Fair Hearing Policy

AVITA HEALTH SYSTEM

A Medical Staff Document

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ARTICLE I DEFINITIONS, DESIGNEES & APPLICABILITY

1.1 DEFINITIONS

1.1.1 The definitions in the Medical Staff Bylaws shall apply to this Fair Hearing Policy (Policy) unless otherwise specified herein.

1.2 DESIGNEES

1.2.1 Whenever an individual is authorized in the Medical Staff governing documents to perform a duty by virtue of his/her position, then reference to the individual shall also include the individual's authorized designee.

1.3 APPLICABILITY

1.3.1 The purpose of this Policy is to provide a mechanism for resolution of matters Adverse to Medical Staff Appointees who have been granted Medical Staff appointment and/or Privileges at the Hospital, or Practitioner applicants who have requested Medical Staff appointment and/or Privileges at the Hospital.

1.3.2 This Policy is <u>not</u> applicable to Advanced Practice Providers. Procedural due process rights for Advanced Practice Providers are set forth in the Advanced Practice Provider Policy, as such policy may be amended from time to time.

ARTICLE 2 MEDICAL STAFF HEARINGS

2.1 ADVERSE RECOMMENDATION OR ACTION

2.1.1 By the MEC: Unless otherwise provided in the Medical Staff Bylaws or this Policy, when an Appointee or Applicant receives notice of an Adverse recommendation of the MEC, the Applicant/Appointee shall be entitled to a hearing and appellate review, if applicable, in accordance with the procedures set forth in this Policy.

2.1.2 By the Board: Unless otherwise provided in the Medical Staff Bylaws or this Policy, when an Appointee or Applicant receives notice of an Adverse recommendation or action of the Board, and such decision is not based on a prior Adverse recommendation of the MEC with respect to which the Appointee or Applicant was entitled to a hearing, the Appointee or Applicant shall be entitled to a hearing and appellate review, if applicable, in accordance with the procedures set forth in this Policy.

2.2 RIGHT TO A HEARING

2.2.1 Recommendation or Actions

(a) Unless the Medical Staff Bylaws or this Policy provide otherwise, the following recommendations or actions shall, if deemed Adverse, entitle the Practitioner affected thereby to a hearing:

(i) Denial of initial Medical Staff appointment and/or Privileges or reappointment and/or regrant of Privileges.

(ii) Suspension, restriction, or termination of Medical Staff appointment and/or Privileges as part of a formal corrective action process.

(iii) Imposition of a focused professional practice evaluation resulting in a limitation on previously exercised Privileges as part of a formal corrective action process.

(iv) Other recommendations or actions as so designated by the MEC and/or the Board.

2.2.2 When Deemed Adverse

(a) A recommendation or action listed in Section 2.2-1 shall be deemed Adverse, as such term is defined in the Medical Staff Bylaws, only when it has been:

(i) Recommended by the MEC; or

(ii) Taken by the Board contrary to a favorable recommendation by the MEC under circumstances where no prior right to a hearing existed; or

(iii) Taken by the Board on its own initiative without benefit of a prior recommendation by the MEC.

(b) Recommendations or actions pertaining to a Practitioner's Medical Staff appointment and/or Privileges that are not based upon the Practitioner's clinical competence or conduct shall not give rise to hearing or appellate review rights unless otherwise specified in the Medical Staff Bylaws or this Policy.

2.3 RECOMMENDATIONS/ACTIONS THAT DO NOT GIVE RIGHT TO A HEARING

2.3.1 The following actions are not deemed to be Adverse and shall not constitute grounds for or entitle the Practitioner to request a hearing.

(a) Any action recommended or taken by the MEC or the Board against a Practitioner where the action was recommended or taken solely for administrative or technical failings of the Practitioner (*e.g.* failure of a Practitioner to satisfy the basic qualifications for Medical Staff appointment and/or Privileges or to provide requested information, *etc*.).

(b) The denial, termination, modification, or suspension of temporary, emergency, disaster, or telemedicine Privileges.

(c) Ineligibility for Medical Staff appointment, reappointment, and/or the Privileges requested because the Hospital is presently a party to an exclusive contract for such services.

(d) Ineligibility for Medical Staff appointment and/or requested Privileges because of the Hospital's lack of facilities, equipment, or support services; because the Hospital has elected not to perform or does not provide the service(s) which the Practitioner intends to provide or the procedure(s) for which Privileges are sought; or inconsistency with the Hospital's strategic plan.

