

# Florida Geriatric Nurse Practitioner Conference

Orlando, FL

## Current Update in Advanced Practice Nursing: A Legal Perspective

Saturday, April 30, 2016

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Gregory A. Chaires has been Board Certified by the Florida Bar as a specialist in Health Law since 2001 and licensed to practice law in Florida since 1992. He has extensive experience representing health care providers, medical group practices, hospitals, and other health care facilities. He routinely advises on issues involving the federal Stark Self-Referral and Anti-kickback statutes, the Florida Patient Self-Referral Act, the Florida Anti-kickback Statute, as well as the False Claims Act and fee splitting prohibitions. Mr. Chaires provides representation concerning Medicare/Medicaid fraud and abuse investigations and prevention, HIPAA privacy and security regulations, reimbursement issues, compliance programs, physician employment agreements and medical staff privilege matters. Lastly, Mr. Chaires routinely represents physicians and other health care providers in professional license investigations and disciplinary actions before the various medical quality assurance boards such as the Florida Boards of Medicine, Osteopathic Medicine, Dentistry, Pharmacy, Chiropractic and Nursing. Prior to founding the firm, Mr. Chaires served the State of Florida as Assistant General Counsel to the Board of Medicine, as well as General Counsel to the Boards of Nursing, Dentistry, Respiratory Care and Opticianry through which he gained a significant knowledge and understanding of the regulatory process, invaluable in his assisting clients. In addition Mr. Chaires was the legal advisor to the Medicaid Fraud Control Unit for the Southern District of Florida for the Florida Office of the Attorney General.

Mr. Chaires has been awarded the highest "AV" rating by his legal peers through Martindale-Hubbell and has been practicing law for nearly twenty years. He was the only health care attorney recognized by his legal peers as the Orlando Business Journal among the "Best of the Bar 2006." Mr. Chaires was selected to Florida Trend Magazine's Legal Elite in 2007, 2008 and 2009 and was recently selected by his peers for inclusion in Best Lawyers in America 2008-2013 in Health law and listed in 2008-2016 Florida Super Lawyers (a registered trademark of Key Professional Media, Inc.). He is a frequent speaker and author on a variety of health care matters including disciplinary actions, Medicare/Medicaid audits, health care transactions and regulations and other health law and business law issues affecting both physicians and hospitals. Mr. Chaires is an active member of the Florida Bar and served for six years on the Executive Council of the Health Law of the Florida Bar, where he has initiated another term. He serves his community as Legal Counsel to the Central Florida Regional Health Organization, served ten years on the Board of Directors of the Health Care Center for the Homeless.

## *About our firm*

Today's health care environment has very complex legal and regulatory issues. It is anticipated that the health care industry will become more regulated and as such it is very important that providers, suppliers and companies work with legal counsel that keeps abreast of the ever changing legal environment. Our firm has a practical understanding of the challenges facing health care providers in the rapidly evolving and frequently changing environment of health care. To that end, we offer a diversified set of legal services and regulatory advice and our attorneys have the sophistication to assist in navigating the daily challenges experienced by health care providers.

Chaires, Brooderson & Guerrero, is a Florida law firm with a broad-based health care, regulatory, administrative and business law practice serving clients throughout the state of Florida. Our firm provides a diverse range of services to our clients. We feel it is our duty as attorneys to counsel our clients on preventive measures to avoid running afoul of the myriad of laws regulating the health industry.

Our firm prides itself on its knowledge of the health care industry and its ambition to provide practical solutions to complex legal and regulatory issues. Our attorneys have gained comprehensive knowledge through in-house, private practice and government experience that has provided us with a depth of understanding across multiple industries, as well as the knowledge of how things really work through application.

We are a results oriented law firm that strives to provide cost-effective assistance to those people and businesses we have the opportunity to represent. We welcome an opportunity to discuss your needs and legal concerns. Please feel free to contact us at any time.

# Session Overview

During this segment of the conference, participants will be informed about ongoing proposed legislation that, if codified, will result in significant changes for nurse practitioners. Participants will also be provided with bonus information to reduce liability exposure.

# Did you know?

## Senate and House Bills

Filed	1814
Passed First Chamber	447
Passed Both Chambers	279*

- One chamber resolutions not included

**Nine bills signed  
into law on  
Wednesday, March 23, 2016**

- SB 238 – Medical Assistant Certification
  - Repeals a voluntary certification for medical assistants
- SB 242 – Infectious Disease Elimination Pilot Program
  - Establishes a pilot program at University of Miami. Intent is to prevent the spread of HIV/AIDS and other blood borne diseases.
- SB 340 – Vision Care Plans
  - Relates to health insurance requirements for ophthalmologists and optometrists.

