



AMERICAN ASSOCIATION OF  
ORTHOPAEDIC SURGEONS

Professional Compliance  
Program

## Professional Compliance Program Grievance Report

**Please complete this form carefully. All material that you wish AAOS to consider must either accompany this form or be sent electronically and identified as grievance material. AAOS will not review grievance material submitted electronically until a signed and dated grievance report form is received in the Office of General Counsel. AAOS will return this form and all accompanying materials to you if this form is not signed or if it does not conform to the required format.**

**Patient health information in your answers and supporting materials must follow the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Generally, all patient-identifiable health information must be removed from grievances before they can be accepted by AAOS. The HIPAA requirements for de-identifying patient information are attached. AAOS will return to you supporting material that is not consistent with HIPAA requirements.**

**All grievance forms and accompanying materials must be submitted to:**

American Academy of Orthopaedic Surgeons  
9400 West Higgins Road  
Rosemont, IL 60018-4976  
Attention: Office of General Counsel  
OR  
[professionalcompliance@aaos.org](mailto:professionalcompliance@aaos.org)

**No inquiry, correspondence or materials may be sent to members of the Committee on Professionalism (COP), the Judiciary Committee, or any other AAOS official or officer, staff or representative. Verbal contact may be made only through the Office of the General Counsel.**

**AAOS will acknowledge your grievance and transmit a copy of the Professional Compliance Procedures to you. The Office of General Counsel will refer grievances that meet the criteria for review to the Committee on Professionalism (COP).**



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### **Section I: Contact Information**

**Your Name (Grievant):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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### **Section II: Information about the Grievance**

**1. Name and address of the Fellow or Member who is the subject (Respondent) of this report:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Date(s) of the action or statement that is the subject matter of this grievance:**

\_\_\_\_\_

3. If the underlying matter has been before a court, state medical board, or other state or federal administrative body, please attach an order from the appropriate authority referencing all parties and indicating that the matter has reached a final conclusion.

\_\_\_ **Order attached**

4. If there is a confidentiality or non-disclosure agreement or a protective order related to this matter, please attach a copy of the agreement or protective order. *You should consult your attorney about any agreement or protective order.*

\_\_\_ **Agreement/Protective Order attached**

**Section III: Information About the Specific Allegation**

The Professional Compliance Program requires that you provide detailed information for each action or statement that you allege violated an AAOS Standard of Professionalism. For each action or statement, please provide separate answers to each of the questions below. Each set of answers will form a single allegation.

5. **Identify the AAOS Standards of Professionalism (SOP) and the Mandatory Standards Number(s) that you allege were violated. Reports without this information will be returned.**

Check one*	SOPs Subject to this Grievance Report	Mandatory Standards (List each Standard Number)
	Providing Musculoskeletal Services to Patients	
	Professional Relationships	
	Orthopaedic Expert Opinion and Testimony <i>(for opinions rendered on or after May 12, 2010)</i>	
	Research and Academic Responsibilities	
	Advertising by Orthopaedic Surgeons	
	Orthopaedist-Industry Conflicts of Interest	

*\* A separate Grievance Report Form must be completed for each different set of SOPs alleged to be in violation (i.e., violations of Professional Relationships and Expert Opinion & Testimony would be two Grievances). Each SOP will be reviewed as a separate grievance matter.*

6. **Grievance Statement:** Please provide a statement on a separate document that is typed (word processed) and includes your name and the name of the individual you consider to have committed the violation. To complete the filing of the grievance, you must also:

- Describe in detail how the action or statement(s) of the individual was in violation of each of the Mandatory Standards Number(s) you have identified above, and identify any evidence that supports your allegation(s).

- Attach pertinent medical records, operative reports and/or office notes with patient information de-identified pursuant to HIPAA requirements.

- Provide electronic images (jpg, pdf, or tif files) on a USB that allow for duplication. Patient information (e.g. patient name, medical record or patient number, DOB) must also be de-identified from the image(s).

