

## DIGNITY AND RESPECT

### THE LAW

Each patient shall... “Have the right to be **treated with respect and recognition of the patient's dignity and individuality** by all employees of the treatment facility or **community mental health program** and by licensed, certified, registered or permitted providers of health care with whom the patient comes in contact.”  
§ 51.61(1)(x), Wis. Stats. [Emphasis added.]

[NOTE: This section was added to the patient rights laws in 1995. See also the section on **Staff-Patient Conflicts** in this digest.]

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### DECISIONS

1. A therapist's supervisor correctly **referred** a client to the facility's **Client Rights Specialist** when she wanted to **file a complaint about the therapist**. The client felt the supervisor did not care about her concerns. However, the **referral was appropriate** and did not violate the client's right to be treated with dignity and respect. (Level III decision in Case No. 00-SGE-02 on 6/17/00, upheld at Level IV.)
2. An inpatient complained about **lack of interactions with staff** during her six-day stay. Each patient's needs and perceptions are unique, and staff cannot use a “one size fits all” approach. There is a **thin line between respect** for a patient's privacy and choices (e.g. to not have many interactions with others and to be given personal space), **and going too far in the other direction** (e.g., in trying to probe for interaction with many questions). In the latter instance, the patient could have complained that she was not respected and not given reasonable space or privacy. Here, the record reflects a **reasonable degree of staff attentiveness** and vigilance and, in the latter part of the stay, more discussion with her about issues. It was concluded that the patient's **right** to a humane psychological and physical environment was **not violated** in this circumstance. (Level III decision in Case No. 99-SGE-08 on 3/23/01.)
3. A patient was a **recovering alcoholic** who experienced a **relapse** after six months of sobriety. He visited a pastor while he was intoxicated. He ended up in detox that night. Upon intake, he **alleged** that the **pastor had sexually assaulted him**. He made those allegations while he was **still intoxicated**. The staff at the detox facility **took no actions** on the allegations. It is normal procedure to **wait until a patient is no longer intoxicated** to address such

issues. Later, when he was no longer under the influence of alcohol, he denied that any assault had occurred. It was reasonable for the staff to accept the later, sober, statements over the prior intoxicated ones. He was released the day after being admitted and did not pursue criminal charges against the priest. No rights violation was found in the manner in which the staff dealt with his allegation of assault. (Level IV decision in Case No. 00-SGE-16 on 8/14/01, upholding the Level III.)

4. A service recipient complained about her **case manager yelling at her** and pounding her fist on the table during a home visit. The case manager admits doing this but said it was a demonstration of how she would act if she were, in fact, the type of controlling person that the service recipient described her to be. This was an isolated incident, but the **effect** on the service recipient was **very negative**. **Even though it only happened once, it was a violation** of the individual's right to be treated with dignity and respect. (Level III decision in Case No. 01-SGE-05 on 11/29/01.)
5. Her daughter's therapist told her mother, in a rather public place, that she (the mother) was the one who needed treatment. This remark was **insensitive**, but the **mother was not a patient** at the time and the **right** to dignity and respect **did not apply to her**. (Level III decision in Case No. 01-SGE-02 on 12/10/01.)
6. On the day before her discharge, an Occupational Therapist (**OT**) **made a comment** to the patient to the effect that, "You won't be embarrassed about walking into the dayroom naked and sitting down." She followed it up by saying, "**Just kidding**". There was no further discussion between the OT and patient regarding the comment. The patient did not tell the OT she found the comment distressing in any way, and the OT did not have any other indication that the patient had not accepted it in a humorous way. In retrospect, the OT said she never would have used this comment or any reference to the word "naked" had she been aware of the sensitive connotation that may have had with the patient. The OT wished that the patient had stated her concerns at the time so they could have discussed them in a positive and solution-oriented way. The OT **felt comfortable about using humor** with this patient since she had responded well to humor being used in a therapeutic setting on prior occasions. **Staff are not expected to interact only in a formal or robot-like manner with patients**. There is **ample room for humor** in the course of mental health treatment. Had the OT known that the patient would find the comment distressing or demeaning rather than humorous, it would have been a rights violation to say it. **Some comments are so egregious** that, as a matter of law, **they are rights violations** – such as cursing at a patient, or making racial or ethnic slurs. This comment does not fit that category. Under these circumstances, the comment **did not rise** to the level of a rights violation. (Level IV decision in Case No. 01-SGE-08 on 8/27/02, modifying the Level III finding.)