(e) An automatic suspension or automatic termination of Medical Staff appointment and/or Privileges based upon the grounds set forth in the Medical Staff Bylaws.

(f) The issuance of an oral or written warning, a letter of admonition, or a letter of reprimand.

(g) Imposition of focused or ongoing professional practice evaluation as part of the routine peer review process.

(h) Termination of the Practitioner's employment or other contract for services unless the employment or services contract provides otherwise or the basis of the contract termination is such that the Hospital is obligated to report the Practitioner's actions to the National Practitioner Data Bank. In the latter circumstance, the Practitioner will be entitled, if applicable, to the rights set forth in this Fair Hearing Policy only with respect to those issues that formed the basis for the reporting requirement.

(i) Any other recommendation or action of the MEC or Board that does not relate to the conduct or clinical competence of a Practitioner unless the Medical Staff Bylaws or Policies specifically state such recommendation or action to be Adverse.

2.4 NOTICE OF ADVERSE RECOMMENDATION OR ACTION

2.4.1 A Practitioner against whom an Adverse recommendation or action has been initiated shall promptly be given Special Notice thereof by the Chief of Staff or the Chief Executive Officer, as applicable.

2.4.2 Such notice shall state that:

(a) A professional review action has been initiated against the Practitioner and the reasons for the Adverse recommendation or action including a concise statement of the basis for the recommended denial of Medical Staff appointment and/or Privileges or the Practitioner's alleged acts or omissions including a list of the specific or representative medical records in question, if applicable, and any other information forming the basis for the Adverse recommendation or action.

(b) The Practitioner has the right to request a hearing on the Adverse recommendation or action within thirty (30) days from the date of receipt of the *Notice of Adverse Recommendation or Action* in the manner set forth in Section 2.4-2 below.

(c) Failure to request a hearing in the manner and within the time period specified shall constitute a waiver of the Practitioner's right to a hearing and to an appellate review on the issue that is the subject of the *Notice of Adverse Recommendation or Action*.

(d) The Practitioner has those hearing rights specified in Section 2.9.3 of this Policy.

2.5 REQUEST FOR HEARING

2.5.1 A Practitioner shall have thirty (30) days from the date of receipt of a *Notice of Adverse Recommendation or Action* pursuant to Section 2.4-1 to file a written request for a hearing.

2.5.2 Such request shall be delivered to the Hospital CEO by Special Notice.

2.6 WAIVER/FAILURE TO REQUEST A HEARING

2.6.1 A Practitioner who fails to request a hearing within the time and in the manner specified in section 2.4-2 waives the right to such hearing and to any appellate review to which he/she might otherwise have been entitled.

2.6.2 The Adverse recommendation or action shall thereafter be presented to the Board for final decision. The Practitioner shall be informed of the Board's final decision by Special Notice.

2.7 NOTICE OF HEARING

2.7.1 Upon receipt of a timely and proper request for hearing, the Hospital CEO shall schedule and arrange for a hearing.

(a) At least thirty (30) days prior to the hearing, the Hospital CEO shall give the Practitioner Special Notice of the time, place, and date of the hearing as well as a list of witnesses, if any, expected to testify at the hearing in support of the Adverse recommendation or action on behalf of the MEC or Board, whichever the case may be. The *Notice of Hearing* shall include the time frame within which the Practitioner must provide the MEC or Board, as applicable, his/her list of witnesses and the manner in which to do so.

(b) The *Notice of Hearing* shall also outline a schedule for exchange of documents upon which each party expects to rely at the hearing. Such exchange of documents shall not constitute a waiver of the confidentiality and discovery provisions pertaining to peer review documents and proceedings under Ohio law.

2.7.2 The hearing date shall be not less than thirty (30) days nor more than sixty (60) days from the date of the *Notice of Hearing* unless otherwise mutually agreed to by the parties; provided, however, that a hearing for a Practitioner who is under a summary suspension then in effect shall be held, at the Practitioner's request, as soon as the arrangements for it may reasonably be made provided that the Practitioner agrees to waive the time requirements of this paragraph.

2.7.3 Each party remains under a continuing obligation to provide to the other party any documents or witnesses identified after the initial exchange that a party intends to introduce at the hearing. The introduction of any documents not provided prior to the hearing, or the admissibility of testimony to be presented by a witness not so listed, shall be at the discretion of the presiding officer.

2.8 APPOINTMENT OF HEARING PANEL OR HEARING OFFICER

2.8.1 The body (*i.e.*, the MEC or Board) whose Adverse recommendation or action gave rise to the hearing shall determine whether the hearing will be conducted by a hearing panel or hearing officer.

