism
- (6) Brucellosis
- (7) Calicivirus infection, including but not limited to, gastroenteritis caused by Norwalk and Norwalk-like viruses
- (8) Campylobacteriosis
- (9) Cholera
- (10) Creutzfeldt-Jakob disease
- (11) Cryptococcosis
- (12) Cryptosporidiosis
- (13) Cyclosporiasis
- (14) Diphtheria
- (15) E. coli O157:H7
- (16) Ehrlichiosis
- (17) Encephalitis, any case
- (18) Food poisoning and toxicity (includes poisoning by mushroom toxins, ciguatera, scombrototoxin, tetrodotoxin, paralytic shellfish toxin and amnesic shellfish toxin, and other toxins)
- (19) Giardiasis

- (20) Group A Streptococcus, invasive infection
- (21) Group B Streptococcus, invasive infection
- (22) Guillain Barré Syndrome
- (23) Haemophilis influenza, invasive infection
- (24) Hansen's Disease (Leprosy)
- (25) Hantavirus infection
- (26) Hemolytic Uremic Syndrome (HUS)
- (27) Hepatitis A
- (28) Hepatitis B
- (29) Hepatitis C
- (30) Hepatitis, infectious, not otherwise specified
- (31) Influenza
- (32) Legionellosis
- (33) Leptospirosis
- (34) Listeriosis
- (35) Lyme Disease
- (36) Malaria
- (37) Measles
- (38) Meningitis, bacterial, community-acquired
- (39) Meningitis, viral (aseptic) and other infectious (non-bacterial)
- (40) Meningococcal disease, invasive infection (N. meningitidis)
- (41) Monkeypox and infection with any other orthopox virus in humans
- (42) Mumps
- (43) Pertussis
- (44) Plague
- (45) Poliomyelitis
- (46) Psittacosis
- (47) Q Fever
- (48) Rabies in humans
- (49) Reye syndrome
- (50) Rheumatic fever
- (51) Rickettsialpox

- (52) Rocky Mountain spotted fever
- (53) Rubella
- (54) Salmonellosis
- (55) Severe Acute Respiratory Syndrome (SARS) and infection with the SARS-associated coronavirus
- (56) Shiga toxin-producing organisms isolated from humans, including enterohemorrhagic *E. coli* (EHEC)
- (57) Shigellosis
- (58) Small pox
- (59) *Streptococcus pneumoniae*, invasive infection
- (60) Tetanus
- (61) Toxic shock syndrome
- (62) Toxoplasmosis
- (63) Trichinosis
- (64) Tularemia
- (65) Varicella (chickenpox)
- (66) Viral hemorrhagic fevers
- (67) Yersiniosis

See 105 C.M.R. 300.100.

For additional information, see the Department of Public Health Disease Reporting website at <http://www.mass.gov/dph/topics/diseasereporting.htm>.

Report to:

Local Board of Health (in the community where the case is diagnosed or the suspect case is identified)

B. Illness Believed to be Due to Food Consumption

If a physician has knowledge of the occurrence or suspected occurrence of a case or cases of illness believed to have been due to the consumption of food, the physician must report the illness immediately by telephone, facsimile or other electronic means to the local board of health in the community in which the facility is located (i.e., where the food was served). If the local board of health is unavailable, the physician must contact the Department of Public Health directly.

See 105 C.M.R. 300.131.

For additional information, see the Department of Public Health, Foodborne Illness website at <http://www.mass.gov/dph/topics/foodbrnill.htm>.

Report to:

- (1) Local Board of Health (in the community where the food was served)
- (2) Department of Public Health in the event the local Board of Health is unavailable

Division of Epidemiology and Immunization
305 South Street
Jamaica Plain, MA 02130

Phone: (617) 983-6800 (daily); (617) 983-6800 (nights and weekends);
(617) 983-6200 (back-up)

Fax: (617) 983-6813

C. Illness Believed to be Unusual

A physician who has knowledge of the occurrence or suspect case of an unusual illness must report the illness immediately by telephone, facsimile or other electronic means to the local board of health in the community in which the facility is located (i.e., the location of the unusual illness). If the local board of health is unavailable, the physician must contact the Department of Public Health directly.

See 105 C.M.R. 300.133.

For additional information, see the Department of Public Health, Disease Reporting website at <http://www.mass.gov/dph/topics/diseasereporting.htm>.