- SB 450 – Physical Therapy
  - Concerns licensure of physical therapists.
- Other bills: Adoption, Rape Kits, Community Residential Homes, Public Records Exemption.



**34 bills signed  
into law on  
Thursday, March 24, 2016**

Includes, in part:

- LEO body cameras, Motor vehicle manufacturers, Unlicensed activity, Public records, Mental health counseling interns, Title insurance, Fire safety, agriculture, unclaimed property, RICO, Bright Futures Scholarship, Medicaid Dental Family law, Child care, Patent Troll Prevention, Sex Offenders, etc.

# HB 183

- HB 183 – Administrative Procedures

Makes certain revisions to the Florida Administrative Procedures Act.

Administrative Procedures; Revises requirements related to administrative proceedings regarding rules, proposed rules, unadopted rules, & agency statements; revises authorities of administrative law judges; revises provisions regarding noticing of agency actions; authorizes petitioners to pursue collateral challenges; expands agency reporting requirements of certain minor rules; revises certain timeframes in administrative proceedings; requires certain challenges for regulatory permits for special events to follow summary hearing provisions.

# HB 307 & HB 1313

The Medical Use of Cannabis!

Relates to the Office of Compassionate Use.

Allows for cannabis use in certain situations for terminally ill patients.

# HB 375

## Physician Assistants

Revising circumstances under which a physician assistant may prescribe medication; authorizing a licensed physician assistant to perform certain services as delegated by a supervising physician; revising physician assistant licensure and license renewal requirements, etc.

# HB 1061

## The Nurse Licensure Compact

Authorizes Florida to enter into the Nurse Licensure Compact.

Nurse Licensure Compact; Creates Nurse Licensure Compact; provides for recognition of licenses in party states; provides requirements for obtaining & retaining multistate license; provides effect on current licensees; requires all party states to participate in coordinated licensure information system of all RNs & LPNs; provides for development of system, reporting procedures, & exchange of certain information between party states; establishes Interstate Commission of Nurse Licensure Compact Administrators; authorizes certain disciplinary action under compact for certain prohibited acts; requires Florida Center for Nursing to analyze supply & demand of nurses & make future projections; requires DOH to report significant investigative information on nurse licensee to coordinated licensure information system; requires nurse holding multistate license to report participation in treatment program to department; provides eligibility criteria for multistate license.

Effective Date: December 31, 2018, or upon enactment of the Nurse Licensure Compact into law by 26 states, whichever occurs first

# HB 1063

- HB 1063 – Public Records and Meetings

Creates a public records and meeting exemption for the Nurse Licensure Compact.

Public Records and Meetings/Nurse Licensure Compact; Provides exemption from public records requirements for certain information held by DOH or Board of Nursing pursuant to Nurse Licensure Compact; provides exemption from public meeting requirements for certain meetings of Interstate Commission of Nurse Licensure Compact Administrators; provides exemption from public records requirements for recordings, minutes, & records generated during closed portions of such meetings; provides for future legislative review & repeal of exemptions; provides statement of public necessity; provides for contingent effect.

# Policy

“Florida is currently the only state that does not allow ARNPs to prescribe controlled substances and is one of two states that does not allow PAs to prescribe these medications,” said Senate President Andy Gardiner (R-Orlando).

“This legislation will help expand the availability of quality medical care by allowing skilled practitioners with advanced medical training to better meet the needs of their patients.”



# Policy

“There are many rural communities across our state where physicians are simply not available and patients with serious medical conditions have to travel great distances to receive care,” said Senator Grimsley, a registered nurse with experience working in rural health care settings. “After completing years of education of clinical training, PAs and ARNPs have the skills needed to prescribe these medications to the patients they serve. This legislation will help make medical care more readily available while maintaining the high standards of training required to prescribe these controlled substances.”

See Senate Press Release; January 2016

# HB 1241

Allows nurse practitioners and physician assistants to order controlled substances under specific circumstances.

Ordering of Medication; Providing that a pharmacist may dispense an emergency opioid antagonist pursuant to a non-patient-specific standing order for an autoinjection delivery system or intranasal application delivery system; revising the authority of a licensed physician assistant to order medication under the direction of a supervisory physician for a specified patient; revising the term "prescription" to exclude an order for drugs or medicinal supplies dispensed for administration; authorizing a licensed practitioner to authorize a licensed physician assistant or advanced registered nurse practitioner to order controlled substances for a specified patient under certain circumstances, etc.

