**HEALTH CARE PROVIDER NOTICE FOR MEDICAL CANDOR PROCESS**

Dear [PATIENT NAME],

§

As your health care provider(s), I strive to provide patients with quality health care. Unfortunately, patients can experience adverse events that neither the patient nor the health care provider expected or intended.

In May 2022, Utah enacted a law to encourage open, honest, and confidential discussions between patients and their health care providers when an adverse event occurs to help determine why it occurred and whether it can be prevented in other cases.

This law, called the “Utah Medical Candor Act,” is in Utah Code Ann. §§ 78B-3-450 to 454. The Utah Medical Candor Act requires certain steps to be followed to comply with the law. This is to provide you and other participants notice of your rights and responsibilities and to ensure these discussions remain privileged and confidential between you, your health care provider (me), and any other individuals who participate in the Candor process. These steps are referred to as the “medical candor process.” The Candor law includes a definition of an “adverse event” as “an injury or suspected injury that is associated with a health care process rather than an underlying condition of a patient or a disease.”

The first step in the medical candor process is for your health care provider and/or the health care facility where the adverse event occurred to provide you this written notice under the Candor law, “**Health Care Provider Notice for Medical Candor Process,”** of the desire to enter into the medical candor process with you regarding:

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(insert the adverse event)

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(insert the date if it can be determined)

The following health care provider(s) and/or health care facility invite you to participate in the medical candor process to promote open, honest, and confidential discussions with you about the adverse event:

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

You are not required to participate in the medical candor process. If you decide to participate, you can only do so by agreeing to and signing the attached “**Patient Consent to Participate in Medical Candor Process**” document, which is provided to you with this Notice. The Candor law also requires that this Notice contain the following advisements:

* You have the right to receive a copy of the medical records related to the adverse event, and you have the right to authorize the release of your medical records related to the adverse event to any third party.
* You have the right to seek legal counsel at your expense, and you have the right to have legal counsel present throughout a medical candor process.
* There are time limitations for a malpractice action against a health care provider and a medical candor process does not alter or extend the time limitations for a malpractice action against a health care provider. (May attach statute.)
* §If you choose to participate in a medical candor process with your health care provider(s), any communication, material, or information created for or during the medical candor process, including a communication to participate in the medical candor process, is confidential, not discoverable, and inadmissible as evidence in a judicial, administrative, or arbitration proceeding arising out of the adverse event.
* A party to the medical candor process may not record any communication without the mutual consent of all parties to the medical candor process.
* You, the health care provider(s), and any other person who participates in a medical candor process must agree, in writing, to the terms and conditions of the medical candor process in order to participate.

If you agree to participate in a medical candor process, you and the health care provider(s) may include another person in the medical candor process if the person has received written notice and the person agrees, in writing, to the terms and conditions provided in the written notice. All additional participants in the medical candor process must agree to the requirements in writing by signing the attached “**Participation Agreement in Medical Candor Process**” document.

You may direct any questions about this Notice and the attached Consent form to:

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

(insert name, title, and contact information).

If you have any legal questions, you should discuss those with an attorney, should you decide to consult one.

This Notice was given to the patient, or the patient’s representative:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(insert patient’s name or representative) on this

\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Printed Name