

360-3-.02 Unprofessional Conduct Defined.

O.C.G.A. §§ 43-1-19 and 43-34-37 authorize the Board to take disciplinary action against licensees for unprofessional conduct. “Unprofessional conduct” shall include, but not be limited to, the following:

- (1) Prescribing controlled substances for a known or suspected habitual drug abuser or other substance abuser in the absence of substantial justification.
- (2) Writing prescriptions for controlled substances for personal use or, except for documented emergencies, for immediate family members. For purposes of this rule, “immediate family members” include spouses, children, siblings, and parents.
- (3) Prescribing, ordering, dispensing, administering, selling or giving any amphetamine, sympathomimetic amine drug or compound designated as a Schedule II Controlled Substance under O.C.G.A. T. 16, Ch. 13, to or for any person except in the following situations:
 - (a) Treatment of any of the following conditions:
 1. Attention deficit disorder;
 2. Drug induced brain dysfunction;
 3. Narcolepsy;
 4. Epilepsy or;
 5. Depression or other psychiatric diagnosis.
 - (b) For clinical investigations conducted (1) under protocols approved by a state medical institution permitted by the Georgia Department of Human Resources (“DHR”) and (2) with human subject review under the guidelines of the United States Department of Health and Human Services.
- (4) Pre-signing prescriptions that have the patient’s name, type of medication, or quantity blank.
- (5) Prescribing controlled substances (O.C.G.A. T. 16, Ch. 13, Art. 2) and/or dangerous drugs (O.C.G.A. T. 16, Ch. 13, Art. 3) for a patient based solely on a consultation via electronic means with the patient, patient’s guardian or patient’s agent. This shall not prohibit a licensee who is on-call or covering for another licensee from prescribing up to a 72-hour supply of medications for a patient of such other licensee nor shall it prohibit a licensee from prescribing medications when documented emergency circumstances exist.
- (6) Providing treatment via electronic or other means unless a history and physical examination of the patient has been performed by a Georgia licensee. This shall not prohibit a licensee who is on call or covering for another licensee from treating and/or consulting a patient of such other licensee. Also, this paragraph shall not prohibit a

patient's attending physician from obtaining consultations or recommendations from other licensed health care providers.

(7) Failing to maintain appropriate patient records whenever Schedule II, III, IV or V controlled substances are prescribed. Appropriate records, at a minimum, shall contain the following:

(a) The patient's name and address;

(b) The date, drug name, drug quantity, and patient's diagnosis necessitating the Schedule II, III, IV, or V controlled substances prescription; and

(c) Records concerning the patient's history.

(8) Committing any act of sexual intimacy, abuse, misconduct, or exploitation of any individual related to the physician's practice of medicine regardless of consent. The rule shall apply to former patients where the licensee did not terminate in writing the physician-patient relationship before engaging in a romantic or sexual relationship with the patient and/or where the licensee used or exploited the trust, knowledge, emotions or influence derived from the prior professional relationship. The Board will consider the physician-patient relationship terminated if the physician has not evaluated or treated the patient for a period of at least two (2) years.

(9) Failing to comply with the provisions of O.C.G.A. Section 31-9- 6.1 and Chapter 360-14 of the Rules of Composite State Board of Medical Examiners relating to informed consent, which requires that certain information be disclosed and that consent be obtained regarding any surgical procedure performed under general anesthesia, spinal anesthesia, or major regional anesthesia or an amniocentesis procedure or a diagnostic procedure that involves the intravenous injection of a contrast material.

(10) Failing to conform to the recommendation of the Centers for Disease Control for preventing transmission of the Human Immunodeficiency Virus, Hepatitis B Virus, Hepatitis C Virus, and Tuberculosis to patients during exposure-prone invasive procedures. It is the responsibility of all persons currently licensed by the Board to maintain familiarity with these recommendations, which the Board considers the minimum standards of acceptable and prevailing medical practice.

(11) Failing to timely respond to an investigative subpoena issued by the Board.