(a) If a hearing panel is appointed, it shall consist of not less than three (3) members chosen by the MEC or Board, as applicable, who may be Practitioners with Clinical Privileges at the Hospital, other individuals affiliated with the Hospital, other Practitioners or individuals not affiliated with the Hospital, or a combination thereof. When a hearing panel is utilized and when clinical competency of the Practitioner is at issue, at least one (1) panel member should be a Practitioner practicing in the same specialty area as the Practitioner in question.

(b) If a hearing officer is appointed, he/she may be a Practitioner, an individual from outside the Hospital such as an attorney, or other individual qualified to conduct the hearing. The hearing officer is not required to be a Medical Staff Appointee.

2.8.2 Any person shall be disqualified from serving as a hearing officer, on a hearing panel, or as a presiding officer if the person directly participated in initiating the Adverse recommendation or action, or in investigating the underlying matter at issue; if the person has taken an active part in the matter contested; or if the person is a direct economic competitor or otherwise has a conflict of interest with the Practitioner involved in the hearing.

2.8.3 In the event that an attorney serves as the hearing officer, on the hearing panel, or as a presiding officer, he/she must not represent clients in direct economic competition with the Practitioner who is the subject of the hearing.

2.9 HEARING PROCEDURE

2.9.1 Personal Presence

(a) The personal presence of the Practitioner who requested the hearing shall be required.

(b) A Practitioner who fails, without good cause, to appear and proceed at such hearing shall be deemed to have waived his or her right to such hearing and to any appellate review to which he/she might otherwise have been entitled in the same manner and with the same consequence as provided in Section 2.6.

2.9.2 Presiding Officer

(a) If a hearing panel is established, the body whose Adverse recommendation or action triggered the hearing will decide, in its discretion, whether one

of the panel members shall act as presiding officer or if another individual (such as an attorney) should be appointed to this position. If an individual in addition to the hearing panel members is selected as the presiding officer, such individual shall not be entitled to vote on the hearing panel's recommendation.

(b) If a hearing officer is utilized in lieu of a hearing panel, the hearing officer shall also act as the presiding officer.

(c) The presiding officer shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence. The presiding officer shall determine the order of procedure during the hearing and shall make all rulings on matters of law, procedure, and the admissibility of evidence.

2.9.3 Right of the Parties

(a) During a hearing, each of the parties shall have the right to:

(i) To be provided with a list of witnesses and copies of documents that will be relied upon by the other party at the hearing subject to Section 2.7.

(ii) Call, examine, and cross-examine witnesses.

(iii) Introduce exhibits.

(iv) Impeach (challenge the credibility of) any witness.

(v) Request that a record of the hearing be made, copies of which may be obtained by the Practitioner upon payment of any reasonable charges associated with the preparation thereof.

(vi) Representation by an attorney or other person of the party's choice.

(vii) Be apprised of whether the hearing will be before a hearing panel or hearing officer.

(viii) Present and/or rebut evidence determined relevant by the presiding officer regardless of its admissibility in a court of law.

(ix) Submit a written statement at the close of the hearing.

(x) Receive, upon completion of the hearing, a copy of the written recommendation of the hearing officer or hearing panel, including a statement of the basis for the hearing officer's or hearing panel's recommendation, and a copy of the written decision of the Board, including a statement of the basis for the Board's decision.

2.9.4 Representation

(a) The Practitioner who requested the hearing shall be entitled to be accompanied by and represented at the hearing by an attorney or other person of the Practitioner's choice.

(b) The chair of the MEC or Board, as applicable, may appoint an attorney and/or one of its members to represent the MEC or Board at the hearing, to present the facts in support of its Adverse recommendation or action, and to examine witnesses.

(c) If either party will be accompanied by legal counsel, notice must be given to the other party at such time as counsel is obtained.

2.9.5 Practitioner Testimony

(a) If the Practitioner who requested the hearing does not testify in his of her own behalf, the Practitioner may be called and examined as if under cross-examination.

2.9.6 Evidentiary Matters

(a) The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs, shall be admitted, including hearsay, regardless of the admissibility of such evidence in a court of law.

(b) Each party shall, prior to and during the hearing, be entitled to submit memoranda concerning any issues of procedure, law, or fact and such memoranda shall become part of the hearing record.