Report to:

- (1) Local Board of Health (in the community where the unusual illness is located)
- (2) Department of Public Health in the event the local Board of Health is unavailable

Division of Epidemiology and Immunization
305 South Street
Jamaica Plain, MA 02130

Phone: (617) 983-6800 (daily); (617) 983-6800 (nights and weekends);
(617) 983-6200 (back-up)

Fax: (617) 983-6813

D. Illness Believed to Be Part of an Outbreak or Cluster

A physician who has knowledge of the occurrence of any suspected cluster or outbreak of any illness must report it immediately by telephone, facsimile or other electronic means to the local board of health in the community in which the facility is located (i.e., the location of the known or suspected cluster or outbreak). If the local board of health is unavailable, the physician must contact the Department of Public Health directly. This reporting requirement applies to the diseases listed in Section III.A. above, and to other diseases that are not so listed.

See 105 C.M.R. 300.134.

For additional information, see the Department of Public Health, Disease Reporting website at <http://www.mass.gov/dph/topics/diseasereporting.htm>.

Report to:

- (1) Local Board of Health (in the community in which the outbreak or cluster is located)
- (2) Department of Public Health in the event the local Board of Health is unavailable

Division of Epidemiology and Immunization
305 South Street
Jamaica Plain, MA 02130

Phone: (617) 983-6800 (daily); (617) 983-6800 (nights and weekends);
(617) 983-6200 (back-up)

Fax: (617) 983-6813

E. Infant Eye Disease

If either eye of an infant becomes inflamed, swollen and red, or shows an unnatural discharge within two weeks after birth, a physician must make a report in writing within six hours to the board of health of the town where the infant is. A violation of this reporting requirement is punishable by a fine of up to \$100.

See M.G.L. Ch. 111 § 110.

Report to:

Local Board of Health (in the town where the infant is located)

F. Cerebral Palsy

If a physician knows or has cause to believe that a person whom he or she is attending is afflicted with cerebral palsy, written notice must be provided to the local board of health of the city or town where the patient is being attended.

See M.G.L. Ch. 111 § 111A.

Report to:

Local Board of Health (of the town where the patient is being attended)

IV. Occurrences and Conditions

A. Abortion

Within 30 days of performing an abortion, a physician must file a report with the Department of Public Health on a form prescribed by the Department. The form does not request the name of the patient and is kept by the Department as a public record. The physician must retain a copy of the report in his or her files for seven years after the abortion. The physician should attach or otherwise add the name of the mother to the physician's file copy.

See M.G.L. Ch. 112 § 12R.

Report to:

Department of Public Health
Registry of Vital Records and Statistics
150 Mount Vernon Street, 1st Floor
Dorchester, MA 02125
(617) 740-2620

B. Abuse

1. Child Abuse/Neglect/Drug Addiction

Any physician who, in his or her professional capacity, has reasonable cause to believe that a child under age 18 is suffering physical or emotional injury resulting from abuse that causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse, neglect, malnutrition), or who is determined to be physically dependent upon an addictive drug at birth, must immediately report the condition to the Department of Social Services by oral communication and by making a written report within 48 hours of the oral communication. If the physician is a staff member of a medical or other institution, the physician may choose to immediately notify the person in charge of the institution, who then is responsible for making the report to the Department of Social Services.

The report must contain the names and addresses of the child and the child's parents or other person responsible for the child's care, if known; the child's age; the child's sex; the nature and extent of the child's injuries, abuse, maltreatment, or neglect, including any evidence of prior injuries, abuse, maltreatment, or neglect; the circumstances under which the physician first became aware of the child's injuries, abuse, maltreatment or neglect; whatever action, if any, was taken to treat, shelter, or otherwise assist the child; the name of the physician making the report; and any other information which the physician believes might be helpful in establishing the cause of the injuries; the identity of the person or persons responsible for the injuries; and any other information required by the Department of Social Services.

A physician who has reasonable cause to believe that a child has died as a result of any of the conditions listed above must report the death to the Department of Social Services, the District Attorney for the county in which the death occurred, and the Office of the Chief Medical Examiner.

Failure to make a report in accordance with these requirements is punishable by a maximum fine of \$1,000.

See M.G.L. Ch. 119 § 51A.

