

## **Board of Audiology and Speech-Language Pathology**

### **Confidential Consent Agreements**

Legislation enacted in 2003 authorized the health regulatory boards to resolve certain allegations of practitioner misconduct by means of a *Confidential Consent Agreement* (“CCA”). This agreement may be used by a board in lieu of public discipline, but only in cases involving minor misconduct and non-practice related infractions, where there is little or no injury to a patient or the public, and little likelihood of repetition by the practitioner.

A CCA shall not be used if the board determines there is probable cause to believe the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients, or (ii) conducted his/her practice in a manner as to be a danger to patients or the public.

A CCA shall be considered neither a notice nor an order of a health regulatory board, both of which are public documents. The acceptance and content of a CCA shall not be disclosed by either the board or the practitioner who is the subject of the agreement.

A CCA may be offered and accepted any time prior to the issuance of a notice of informal conference by the board. By law, the agreement document must include findings of fact and may include an admission or a finding of a violation. The entry of a CCA in the past may be considered by a board in future disciplinary proceedings. A practitioner may only enter into only two confidential consent agreements involving a standard of care violation within a 10-year period. The practitioner shall receive public discipline for any subsequent violation within the 10-year period, unless the board finds there are sufficient facts and circumstances to rebut the presumption that such further disciplinary action should be made public.

The **Board of Audiology and Speech-Language Pathology** adopts the following list of violations of Regulation or Statute that may qualify for resolution by a Confidential Consent Agreement:

1. Failure to notify board of change of address and/or name change in accordance with current regulations.
2. Failure to maintain and submit patient records and documentation when requested.
3. Failure to meet required Continuing Competency Requirements without approved request for an exception or an exemption.
4. Misrepresentation in advertising of name and/or credentials by licensee.
5. Inadvertent breach of confidentiality
6. Failure to report a violation.