(c) The presiding officer may, but shall not be required to, order that oral evidence be taken only on oath or affirmation administered by any person designated by the presiding officer and entitled to notarize documents in the State of Ohio.

2.9.7 Official Notice

(a) In reaching a decision, the hearing panel or hearing officer, as applicable, may take official note at any time for evidentiary purposes of any generally accepted technical or scientific principles relating to the matter at hand and of any facts that may be judicially noticed by Ohio courts.

(b) The parties to the hearing shall be informed of the principles or facts to be noticed and the same shall be noted in the hearing record. The parties shall be given the opportunity to request that a principle or fact be officially noticed or to refute any officially noticed principle or fact by evidence or

by written or oral presentation of authority in such manner as determined by the hearing officer or panel.

2.9.8 Communication with Hospital Employees

(a) Neither the Practitioner, nor his/her attorney, nor any other person on behalf of Practitioner shall contact a Hospital employee while the employee is working. The Practitioner (or his/her attorney or other agent) may contact the Hospital CEO (or legal counsel to the MEC/Board if representation is obtained) to request assistance in talking with Hospital employees.

(b) Hospital employees will be encouraged to participate in the peer review process; however, such participation is voluntary and the Hospital shall not require participation unless participation is part of the employee's job description. Upon request, Hospital employees may be accompanied by legal counsel (who may be the counsel that represents the MEC/Board) when meeting with the Practitioner (or his/her attorney or other agent).

2.9.9 Burden of Proof

(a) At the hearing, the MEC or Board, as applicable, and the Practitioner may make opening statements.

(b) Following the opening statements, the body whose Adverse recommendation or action occasioned the hearing shall have the initial obligation to present evidence in support thereof. The Practitioner shall thereafter be responsible for supporting his or her challenge to the Adverse recommendation or action proving, by clear and convincing evidence, that the grounds therefore lack any factual basis or that such basis, or the conclusions drawn therefrom, are arbitrary, capricious or not supported by substantial credible evidence. The MEC or Board, as applicable, shall have the right to present rebuttal witnesses following the presentation of the Practitioner's case.

(c) The parties may make closing statements following the introduction of all of the evidence and submit written statements at the close of the hearing.

2.9.10 Record of Hearing

(a) A record of the hearing shall be kept that is of sufficient accuracy to permit an informed and valid judgment to be made by any group that may later be called upon to review the record and render a recommendation or decision in the matter.

(b) The hearing panel or hearing officer, as applicable, shall arrange for a court reporter to transcribe the hearing.

(c) The hearing record shall include the hearing transcript, all exhibits introduced at the hearing, and all written statements submitted by/on behalf of the parties within the time limits set by the presiding officer.

(d) Upon request, the Practitioner shall be entitled to obtain a copy of the hearing record at his/her own expense.

2.9.11 Postponement

(a) Requests for postponement made prior to the appointment of a presiding officer shall be directed to the Hospital CEO.

(b) Requests for postponement of a hearing shall be granted by the presiding officer only upon a showing of good cause and only if the request therefore is made as soon as is reasonably practical. The presumption shall be that the hearing will go forward on its scheduled date in the absence of a showing of good cause.

2.9.12 Presence of Hearing Panel Members and Vote

(a) All members of the hearing panel must be present throughout the hearing and deliberations.

(b) If a panel member is absent from any part of the proceedings, the presiding officer, in his or her discretion, may rule that such member be excluded from further participation in the proceedings or recommendations of the panel.

2.9.13 Recesses and Adjournment

(a) The hearing officer or panel may recess the hearing and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation.

(b) Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed.

(c) The hearing shall not be declared finally adjourned until the hearing officer or panel has received the hearing transcript and any closing written statements to be submitted by the parties, whichever is later. The hearing officer or panel shall thereupon, at a time convenient to the hearing officer/panel, conduct deliberations outside the presence of the parties.

2.10 HEARING PANEL/OFFICER REPORT

2.10.1 Within thirty (30) days after final adjournment of the hearing, the hearing officer or panel shall make a written report of the hearing officer's/panel's findings and recommendation (including a statement of the basis for such recommendation) and

shall forward the same, together with the hearing record [as described in Section 2.9.10 (c)] to the body whose Adverse recommendation or action prompted the hearing.

2.10.2 Not later than its next regular meeting, the MEC or Board, as applicable, shall consider the same and affirm, modify, or reverse its original Adverse recommendation or action in the matter.

(a) When the MEC's final recommendation is favorable to the Practitioner, the matter shall be referred to the Board for a final decision.