7. The Level III decision found a violation of a complainant's wife's rights when **her therapist called her at work** to say she was discontinuing the therapy. However, there was **no evidence** in the record that his **wife told the therapist not to call her at work**. This was a **business call**, rather than a personal call, and therefore it was **not necessarily inappropriate** for the therapist to **call his wife at work**. The **finding of a rights violation was reversed**. (Level IV decision in Case No. 02-SGE-07 on 3/10/04, reversing the Level III decision.)
8. A complainant accused his wife's therapist of **verbally accosting him** in a public parking lot. The record shows he attempted to obtain a restraining order against the therapist in court, but was unsuccessful. Since he was **unable to prove the matter in court**, he **failed to show** that the therapist had **violated his rights** in those circumstances. (Level IV decision in Case No. 02-SGE-07 on 3/10/04, upholding the Level III decision.)
9. An ex-patient complained about a **lack of individualized treatment** at a psychiatric hospital. These concerns were **meaningfully addressed** when the **hospital responded** to his observations and concerns about the manner in which patients are assessed and treated. The hospital was planning a specific **training session** for staff to address indicators, features, and treatment approaches for Post Traumatic Stress Disorder and Parkinson's Disease. The training will also address the variables that could arise with men's issues during treatment. This staff training should lead to an improved awareness and create a better standard of care, **greater dignity and respect** for patients, and more individualized treatment decision-making. Given the training initiatives planned, this issue was **considered resolved**. (Level III Decision in Case No. 03-SGE-07 on 4/22/04.)
10. A client's right to be treated with dignity and respect were **violated** at a methadone clinic when her **psychiatrist made a remark** about her lack of treatment progress **in front of other clients** in the waiting room. That remark should not have been made in front of others. (Level III decision in Case No. 04-SGE-02 on 12/20/04)
11. A client's right to be treated with **dignity and respect was violated** by the **lack of shared decision-making and collaborative planning** during the **evaluation and assessment phase** of services. While the service provider does maintain the right to choose which clients they will or will not see, their assessment and evaluation of a client's treatment needs should also recognize and respond to a client's request for more frequent visits. They need to clearly define the purpose of the assessment and set reasonable expectations for the client. (Level III Decision in Case No. 05-SGE-003 on 6/8/06)

12. Where a client asserts that his AODA counselor used foul language, was confrontational, and was generally **disrespectful** to him, the **burden of proof was on the client** to provide sufficient evidence that a rights violation has occurred. This was a verbal exchange and no witnesses were present. While it would not be appropriate or acceptable for a counselor to use foul language or be disrespectful to a client, the allegations were self-reported and technically **only constituted hearsay evidence**. The client **had not met his burden** of showing a rights violation. (Level III decision in Case No. 09-SGE-04 on 7/06/09)
13. A patient complained about a nurse practitioner violating his confidentiality and his right to **dignity and respect** by in the manner in which she talked to him in a hallway. The **evidence, records, and witness reports did not provide sufficient evidence** to show that it was **more probable than not** that his right to confidentiality or his right to be treated with dignity and respect were violated. The client's **burden of proof had not been met**. (Level III decision in Case Nos. 09-SGE-07 & 09-SGE-10 on 3/18/10)
14. A client felt she was not provided adequate treatment or **treated with dignity and respect because she was denied services, visits, phone calls and a case manager**. The **evidence indicated that she was not denied these things**. Her case manager and related staff went out of their way to assist her with services and housing. The case manager offered to come to her home rather than requiring her to take the long bus ride to his office. He also assisted her when she moved. Her rights were not violated. (Level III decision in Case No. 10-SGE-07 on 02/18/11)
15. The provider's Intake Coordinator **left a message** on the client's answering machine **that upset her**. She was merely informing the client that the provider would not be able to help her. This information was found to be a violation of the client's right to prompt and adequate treatment by the Division of Quality Assurance. However, **the manner of delivery** of that message to the client **was not necessarily a violation of her right to be treated with dignity and respect**. (Level III decision in Case No. 11-SGE-02 on 06/27/11)
16. A patient **felt she was treated disrespectfully by group leaders** in sessions. **Statements by treatment staff** to a patient regarding normal procedure for responding to homework, regarding saving matters for future sessions due to time constraints, and regarding the processing of disability claims, generally, **do not amount to violations** of the patient's rights **without proof of exacerbating circumstances**. Provider staff must communicate directly regarding how matters are generally handled and there was **no evidence that the group leaders were personally deriding this patient** by discussing procedural issues in response to her questions and requests. (Level III decision in Case No. 11-SGE-01 on 6/28/11)
17. A client's recent provider and his former provider were **at professional odds with each other** and **the client found himself in the middle of their**