Approved by Governor Scott on March 25, 2016.

# HB 1245

- HB 1245 – Medicaid Provider Overpayments

Authorizes AHCA to certify certain payments.

Medicaid Provider Overpayments; Authorizes AHCA to certify that Medicaid provider is out of business & that overpayments made to provider cannot be collected under state law; revises method for verifying vendor delivery of home health services under home health agency monitoring pilot project.

**Florida Legislation  
Pending Approval**

# SB 152

Ordering of Medication: Revising the authority of a licensed physician assistant to order medication under the direction of a supervisory physician for a specified patient; authorizing an advanced registered nurse practitioner to order medication for administration to patients in specialized facilities; authorizing a licensed practitioner to authorize a licensed physician assistant or advanced registered nurse practitioner to order controlled substances for administration to patients in specified facilities under certain circumstances, etc.

Effective Date: 07/01/2016

Last Event: 02/29/16 S Placed on Calendar, on 2nd reading on Monday, February 29, 2016 6:06 PM

3/3/2016

Senate

- Read 2nd time -SJ 618
- Substituted HB 1241 -SJ 618
- Laid on Table, refer to HB 1241 -SJ 618

# Senate Bill 676

This bill allows ARNPs and PAs to obtain a DEA License and prescribe DEA regulated Medications.

# Senate Bill 676

On February 17, 2016, SB 676 was heard in the Senate Appropriations Committee and unanimously passed.

Remains on table.

# Senate Bill 676

Access to Health Care Services: Expanding the categories of persons who may prescribe brand name drugs under the prescription drug program when medically necessary; requiring a hospital to provide specified advance notice to certain obstetrical physicians before it closes its obstetrical department or ceases to provide obstetrical services; requiring the Board of Nursing to establish a committee to recommend a formulary of controlled substances that may not be prescribed, or may be prescribed only on a limited basis, by an advanced registered nurse practitioner; designates "The Barbara Lumpkin Prescribing Act"; requiring that certain health insurers that do not already use a certain form use only a prior authorization form approved by the Financial Services Commission in consultation with the Agency for Health Care Administration, etc.

Effective Date: Except as otherwise expressly provided in this act, this act shall take effect upon becoming a law

Last Event: 02/22/16 S CS/CS/CS by Appropriations read 1st time -SJ 436 on Monday, February 22, 2016 4:08 PM . LAID ON TABLE.



# Were you aware?

Florida is the only state that restricts ARNPs from prescribing DEA regulated medications.

Senate Bill 676 authorizes ARNPs and Physician Assistants to prescribe controlled substances under current supervisory standards for PAs and protocols for ARNPs. This begins January 1, 2017 and creates additional statutory parameters for their controlled substance prescribing. The bill requires PAs and ARNPs to complete biennial continuing education on the safe and effective prescribing of controlled substances.

# SB 210 & HB 423

If passed, both bills would authorize nurse practitioners to write controlled substances. Details to address regarding Board of Nursing oversight, time limits for prescriptions, additional qualifications for writing pediatric controlled substance prescriptions and requirements for more continuing education to be able to prescribe controlled substances.

# SB 210

## (withdrawn)

Expanding the categories of persons who may prescribe brand name drugs under the prescription drug program when medically necessary; exempting controlled substances prescribed by an advanced registered nurse practitioner or a physician assistant from the disqualifications for certification or licensure, and for continued certification or licensure, as a deputy pilot or state pilot; applying existing penalties for violations relating to the prescribing or dispensing of controlled substances by an advanced registered nurse practitioner; redefining the term “practitioner” to include advanced registered nurse practitioners and physician assistants under the Florida Comprehensive Drug Abuse Prevention and Control Act for the purpose of prescribing controlled substances if a certain requirement is met, etc.

Effective Date: Except as otherwise expressly provided in this act, this act shall take effect upon becoming a law

Last Event: 02/10/16 S Withdrawn from further consideration -SJ 344 on Wednesday, February 10, 2016 5:30 PM

# HB 423

## Drug Prescription by Advanced Registered Nurse Practitioners & Physician Assistants:

Expands categories of persons who may prescribe brand drugs under prescription drug program when medically necessary; exempts controlled substances prescribed by ARNP or physician assistant from disqualifications for certification or licensure as deputy or state pilot; applies certain existing penalties to ARNPs; requires ARNPs & physician assistants who prescribe controlled substances to make certain designation, comply with registration requirements, & follow specified standards of practice; redefines term "practitioner" to include ARNPs & physician assistants under Florida Comprehensive Drug Abuse Prevention & Control Act.