(b) A favorable determination by the Board (whether as the initiating body or in affirmance of a favorable recommendation by the MEC) shall be effective as the Board's final decision and the matter shall be considered closed.

(c) If the final recommendation of the MEC or the proposed decision of the Board is Adverse to the Practitioner after exhaustion of his/her hearing rights, the Practitioner shall be entitled, upon timely and proper request, to an appellate review before a final decision is rendered on the matter by the Board.

2.10.3 The Hospital CEO, by Special Notice, shall provide the Practitioner with a copy of the hearing officer's or hearing panel's report and recommendation (including a statement of the basis therefore) together with the final recommendation of the MEC or proposed decision of the Board. In the event of an Adverse result, the notice shall also inform the Practitioner of his/her right to request an appellate review by the Board (as set forth in Article 3) before a final decision regarding the matter is rendered.

ARTICLE 3 APPELLATE REVIEW

3.1 REQUEST FOR APPEAL

3.1.1 Within ten (10) days after receiving notice of the Practitioner's right to request an appellate review, the Practitioner shall notify the Hospital CEO, by Special Notice, as to whether the Practitioner seeks to present a final argument to the Board prior to the Board rendering a final decision.

3.1.2 The argument may cover any matters raised at any step in the hearing process and legal counsel may assist in its preparation.

3.1.3 If the Practitioner wishes an attorney to represent him/her at any appellate review appearance permitted, his/her request for appellate review shall so state. The request shall also state whether the Practitioner wishes to present oral arguments to the Board.

3.1.4 A request by the Practitioner to present a final argument automatically entitles the MEC (provided the MEC was the initiating body) to present a final argument. The Board shall decide:

(a) Whether appellate review shall be based upon written and/or oral arguments.

(b) The date when written statements, if any, must be submitted and the manner in which to do so.

(c) The allotted time for oral arguments, if any, and whether oral arguments will be presented separately or with representatives of both parties in the room. Parties, or their representatives, appearing before the Board must answer questions posed to them by the Board.

3.2 WAIVER/FAILURE TO REQUEST APPELLATE REVIEW

3.2.1 A Practitioner who fails to request appellate review in the manner and within the time period set forth in Section 3.1 waives any right to such review and the matter shall thereafter be decided by the Board pursuant to Section 3.7.

3.3 NOTICE OF DATE, TIME, AND PLACE FOR APPELLATE REVIEW

3.3.1 Upon receipt of a timely request from the Practitioner for appellate review, the Hospital CEO shall deliver such request to the Board. As soon as practical, the Board shall schedule and arrange for the appellate review to take place.

3.3.2 At least ten (10) days prior to the date of appellate review, the Hospital CEO shall advise the Practitioner, by Special Notice, of the date, time, and place of the review, and whether written and/or oral arguments will be permitted. Appellate

review for a Practitioner under summary suspension shall be scheduled as soon as arrangements may reasonably be made provided that the Practitioner agrees to waive the time requirements set forth in this section.

3.4 NATURE OF PROCEEDINGS & PRESIDING OFFICER

3.4.1 The proceedings by the Board shall be in the nature of an appellate review based upon the record of the hearing before the hearing officer or panel, the hearing officer's or panel's report, and all subsequent results and actions therefrom, for the purpose of determining whether the Practitioner was denied a fair hearing and/or whether the Adverse recommendation or action against the Practitioner was justified as supported by substantial, credible evidence presented at the hearing and not arbitrary, capricious, or with prejudice.

(a) The Board shall also consider any written statements or oral arguments permitted.

(b) The Practitioner shall have access to the report and recommendation of the hearing panel or hearing officer, the recommendation(s) of the MEC or Board, as applicable, and the hearing record as described in Section 2.9.10 (c).

3.4.2 A quorum of the Board must be present throughout the appellate review and Board deliberations.

3.4.3 The Board chair shall preside over the appellate review including determining the order of procedure, making all required rulings, and maintaining decorum during the appeal proceeding.

3.5 CONSIDERATION OF NEW/ADDITIONAL EVIDENCE

3.5.1 If a party wishes to introduce new/additional evidence not raised or presented during the original hearing and not otherwise reflected in the hearing record, the party may make such request in writing at the time he/she submits a request for appellate review pursuant to Section 3.1.

3.5.2 The party may introduce such evidence at the appellate review only if expressly permitted by the Board, in its sole discretion, and only upon a clear showing by the party requesting consideration of the evidence that it is new, relevant evidence not previously available at the time of the hearing, or that a request to admit relevant evidence was previously and erroneously denied.