(12) Conducting a physical examination of the breast and/or genitalia of a patient of the opposite sex without a chaperone present.

(13) Practicing medicine while mentally, physically, or chemically impaired.

(14) Failing to use such means as history, physical examination, laboratory, or radiographic studies, when applicable, to diagnose a medical problem.

(15) Failing to use medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation, or addiction in the treatment of patients. However, nothing herein shall be interpreted to prohibit investigations conducted under protocols approved by a state medical institution permitted by DHR and with human subject review under the guidelines of the United States Department of Health and Human Services.

(16) Failing to maintain patient records documenting the course of the patient's medical evaluation, treatment, and response.

(a) A physician shall be required to maintain a patient's complete medical record, which may include, but is not limited to, the following: history and physical, progress notes, X-ray reports, photographs, laboratory reports, and other reports as may be required by provision of the law. A physician shall be required to maintain a patient's complete treatment records for a period of no less than 10 years from the patient's last office visit.

(b) The requirements of this rule shall not apply to a physician who has retired from or sold his or her medical practice if:

1. such physician has notified his or her patients of retirement from or sale of practice by mail, at the last known address of his or her patients, offering to provide the patient's records or copies thereof to another provider of the patient's choice and, if the patient so requests, to the patient;

2. has caused to be published, in the newspaper of greatest circulation in each county in which the physician practices or practiced and in a local newspaper that serves the immediate practice area, a notice which shall contain the date of such retirement or sale that offers to provide the patient's records or copies thereof to another provider of the patient's choice, and if the patient so requests, to the patient; and

3. has placed in a conspicuous location in or on the façade of the physician's office, a sign announcing said retirement or sale of the practice. The sign shall be placed 30 days prior to retirement or the sale of the practice and shall remain until the date of retirement or sale.

4. Both the notice and sign required by rule 360-3-.02(16)(c) shall advise the physician's patients of their opportunity to transfer or receive their records.

(c) The period specified in this rule may be less than the length of time necessary for a physician to protect himself or herself against other adverse actions. Therefore, physicians may wish to seek advice from private counsel or their malpractice insurance carrier.

(17) Failing to attempt to inform a patient of the receipt of laboratory test results within 14 days of the physician receiving those results, unless the standard of care requires a

more immediate notification. Dates that laboratory test results are received and attempts to contact patients shall be documented in the patient record.

(18) Any other practice determined to be below the minimal standards of acceptable and prevailing practice.

(19) To provide a false, deceptive or misleading statement(s) as a medical expert.

(20) Failing to report to the Board within 30 days of becoming unable to practice medicine with reasonable skill and safety by result of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition.

(21) to be an employee of a Physician's Assistant whom the physician supervises in the performance of medical tasks or in providing patients' services. This rule shall not apply to a physician who can establish to the Board's satisfaction that:

(a) the arrangement specifically mandates that the physician exercises independent judgment and control in the practice of medicine;

(b) the physician's actions while engaging in the practice of medicine shall not, under any circumstances, be subject to the control of the physician's assistant; and

(c) the policies and procedures implemented prevent the exertion of undue influence by the employing physician's assistant.

Authority O.C.G.A. Secs. 16-13-41, 16-13-74, 31-9-6.1, 31-33-2, 43-1-19, 43-1-25, 43-34-21, 43-34-24, 43-34-24.1, 43-34-37. **History.** Original Rule entitled "Unprofessional Conduct Defined" adopted. F. Jan. 24, 2002; eff. Feb. 13, 2002. **Amended:** F. Sept. 18, 2003; eff. Oct. 8, 2003. **Amended:** F. Dec. 10, 2004; eff. Dec. 30, 2004. **Amended:** F. May 10, 2005; eff. May 30, 2005. **Amended:** F. Feb. 10, 2006; eff. Mar. 2, 2006. **Amended:** F. Sept. 19, 2007; eff. Oct. 9, 2007. **Amended:** F. Nov. 10, 2008; eff. Nov. 30, 2008.