For additional information, see the Department of Social Services, Child Abuse & Neglect website at <http://www.mass.gov/portal/index.jsp?pageID=eohhs2subtopic&L=5&L0=Home&L1=Consumer&L2=Family+Services&L3=Violence%2c+Abuse+or+Neglect&L4=Child+Abuse+and+Neglect&sid=Eeohhs2>.

The Report of Child(ren) Alleged to be Suffering from Serious Physical or Emotional Injury by Abuse or Neglect Form can be found at http://mass.gov/Eeohhs2/docs/dss/can_reporting_form.pdf.

Report to:

Department of Social Services
24 Farnsworth Street
Boston, MA 02210

(617) 748-2000 (business hours); (800) 792-5200 (24-hour hotline)

2. Elder Abuse

Any physician who has reasonable cause to believe that an elderly person is suffering from abuse, or has died as a result of abuse, must immediately make a verbal report to the Department of Elder Affairs, and must make a written report to the Department within 48 hours of the verbal report.

The report must contain the name, address and approximate age of the elderly person; information regarding the nature and extent of the abuse; the name of the person's caretaker, if known; any medical treatment being received or immediately required, if known; any other information the physician believes to be relevant to the investigation; and the name and address of the physician and where the physician may be contacted, if the physician wishes to provide that information.

Failure to make a report in accordance with this requirement is punishable by a maximum fine of \$1,000.

See M.G.L. Ch. 19A § 15.

For additional information, see the Executive Office of Elder Affairs website at <http://www.mass.gov/portal/index.jsp?pageID=eldershomepage&L=1&L0=Home&sid=Eelders>.

The Elder Abuse Mandated Reporter Form can be found at <http://www.mass.gov/dph/fch/sane/19a.pdf>.

Report to:

Department of Elder Affairs
1 Ashburton Place, 5th Floor
Boston, MA 02108

(800) 922-2275 (24-hour hotline); (617) 727-7750; (800) 882-2003

3. Patient Abuse

If a physician who is paid for caring for a patient or resident (as defined below) has reasonable cause to believe that the patient or resident has been abused, mistreated, neglected or had property misappropriated, the physician must immediately report the incident to the Department of Public Health by written report (transmitted electronically or via facsimile) or oral communication, and, if by oral communication, by making a written report within 48 hours of the oral communication. Alternatively, a physician may elect to make the report to an employer or supervisor, who is then responsible for reporting to the Department.

For purposes of this reporting requirement, a patient is an individual who receives health, home-maker, or hospice services at home from an individual employed by a home health agency or a hospice program. A resident is an individual who resides in a long-term care facility.

The written report must contain the following information where applicable: (i) the name and gender of the patient or resident; (ii) the home address of the patient; (iii) the name and address of the facility in which the resident resides; (iv) the name, address, and telephone number of the home health agency, homemaker agency, or hospice program involved; (v) the age of the patient or resident, if known; (vi) the name, address, and telephone number of the physician and where the physician may be contacted; (vii) if known, the name and position of the accused and any other documented allegations of patient or resident abuse, neglect or mistreatment or misappropriation of patient or resident property by the accused; (viii) any information relative to the nature and extent of the abuse, mistreatment or neglect or the misappropriation of patient or resident property; (ix) if known, any information relative to prior abuse, mistreatment or neglect of such patient or resident or misappropriation of such patient's or resident's property; (x) the circumstances under which the physician became aware of the abuse, mistreatment or neglect or misappropriation of property; (xi) if known, whatever action, if any, was taken to treat or otherwise assist the patient or resident; (xii) any other information which the physician believes might be helpful in establishing the cause of such abuse, mistreatment or neglect or misappropriation of property and the person or persons responsible for the matter; and (xiii) any other information required by the Department of Public Health.

Failure to make a report in accordance with this requirement is punishable by a maximum fine of \$1,000.

See M.G.L. Ch. 111 § 72G; 105 C.M.R 155.000, et seq.