3.5.3 In the exceptional circumstance where the Board determines to hear such evidence, the Board shall further have the ability to recess appellate review and remand the matter back to the hearing officer/panel. In such event, the hearing shall be re-opened as to this evidence only, and the evidence shall be subject to submission and cross-examination (and/or counter-evidence).

3.5.4 The hearing officer/panel shall then prepare a supplemental report and submit it to the body whose Adverse recommendation or action initially gave rise to the hearing. The initiating body will then notify the Board, in writing, through the Hospital CEO as to whether the initiating body will or will not be amending its final recommendation or action and, as applicable, the nature of the amendment or reason for non-amendment.

3.5.5 The Hospital CEO shall then provide a copy of the hearing officer's/panel's supplemental report and the initiating body's final recommendation/proposed decision to the Practitioner and the appellate review process shall recommence, as applicable.

3.6 RECESSES AND ADJOURNMENT

3.6.1 The Board may recess the appellate review proceeding and reconvene the same without additional notice if such recess is deemed necessary for the convenience of the participants, to obtain new/additional evidence, or for consultation.

3.6.2 The appellate review shall be closed upon conclusion of oral statements, if permitted. The Board shall then deliberate outside the presence of the parties at such time and in such location as is convenient.

3.6.3 The appellate review shall be adjourned at the conclusion of the Board's deliberations.

3.7 FINAL DECISION OF THE BOARD

3.7.1 Within thirty (30) days after the appellate review is closed, the Board shall reach a decision.

(a) If the Board's decision is in accordance with the MEC's last recommendation or the Board's last action in the matter, it shall be immediately effective and final and shall not be subject to further hearing or appellate review.

(b) If the Board's decision is contrary to the MEC's last recommendation, or the Board's last action, the Board shall refer the matter to the Joint Conference Committee prior to issuing notice of its final decision. In such event, the Joint Conference Committee shall make its written recommendation to the Board within ten (10) days of receipt of the Board's request. The Board shall then make its final decision. The Board's final decision shall be immediately effective and the matter shall not be subject to any further referral or review.

3.7.2 The Hospital CEO shall send a copy of the Board's final written decision (with a statement of the basis for the decision) to the Practitioner by Special Notice, and to the MEC.

3.7.3 The Hospital CEO will report any final action taken by the Board pursuant to this Policy to the appropriate authorities as required by law and in accordance with applicable Hospital policies and procedures regarding the same.

ARTICLE 4 GENERAL PROVISIONS

4.1 NUMBER OF HEARINGS AND APPELLATE REVIEWS

4.1.1 No Practitioner shall be entitled as a right to more than one (1) evidentiary hearing and one (1) appellate review with respect to any Adverse recommendation or action on any specific matter.

4.1.2 Adverse recommendations or actions on more than one (1) matter may be consolidated and considered together or separately as the Board shall designate in its sole discretion.

4.2 WAIVER

4.2.1 If at any time after receipt of Special Notice of an Adverse recommendation, action, or result, a Practitioner fails to satisfy a request, make a required appearance, proceed, or otherwise comply with this Policy, the Practitioner shall be deemed to have voluntarily waived all rights to which the Practitioner might otherwise have been entitled under this Policy then in effect with respect to the matter involved.

4.3 EXHAUSTION OF REMEDIES

4.3.1 A Practitioner must exhaust the remedies afforded by the Medical Staff Bylaws and this Policy before resorting to any form of legal action.

4.4 RELEASE

4.4.1 By requesting a hearing or appellate review pursuant to this Policy, the Practitioner agrees to be bound by the provisions set forth in the Medical Staff Bylaws regarding confidentiality, immunity, and release of liability.

4.5 REPRESENTATION BY COUNSEL

4.5.1 At such time as the Practitioner, MEC, or Board is represented by legal counsel, then all notices required to be sent herein may be served upon legal counsel and the requirement that such notices by sent by Special Notice is hereby waived.

4.5.2 Such notices may thereafter be sent by regular first-class U.S. mail, telefax, e-mail, or in such other manner as is mutually agreeable to the parties.

4.6 ADOPTION AND AMENDMENT OF POLICY

4.6.1 This Policy may be adopted and amended in accordance with the applicable procedure set forth in the Medical Staff Bylaws.

CERTIFICATION OF ADOPTION & APPROVAL

Adopted by the Medical Executive Committee on:
November 21, 2024

Approved by Board on: December 4, 2024