Effective Date: July 1, 2016

Last Event: Amendment 903523 filed on Monday, February 29, 2016 9:54 AM

Main Amendment Filing Deadline: Monday, February 29, 2016 2:00 PM

Adhering Amendment Filing Deadline: Monday, February 29, 2016 5:00 PM

Presented to Governor on March 30, 2016.

# Differences between SB 676 and HB 423

## SB 676:

1. Eliminates the medical-nursing Joint Commission. In its place, it requires that the Florida Board of Nursing establish a committee. This committee will be comprised of three ARNPs, three physicians, and a pharmacist and will be responsible for developing a formulary of drugs that nurses can or cannot prescribe. Additionally, the Committee must indicate specific uses and limited quantities.
2. Only psychiatric nurses will be authorized to prescribe mental health controlled substances to children.
3. Schedule II drugs are limited to a seven (7) day prescription. (This would not apply to psychiatric nurses.)
4. Authority to prescribe controlled substances will be limited only to ARNPs who have graduated from a program leading to a master's or doctoral degree in a clinical nursing specialty area with training in specialized practitioner skills.
5. As part of the 30 hour continuing education, ARNPs will be required to take three hours of continuing education in controlled substance prescribing.
  - The aforementioned requirements are not included in HB 432.

# **Miscellaneous Health Care Bills**

# SB 152

Persistence! This is the same bill as last year and has been referred to three (3) committees.

## Status:

On October 20, 2015, it passed out of Health Policy 9 – 0. On November 18, 2015, it passed out of Appropriates Subcommittee on Health and Human Services 8 – 0. It is still on table.



# **Behavioral Health**

# SB 1250

## Behavioral Health Workforce:

Expanding the categories of persons who may prescribe brand name drugs under the prescription drug program when medically necessary; authorizing procedures for recommending admission of a patient to a treatment facility; limiting the authority to prescribe a controlled substance in a pain-management clinic only to a physician licensed under chapter 458 or chapter 459, F.S.; specifying acts that constitute grounds for denial of a license or for disciplinary action against an advanced registered nurse practitioner, etc.

Effective Date: Except as otherwise expressly provided in this act, this act shall take effect upon becoming a law

Last Event: 02/26/16 S On Committee agenda-- Appropriations, 03/01/16, 10:00 am, 412 Knott Building on Friday, February 26, 2016 6:36 PM

Laid on table on March 9, 2016.

# HB 977

Expands categories of persons who may prescribe brand drugs under prescription drug program when medically necessary; exempts controlled substances prescribed by ARNP or physician assistant from disqualifications for certification or licensure as deputy or state pilot; applies certain existing penalties to ARNPs; requires ARNPs & physician assistants who prescribe controlled substances to make certain designation, comply with registration requirements, & follow specified standards of practice; redefines term "practitioner" to include ARNPs & physician assistants under Florida Comprehensive Drug Abuse Prevention & Control Act.

Effective Date: upon becoming a law

Signed by Officers and Presented to Governor on March 30, 2016.

# SB 1250 & HB 977

## Behavioral Health Workforce

- Allows psychiatric nurses to release a patient involuntary examined under the Baker Act from any receiving facility. This is additional province following the law passed last year where such nurses could do so from only receiving facilities owned or operated by a hospital or health system.
- Registration as a controlled substance prescribing practitioner. Requires a nurse practitioner or physician assistant who prescribes any controlled substance for the treatment of chronic nonmalignant pain to register with DOH. This is HUGE. It will subject registered controlled substance prescribing nurse practitioners and physician assistants to meet the statutory practice standards for such prescribing practitioners.

**IN MEMORIAM**

# SB 0946

Authorized Practices of Advanced Registered Nurse Practitioners and Physician Assistants:

Authorizing an advanced registered nurse practitioner to order medication for administration to patients in specified facilities; authorizing a licensed practitioner to authorize a licensed physician assistant or advanced registered nurse practitioner to order controlled substances for administration to patients in specified facilities under certain circumstances, etc.

Effective Date: 07/01/2016

Last Event: 02/17/16 S Now in Appropriations -SJ 425 on Wednesday, February 17, 2016 2:37 PM . Died in Appropriations 3/11/16.