Report to:

Department of Public Health
Division of Health Care Quality
Patient Complaint Unit — Complaint Specialist
10 West Street, 5th Floor
Boston, MA 02111

Phone: (800) 462-5540 (during business hours);
(617) 983-6800 (nights and weekends); (617) 983-6200 (back-up)

Fax: (617) 753-8165

4. Abuse of Disabled Person

A physician who, in his or her professional capacity, has reasonable cause to believe that a disabled person is suffering from a serious physical or emotional injury resulting from abuse, including unconsented to sexual activity, must immediately make an oral report to the Disabled Persons Protection Commission (DPPC) by telephone, and make a written report within 48 hours of the oral report. A physician who has reasonable cause to believe that a disabled person has died as a result of a serious physical or emotional injury resulting from abuse, including unconsented to sexual activity, must immediately report such death in writing to the DPPC, the medical examiner and the district attorney's office in the county in which the death occurred.

Each oral and written report must contain the following information, if known to the physician, unless it is impractical due to an emergency:

- (a) Information regarding the abused person:
 - (1) Name and gender;
 - (2) Disability or disabilities;
 - (3) Current address and telephone number;
 - (4) Permanent address and telephone number if different from current address and telephone number;
 - (5) Approximate age and date of birth;
 - (6) Name and address of the legal guardian or representative, if any;
 - (7) Program with which the person is involved, if any;
 - (8) Name of the agency presently serving the person, if any;
 - (9) Type of service(s) which the person is receiving, if any (e.g., institutional, day program);
 - (10) Any special requirements of the person (e.g., sign and/or language interpreter, TDD equipment, wheelchair).
- (b) Information regarding the physician making the report:
 - (1) Name, address, and telephone number;
 - (2) Relationship of the physician to the disabled person, if any;
 - (3) Whether the physician is mandated or non-mandated.
- (c) Information regarding the suspected abuse:
 - (1) Nature of the allegation (e.g., emergency, sexual abuse);
 - (2) Brief description of the alleged abuse and injuries received;
 - (3) Relationship, if any, between the alleged abuser and the alleged victim;
 - (4) Name, or if name is unavailable, description of the abuser;
 - (5) Description of the action taken in response to the alleged abuse, if any, including the identity of others who the physician has contacted regarding the report of the suspected abuse;
 - (6) Any other information which the physician believes is relevant to investigation of the abuse.

Failure to report abuse in accordance with these requirements is punishable by a maximum fine of \$1,000. However, a physician is not required to report an otherwise reportable condition if

the disabled person invokes a privilege, established by law or professional code, to maintain the confidentiality of communications with the physician. If the disabled person invokes an existing privilege, a physician is no longer required to report, but still may report the condition. In this case, the physician will receive immunity so long as the report is made in good faith.

See M.G.L. Ch. 19C § 10; 118 C.M.R 3.01.

For additional information, see the Disabled Persons Protection Commission website at <http://www.mass.gov/dppc/>.

The reporting form can be found at http://www.mass.gov/dppc/19C_FAX.pdf.

Report to:

Disabled Persons Protection Commission
50 Ross Way
Quincy, MA 02169

24-Hour Hotline: (800) 426-9009

Fax: (617) 727-6469

C. Births

1. In a Hospital

A physician must keep a record of birth for every child for whom the physician is in charge. The record must include the date of birth, place of birth, name and sex of the child; the names, places of birth, and dates of birth of both parents; and the residence and birth surname of the child's mother. In the record of birth of a child born to parents who are not married to each other, the name of and other facts relating to the father must not be recorded except where paternity has been acknowledged or adjudicated under Massachusetts law or the laws of any other jurisdiction.

If a birth occurs in a hospital, or if a birth occurs elsewhere and the mother and child are taken to a hospital for postnatal care immediately after birth, a report containing the information described above must be filed with the administrator of the hospital by the physician in charge within 24 hours of the birth.

See M.G.L. Ch. 46 §§ 1 and 3.

Report to:

Hospital Administrator

2. Outside of a Hospital

A physician attending a birth after which the mother and child are not immediately admitted to a hospital for postnatal care must, within 10 days after such birth, file a report with the city or town clerk where the birth occurred. The report must be on a form prepared and furnished by the Department of Public Health and must include the information required on the physician's record.

Within 10 days after the birth of any infant weighing twenty-five hundred grams or less or any infant with a high risk problem as defined by the Department of Public Health, the person responsible for delivery must file a written notice of the birth on a form with the Department of Public Health.

See M.G.L. Ch. 46 § 3B and Ch. 111 § 67A.