*Attach complete copies of relevant documents that you intend to rely on as evidence, providing specific page references to the sections that support your allegations. Pursuant to HIPAA requirements, you must de-identify all patient information in your attachments. See Requirements for De-Identifying Patient Information on page 6 of this Report Form.*

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#### **Section IV: Information About Allegations of Unethical Orthopaedic Expert Opinion**

*Answer the following questions only if this complaint involves allegations that a Fellow or Member testified in a manner that allegedly violated the Standards of Professionalism for Orthopaedic Expert Opinion and Testimony. Submissions of expert reports, depositions, testimony and/or accompanying exhibits, must also have the patient information de-identified, even if the underlying matter was of public record.*

7. **Did the Fellow or Member prepare a written report?**  Yes  No  
If yes, please submit a complete copy of the report.

8. **Did the Fellow or Member testify at a deposition?**  Yes  No  
If yes, please submit a complete transcript of the pertinent deposition testimony, including copies of any relevant exhibits.

**Note: Videotaped depositions must be transcribed to written format before submitting to the AAOS.**

9. **Did the Fellow or Member testify at trial?**  Yes  No  
If yes, please submit a complete transcript of the pertinent trial testimony, including copies of any relevant exhibits.

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**Section V: Signature Page**

*Please note: AAOS will not review grievance material submitted electronically until an original signed and dated grievance application is received in the Office of General Counsel.*

As an AAOS Fellow or Member, I understand that I must act professionally and ethically in every aspect of my participation in the Professional Compliance Program, including my obligation to provide only truthful and accurate information in my grievance.

I warrant that the above contents are true and correct to the best of my knowledge and that nothing has been concealed. I agree to promptly notify the AAOS Office of General Counsel of any change that is relevant to my grievance.

I understand that matters in active litigation, arbitration or mediation; under review by a state medical board or other state or federal agency; or the subject of a peer review investigation will not be considered under the Professional Compliance Program. I warrant that any and all such activity, including any available appeal, has concluded.

After submitting this grievance, I will notify AAOS if the matter addressed in the grievance becomes the subject of litigation, arbitration, mediation, administrative review, or review by a state medical board or other state or federal agency. I understand that the AAOS will suspend and hold my grievance in abeyance pending final resolution of the proceedings.

I will treat all grievance information as confidential and direct all grievance-related communication to the Office of General Counsel. I agree not to share information about this grievance with others unless and until the AAOS Board of Directors has taken final action. If I disclose confidential information and harm results to the Respondent and/or the AAOS, I understand that my grievance may be dismissed without any further consideration. I will hold the AAOS harmless from any resulting damages.

**Furthermore, I acknowledge the risks associated with participation in the Professional Compliance Program, including risk of litigation. I understand that I have the right to seek the advice of my own counsel and/or to review insurance policies which may cover these activities and any associated legal fees or costs. Although the AAOS Bylaws include a Covenant Not to Sue for matters that are related to the Professional Compliance Program (Association Bylaws Article VIII, Section 8.10), I understand that this provision may not provide absolute protection against litigation. Finally, I acknowledge that AAOS is not responsible for any fees or costs I may incur before, during or after my participation in the Professional Compliance Program.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Requirements for De-Identifying Patient Information for the AAOS Professional Compliance Program**

**The AAOS Professional Compliance Program generally requires that Fellows or Members who submit patient information through the grievance process de-identify that information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. Material submitted to AAOS must not contain the following identifiers of the patient or of relatives, employers, or household members of the patient:**

1. Patient name
2. All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code and geocodes (Names of hospitals and facilities containing these descriptors should not be redacted)
3. Birth date (age is acceptable)
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social security numbers
8. Patient identification or medical record number
9. Patient account number
10. Health plan beneficiary numbers
11. Certificate and license numbers
12. Vehicle identifiers (including license plate number) and serial numbers
13. Medical device serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers (including finger and voice prints)
17. Full face photographs and comparable images
18. Any other unique identifying number, characteristic, or code

You must not disclose patient information to AAOS if you have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is the subject of the information. Lastly, you should consider discussing your submission with your attorney to ensure that you would not violate patient confidentiality, the physician-patient privilege, any state privacy laws or the HIPAA Privacy Rule by submitting the information.