# HB 281

## Drug Prescription by Advanced Registered Nurse Practitioners & Physician Assistants

Proposed to expand categories of persons who may prescribe brand drugs under prescription drug program when medically necessary; exempts controlled substances prescribed by ARNP or physician assistant from disqualifications for certification or licensure as deputy or state pilot; applies certain existing penalties to ARNP; requires advanced registered nurse practitioners & physician assistants who prescribe controlled substances to make certain designation, comply with registration requirements, & follow specified standards of practice; redefines term "practitioner" to include ARNPs & physician assistants under Florida Comprehensive Drug Abuse Prevention & Control Act.

Died on Second Reading Calendar on Tuesday, April 28, 2015 1:15 PM

# SB 1241 (withdrawn)

## Ordering of Medication:

Revises authority of licensed physician assistant to order medication under direction of supervisory physician for specified patient; authorizes an advanced registered nurse practitioner to order medication for administration to specified patient; revises term "prescription" to exclude an order for drugs or medicinal supplies dispensed for administration; revises term "administer" to include term "administration"; revises term "prescription" to exclude an order for drugs or medicinal supplies dispensed for administration; authorizes licensed practitioner to authorize licensed physician assistant or advanced registered nurse practitioner to order controlled substances for specified patient; reenacts provisions to incorporate amendments.

Effective Date: July 1, 2016

Last Event: Amendment 727583 withdrawn on Monday, February 29, 2016  
5:10 PM



# Keep an eye on the feds!

## **S. 578/ HR 1342: Home Health Care Planning Improvement Act of 2015:**

Introduced to Senate on February 26, 2015 and still active.

Seeks to amend Title XVIII of the Social Security Act (Medicare) to revise conditions of and limitations on payment for home health care services. If passed, will allow payment for home health services to a Medicare beneficiary by:

- (1) a nurse practitioner,
- (2) a clinical nurse specialist working in collaboration with a physician in accordance with state law,
- (3) a certified nurse-midwife, or
- (4) a physician assistant under a physician's supervision.

Currently assigned to a congressional committee on February 26, 2015. History: The bill was introduced on June 21, 2007, in a previous session of Congress. Due to lack of enough sponsors, it was not enacted.

# **Regarding Involuntary Examination**

# House Bill 325 & Senate Bill 572

Under current law, only a physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist or clinical social worker may initiate an involuntary examination.

These bills seek to change this such that an ARNP or Physician Assistant would be authorized to initiate an involuntary examination under the Baker Act. This would be accomplished by executing a certificate stating that one of these practitioners examined within the preceding 48 hours appears to meet the criteria for an involuntary examination relating to mental illness.

# House Bill 325 (died in Health Policy Committee

Involuntary Examinations under the Baker Act:

Authorizes physician assistants & ARNPs to initiate involuntary examinations under Baker Act of persons believed to have mental illness.

# Senate Bill 572

## Involuntary Examinations Under the Baker Act:

Authorizing physician assistants and advanced registered nurse practitioners to execute a certificate that finds that a person appears to meet the criteria for involuntary examination under the Baker Act of persons believed to have mental illness, etc.

Died on calendar.

# Not codified...

The bill amends s. 394.463(2), F.S., to add ARNPs and PAs to the list of health care providers who may initiate the involuntary examination of another person under the Baker Act. As a result, an ARNP or PA may initiate an involuntary examination by executing a certificate stating that he or she has examined another person within the past 48 hours and found that the person appears to meet the criteria for involuntary examination. The certificate must also state the observations on which the conclusion is based. The bill also amends s. 494.455, F.S., to define “advanced registered nurse practitioner” as “a person licensed in the state to practice professional nursing and certified in advanced or specialized nursing as defined in s. 464.003, F.S.” 25 and to tie the definition of a “physician assistant” to the existing definition under s. 458.347(2)(e), F.S. 26 Sections 3 through 8 of the bill amend various sections of the Florida Statutes to conform cross-references to the definitions in s.394.455, F.S.

This is dead dead dead.

# Shifting Gears

**Where would we be if we did not discuss a little bit of liability, litigation and risk management?**

# **Documentation to Reduce Risk & Liability**



## Less detailed documentation

Our firm handles hundreds of Department of Health investigations each year. Due to the onset of EHR, we have observed a significant absence of detail within patient medical records.

# Less detailed documentation

Remember: If it is not documented, it did not happen. If you would have documented a finding in a non-EHR record, it needs to be in the EHR record.