Report to:

City or Town Clerk (for births outside the hospital)

Department of Public Health (for premature/high-risk births outside the hospital)

Registry of Vital Records and Statistics

150 Mount Vernon Street

Dorchester, MA 02125

(617) 740-2600

D. Blindness

A physician who finds a person legally blind must, within 30 days, report to the Commission for the Blind the result of the examination and that blindness has been established. For purposes of this reporting requirement, legally blind means that visual acuity is found to be with correction 20/200 or less in the better eye, or the peripheral field of vision has contracted to the ten degrees radius or less regardless of visual acuity.

Failure to make a report in accordance with this requirement is punishable by a fine between \$100 and \$500.

See M.G.L. Ch. 6 § 136.

For additional information, see the Commission for the Blind website at <http://www.mass.gov/portal/index.jsp?pageID=eohhs2agencylanding&L=4&L0=Home&L1=Government&L2=Departments+and+Divisions&L3=Massachusetts+Commission+for+the+Blind&sid=Eeohhs2>.

Report to:

Commission for the Blind

48 Boylston Street

Boston, MA 02116

(617) 727-5550 or (800) 392-6450

E. Burns

A physician examining or treating a burn injury affecting 5% or more of the surface area of the injured person's body must report the case to the State Fire Marshall and to the police of the town where the burn injury occurred. Where the burn injury is treated in a hospital, sanatorium, or other institution, it is the responsibility of the manager, superintendent or other person in charge to file the burn injury report.

Failure to make a report in accordance with these requirements is punishable by a fine between \$50 and \$100.

See M.G.L. Ch. 112 § 12A.

For additional information, see the Department of Fire Services website at <http://www.mass.gov/dfs/index.shtm>.

Reporting steps:

- (1) Call the Burn Registry 24 Hour Hotline at (800) 475-3443;
- (2) Send the burn reporting form to:

Department of Public Safety
Office of the State Fire Marshal
P. O. Box 1025
Stow, MA 01775; and
- (3) Notify the local police chief of the town where the burn injury occurred

F. Deaths

1. Outside a Hospital

In the case of a death outside of a hospital, a physician, after the death of a person who he or she has attended during the person's last illness, or the physician declaring the person dead, must immediately furnish for registration a standard Certificate of Death to an undertaker or other authorized person or a member of the deceased's family. The Certificate should state, to the best of the physician's knowledge and belief, the name of the deceased, the disease of which the person died, where the disease was contracted, the duration of the illness from which the person died, and the date of death.

Neglecting or refusing to furnish a certificate or making a false statement therein is punishable by a maximum fine of \$50.

See M.G.L. Ch. 46 §§ 9 and 9B.

Report to:

Undertaker, other authorized person, or family of the deceased

2. Fetal Deaths

When a fetal death occurs in a hospital (and the fetus is of twenty weeks gestation or more, or a weight of 350 grams or more), the physician in attendance must prepare and transmit a report of the death to the person in charge of the hospital or his or her designated representative, who must file a report with the Department of Public Health within 10 days after the death. When a fetal death occurs outside a hospital (and the fetus is of twenty weeks gestation or more or a weight of 350 grams or more), the physician in attendance at or immediately after delivery must prepare and file a report of the death with the Department within 10 days after the death. For purposes of this reporting requirement, fetal death means death prior to the complete expulsion or extraction from its mother of

a fetus, irrespective of the duration of pregnancy, as indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. Fetal death does not include an abortion.

A physician who neglects or refuses to make a report, or who makes a false statement in the report, is subject to a maximum fine of \$50.

See M.G.L. Ch. 111 § 202.

Report to:

Hospital administrator (when fetal death occurs in a hospital)

Department of Public Health (when fetal death occurs outside a hospital)

Registry of Vital Records and Statistics

150 Mount Vernon Street, 1st Floor

Dorchester, MA 02125

(617) 740-2624

3. Suspicious Deaths

A physician who has knowledge of any death occurring under the following circumstances must notify the Office of the Chief Medical Examiner or the Medical Examiner designated to the location where the death has occurred, of the known facts concerning the time, place, manner, circumstances, and causes of such deaths:

