

REQUEST FOR REPORT REVIEW

At your request, the report identified below has been placed in disputed status. All queriers who previously received the report are notified that the information they received from the National Practitioner Data Bank (NPDB) and/or the Healthcare Integrity and Protection Data Bank (HIPDB) is in dispute. The reporting entity, identified in Section A, also has been notified.

OMB # 0915-0239 expiration date 05/31/14

OMB # 0915-0126 expiration date 12/31/13

OMB # 0915-0331 expiration date 12/31/13

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for this project are 0915-0239, 0915-0126 and 0915-0331. Public reporting burden for this collection of information is estimated to average 8 hours to complete the activities associated with this form, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-22, Rockville, Maryland, 20857.

Report Type: STATE LICENSURE ACTION
Report Number: 5500000034475697
Subject's Name: SMITH, JOHN
Report Maintained Under: Title IV
 Section 1921
 Section 1128E

REQUESTING REPORT REVIEW

[Help](#)

Before requesting a review by the Secretary of the U.S. Department of Health and Human Services (HHS), you must first attempt to resolve the disagreement with the reporting entity. If your disagreement cannot be resolved through discussions with the reporting entity (e.g., the reporting entity declines to change the report), you may then request that the Secretary review the report for accuracy.

Please be advised that the Secretary will review your case only to determine the following:

- **Whether a report should have been filed** in accordance with reporting regulations, and if so,
- **If the information contained in the report is a factually accurate reflection of the action taken and the reasons the action was taken are specified in relevant documents.**

The Secretary will not review the merits of a medical malpractice claim in the case of a payment or the appropriateness of, or basis for, an adverse action or judgment or conviction. The Secretary can only determine if the action was reportable and if the report accurately describes the action and the reasons the action was taken. The Secretary cannot review the extent to which entities followed due process guidelines. Due process issues must be resolved between the subject and the reporter.

As part of the Report Review process, you should submit to the Data Bank documentation that supports your position that the reporting entity's information is inaccurate. Documentation must relate directly to the facts in dispute and substantially contribute to a determination of the factual accuracy of the report. Documentation may not exceed 10 pages, including attachments and exhibits. Click **Help** for examples of acceptable documentation.

You must also submit proof that you attempted to resolve the disagreement with the reporting entity, but were unsuccessful (e.g., a copy of your correspondence to the reporting entity and the entity's response, if any).

To proceed with your request for Report Review, follow the instructions below and click **Continue**. Otherwise, click **Return to Report Response Options** at the bottom of this page.

Do not print this page. A printable copy of your request will be provided after submission.

Below is the Subject Statement that you submitted in reference to the specified report. To change this statement, click **Return to Report Response Options** at the bottom of the page, then click **Statement and Dispute**. Once you are satisfied with your Subject Statement, return to this screen to continue processing your request for Report Review.

statement

COMMENTS TO SECRETARY [Help](#) [?](#)

Comments directed to the Secretary must be entered below. Enter a clear and brief statement describing which facts are in dispute, what you believe to be the correct facts, and, if appropriate, why you believe the report should not have been filed. Your comments must be in English and may not exceed **4,000 characters**, including spaces and punctuation. **These comments are to the Secretary and do not replace the Subject Statement that you may have previously submitted.** These comments will not be disclosed as part of your report.

Report Review Statement

There are **4000** characters remaining for the comments.

[Spell Check](#)

Resolution Attempt

- I have attempted to resolve my dispute with the reporting entity and, after 30 days, have received no response.

OR

- I have attempted to resolve my dispute with the reporting entity; however, the entity has declined to correct or void the report.

CURRENT ADDRESSES [Help](#) [?](#)

Your profile will be updated to reflect the addresses below. However, you should be aware that this does not change your mailing address as reflected in the report filed with the Data Bank.

Email Addresses

The email address you provide will only be used to provide you with notifications that new activity has occurred concerning this report.

Email Address:

Confirm Email Address:

[Add another](#)

Address Line 2:

City:

State:

ZIP Code: -

Country (if U.S., leave blank):

Work Address

Street Address:

Address Line 2:

City:

State:

ZIP Code: -

Country (if U.S., leave blank):

Certification Data

I certify that I am the individual subject or the subject's duly appointed attorney for such matters identified in Section B of the referenced report, or that I am the designated employee representing the organization subject referenced in Section B, and I request that the action(s) above be taken.

Authorized Submitter's Name:

Authorized Submitter's Title:

Authorized Submitter's Phone: Ext.

Date: 12/03/2012

[Continue](#)

[Return to Report Response Options](#)

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Report Type: STATE LICENSURE ACTION
Report Number: 5500000034475697
Subject's Name: ABC ORGANIZATION
Report Maintained Under: Title IV
 Section 1921
 Section 1128E

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statement

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Confirm Email Address:

[Add another](#)

Address Line 2:

City:

State:

ZIP Code: -

Country (if U.S., leave blank):

Certification Data

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Authorized Submitter's Title:

Authorized Submitter's Phone: Ext.

Date: 12/03/2012

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