If necessary, use a blank sheet of paper and attach it as an addendum! Be sure to timely date the record!

# Templates

If you find that an EHR template is not relevant/has extraneous data sets not pertinent to your practice, etc.; immediately contact the EHR manager to have the template changed to meet your needs. One size does not fit all. This will ensure more detailed records and better prompts to improve documentation and will save time.

# Slow down!

Our firm recently represented a practitioner who was investigated by the Florida Department of Health based upon a patient's complaint that her record inaccurately reflected that she had endoscopy and celiac disease, when she in fact did not. This resulted from a simple error by the physician, who pressed the incorrect stereo marker during EHR documentation and also resulted in the patient seeking unnecessary further care.

# Check your defaults!

We represented a radiologist whose default was inadvertently set to “no hydrocephalus.” Guess what? The Patient had hydrocephalus and the result was death. Be careful!

In another matter, the patient was documented as having great circulation/pulses/appropriate extensive nerve testing/response in his left arm. The patient’s left arm had been amputated following Vietnam.

# Remember

Poor, scant or limited documentation impacts patient care drastically.

It also impacts you and your license. Your records are your sword and shield when it comes to defending investigations by licensing or governmental authorities and specialty boards, as well as billing audits.

**“With great power, comes great responsibility.”**

**– Spiderman’s Uncle Ben Parker**

Remember that when providers gain additional freedoms in their respective practices, their responsibilities and liabilities concomitantly increase as well.



# Common anticipated issues for discussion

- Department of Health Investigations
  - Documentation
  - Controlled Substance Agreements
  - Random Urine Drug Screening Tests
  - Ensuring that no excessive amounts of short-acting medications are prescribed
  - Other issues

# **Risk Prevention**

# When you think about practice issues, consider

- Liability Issues?
  - What could the practitioner have done to avoid disciplinary action?
  - Could this situation apply to your practice?
    - How could you protect yourself?

# Going mobile? Use extra care!

Mobile health devices, such as iPads, laptops, phones and so forth. While convenient, be careful! Take extra precautions to prevent:

- loss
- theft
- downloading a virus
- Is your wi-fi secured? Confirm!
- Do you share devices? Consider ramifications!

# What can I do to protect my license?

- Check your insurance!
  - Do you have broadform coverage? Some new carriers may not! In addition to coverage in the event of a malpractice claim, broadform provides coverage for your attorney fees should you be investigated by the Department of Health and sometimes, FMQIA, etc.
  - Remember: It will cover your attorney fees, but it will not cover any potential fine or costs assessed against you by your licensing board.

# What can I do to protect my license?

Remember that the mere occurrence of an investigation of your license, even if it is dismissed without a finding of probable cause or any filing of an Administrative Complaint, can potentially impact you in terms of credentialing. Contact your attorney to discuss how best to respond on applications for licenses, reapplications/applications for privileges at hospitals and ASCs, to specialty boards and so forth.

Example: History of license being “investigated” vs. “disciplined”

**They want to depose you.  
Now what?**

1. Contact your attorney immediately.
2. Meet with your attorney regarding strategy.
3. Your deposition testimony will be sworn and taken before a court reporter. You have the right to have an attorney present. Depositions may also be videotaped.
4. The purpose of a deposition is to obtain information from the witness. It is also an opportunity for attorneys to evaluate the credibility and capability of the practitioner as a witness.
5. Your demeanor matters! Your presentation matters! Keep your composure!
6. As you will have sworn to tell the truth, your testimony may be used at trial to impeach you. For that reason, make sure all testimony is accurate! Do not guess! Do not speculate! Do not lie!
7. Make sure that you understand the question before you answer!
8. Only answer the question answered of you. Do not volunteer information.

Example:

Do you know what time it is?

Correct answer:

Yes.

Too much information:

Yes, it is 12:30 p.m.

Do not volunteer information!



**For information concerning your specific license, including everything from the pertinent laws and statutes governing your license, as well as professional updates related to your license and information on continuing education, please visit the following websites:**

## **Board of Medicine**

<http://www.flboardofmedicine.gov/>

## **Board of Nursing**

<http://www.floridasnursing.gov/>

## **Board of Nursing Home Administrators**

<http://www.floridahealth.gov/licensing-and-regulation/nursing-home/index.html>

## **Board of Osteopathic Medicine**

<http://www.floridasosteopathicmedicine.gov/>

## **Board of Pharmacy**

<http://www.floridaspharmacy.gov/>



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