- (a) Death where criminal violence appears to have taken place, regardless of the time interval between the incident and death, and regardless of whether such violence appears to have been the immediate cause of death, or a contributory factor thereto
- (b) Death by accident or unintentional injury, regardless of the time interval between the incident and death, and regardless of whether such injury appears to have been the immediate cause of death, or a contributory factor thereto
- (c) Suicide, regardless of the time interval between the incident and death
- (d) Death under suspicious or unusual circumstances
- (e) Death following an unlawful abortion
- (f) Death related to occupational illness or injury
- (g) Death in custody, in any jail or correctional facility, or in any mental health or mental retardation institution
- (h) Death where suspicion of abuse of a child, family or household member, elder person or disabled person exists
- (i) Death due to poison or acute or chronic use of drugs or alcohol
- (j) Skeletal remains
- (k) Death associated with diagnostic or therapeutic procedures

- (l) Sudden death when the decedent was in apparent good health
- (m) Death within 24 hours of admission to a hospital or nursing home
- (n) Death in any public or private conveyance
- (o) Fetal death, where the period of gestation has been 20 weeks or more, or where fetal weight is 350 grams or more
- (p) Death of children under the age of 18 from any cause
- (q) Any person found dead
- (r) Death in any emergency treatment facility, medical walk-in center, daycare center, or under foster care

Failure to make a report in accordance with these requirements is punishable by a maximum fine of \$500.

See M.G.L. Ch. 38 § 3.

For additional information, see the Massachusetts Executive Office of Public Safety, Office of the Chief Medical Examiner website at <http://www.mass.gov/portal/index.jsp?pageID=eopshomepage&L=1&L0=Home&sid=Eeops> (click on Office of the Secretary; Chief Medical Examiner (CME)).

Report to:

Office of the Chief Medical Examiner
720 Albany Street
Boston, MA 02118
(617) 267-6767

G. Dog Bites

A physician attending or treating a case of dog bite must report the case within 24 hours to the inspector of animals of the city or town where the bite occurred. If the city or town does not have an inspector of animals, the report must be made to the dog officer. If a case of dog bite is treated in a hospital, sanatorium, or other institution, the person in charge of the facility is responsible for making the report.

See M.G.L. Ch. 112 § 12Z.

Report to:

Local Inspector of Animals
Dog Officer (if city or town does not have an Inspector of Animals)

H. Wounds: Gunshot, Knife and Other

A physician attending or treating a case of gunshot wound, bullet wound, powder burn, or any other injury arising from or caused by the discharge of a gun, pistol, BB gun, or other air rifle or firearm must report the case immediately to the colonel of the state police and to the police of the town where the physician is located.

A physician who attends or treats a wound or injury caused by a knife or other sharp or pointed instrument must report the case immediately to the police in the town in which the physician attended or treated the wound or injury, if in the physician's opinion a criminal act was involved.

Failure to make a report in accordance with these reporting requirements is punishable by a fine between \$50 and \$100.

See M.G.L. Ch. 112 § 12A.

For Firearm and Other Similar Wounds Report to:

- (1) Local Police (where the physician is located); and
- (2) Criminal Information Division
Massachusetts State Police
470 Worcester Road
Framingham, MA 01702

(508) 820-2129 (voice)
(508) 820-2128 (FAX)

For Knife and Other Similar Wounds Report to:

Local Police (where the physician is located)

I. Lead Poisoning

A physician must report all known and not-previously-reported cases of childhood lead poisoning to the Director of the Childhood Lead Poisoning Prevention Program at the Department of Public Health. Reports must be made on forms prescribed by the Department and submitted within 3 days after the physician first diagnoses or is informed of the case. If a child suffers multiple episodes of lead poisoning, each episode must be reported.

See M.G.L. Ch. 111 § 191 and 105 C.M.R. 460.040.

For additional information, see the Department of Public Health, Childhood Lead Poisoning Prevention Program website at http://www.mass.gov/portal/site/massgovportal/menuitem.307e4dfc1e5731c14db4a11030468a0c/?pageID=eohhs2terminal&L=5&L0=Home&L1=Government&L2=Departments+and+Divisions&L3=Department+of+Public+Health&L4=Programs+and+Services+A+-+J&sid=Eeohhs2&b=terminalcontent&f=dph_environmental_lead_g_clppp_about&csid=Eeohh2

Report to:

Department of Public Health
Childhood Lead Poisoning Prevention Program
250 Washington Street
Boston, MA 02108

(617) 624-5757 or (800) 532-9571

J. Mental Status of Detainees

If a physician examines a person confined in a place of detention because the person in charge believes the detainee to be in need of hospitalization by reason of mental illness, the physician must report the results of the examination to the district court which has jurisdiction over the place of detention. If the detainee is awaiting trial, the report should be made to the court which has jurisdiction over the criminal case. The report must include an opinion as to whether hospitalization is actually required and the reasons for that opinion.

See M.G.L. Ch. 123 § 18.

Report to:

Appropriate Court

K. Rape and Sexual Assault

A physician attending, treating, or examining a victim of rape or sexual assault must report the case immediately to the Massachusetts Executive Office of Public Safety – Statistical Analysis Center, and to the police of the town where the rape or sexual assault occurred. Whenever any such case is treated in a hospital or other institution, the manager, superintendent or other person in charge is responsible for making the report. The report must not include the victim's name, address or any other identifying information. The report must describe the general area where the attack occurred. Report forms and instructions can be obtained from the Statistical Analysis Center.

Failure to make a report in accordance with these requirements is punishable by a fine between \$50 and \$100.

See M.G.L. Ch. 112 § 12A½.

The Provider Sexual Crime Report can be found at
http://www.mass.gov/dph/fch/sane/provider_sex_crime_form.pdf.

Report to:

- (1) Town Police (where the incident occurred); and
- (2) Massachusetts Executive Office of Public Safety
Statistical Analysis Center
One Ashburton Place, Suite 2110
Boston, MA 02108

Tel: (617) 727-6300 x25341

Fax: (617) 727-5356

V. Resource Information

Massachusetts Department of Public Health

Department of Public Health
250 Washington Street
Boston, MA 02108
(617) 624-5200

DPH Divisions and Programs

Center for Health Information, Statistics, Research, and Evaluation
Massachusetts Cancer Registry
250 Washington Street, 6th Floor
Boston, MA 02108
(617) 624-5642

Childhood Lead Poisoning Prevention Program
250 Washington Street
Boston, MA 02108
(617) 624-5757 or (800) 532-9571

Division of Epidemiology and Immunization
State Laboratory Institute
305 South Street
Jamaica Plain, MA 02130
(617) 983-6800

Division of Health Care Quality
Patient Complaint Unit
10 West Street, 5th Floor
Boston, MA 02111

Phone: (800) 462-5540 (during business hours); (617) 983-6800 (nights and weekends);
(617) 983-6200 (back-up)

Fax: (617) 753-8165

Division of STD Prevention
305 South Street
Boston, MA 02130
(617) 983-6940

Division of Tuberculosis Prevention and Control
305 South Street
Boston, MA 02130

(888) MASS-MTB or (617) 983-6970

HIV/AIDS Surveillance Program
Room 241, 2nd Floor
State Laboratory Institute
305 South Street
Boston, MA 02130

(617) 983-6560

Occupational Health Surveillance Program
250 Washington Street, 6th floor
Boston, MA 02108

Telephone: (617) 624-5632

Fax: (617) 624-5695

Registry of Vital Records and Statistics
150 Mount Vernon Street, 1st Floor
Dorchester, MA 02125

(617) 740-2620

Other State Agencies and Departments

Commission for the Blind
48 Boylston Street
Boston, MA 02116

(617) 727-5550 or (800) 392-6450

Department of Public Safety
Office of the State Fire Marshal
P.O. Box 1025
Stow, MA 01775

Burn Registry Hotline: (800) 475-3443

Department of Social Services
24 Farnsworth Street
Boston, MA 02210

(800) 792-5200 (24-hour hotline) or (617) 748-2000 (regular business hours)

Department of Elder Affairs
1 Ashburton Place, 5th Floor
Boston, MA 02108

(800) 922-2275 (24-hour hotline); (617) 727-7750; (800) 882-2003

Disabled Persons Protection Commission
50 Ross Way
Quincy, MA 02169

(800) 426-9009 (24-hour hotline)

Executive Office of Public Safety — Statistical Analysis Center
One Ashburton Place
Suite 2110
Boston, MA 02108

Tel: 617-727-6300 x25341

Fax: 617-727-5356

Office of the Chief Medical Examiner
720 Albany Street
Boston, MA 02118

(617)0. 267-6767

State Police
Criminal Information Division
470 Worcester Road
Framingham, MA 01702

(508) 820-2129 (voice)

(508) 820-2128 (FAX)

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MASSACHUSETTS MEDICAL SOCIETY

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