**quarrel.** For example, the provider's Client Advocate wrote him a letter responding to his concerns with their program. But, instead of providing him with therapeutic replies to his concerns, she **used that opportunity to malign the other provider.** She implied that the prior provider had "violated professional boundaries" by engaging in a "pattern of unstable and intense interpersonal relationships" between the client and staff, that they had "victimized" him, and that they were illegally billing Medical Assistance. Anyone reading that letter would conclude, as the State Grievance Examiner did in the Level III decision, that **it was unprofessional and counter-therapeutic to the client.** A rights violation was found. That finding was supported by the evidence provided. (Level IV decision in Case No. 10-SGE-14 on 7/18/11)

18. A client claimed that his provider's Director **badgered him** about his relationship with a prior provider in the same community. Although it may have been appropriate to question the client about this under the circumstances, it was inappropriate for a Director to continue to pressure the client about it after the client asked her to stop several times. The **credibility** of both the client and the Director were weighed by the State Grievance Examiner in the Level III decision and it was concluded that it was more likely than not that the client's version of the events was accurate. A **rights violation was found.** That finding was supported by the evidence provided. (Level IV decision in Case No. 10-SGE-14 on 7/18/11)

19. A patient claimed a staff member did not treat her with dignity and respect. However, she **did do not provide the staff person's specific statement** that she alleged caused her to almost leave the premises in tears. Also, the **staff person in question did not admit to making any offensive statement.** The waiting room activity had been recorded on **video**, but the videos are not preserved for longer than three months and observed only the seats, not the assistance windows in the waiting room. In addition, **complainant could not provide any contact information for the witness** she mentioned. **Her complaint could not be substantiated** because it amounted to a "he said – she said" argument. The complainant had the burden of proof of the alleged staff wrongdoing. This **called for the weighing of the two parties' credibility.** Based on the written materials she provided, it was found that **complainant's description of events was credible**, but, if true, it **did not rise to the level of a rights violation** because it did not describe what the staff did to upset her, nor did it describe proof of that occurrence. Thus, she had not met her burden of proof and **no violation of her right** to respect and dignity was found. (Level III decision in Case No. Case No. 11-SGE-07 on 06/22/12)

20. A patient's claim that **staff were "seeming annoyed" with her** does not amount to evidence of a patient rights violation. It is a subjective claim that is unsupported by any evidence that can be objectively considered. **No**

**violation** was found of her right to dignity and respect. (Level III decision in Case No. Case No. 11-SGE-07 on 06/22/12)

21. A grievant alleged that the therapist proselytized to him after he informed the therapist that religious talk was counter therapeutic for him. Patients have the right to be treated with dignity, respect and recognition of their individuality by all employees of the provider. It was held that the therapist's action of **repeatedly broaching the subject of religion after the patient expressed that he no longer believed in god and did not find a discussion of religion helpful was a violation of the client's right to be treated with respect and dignity.** (Level III decision in 13-SGE-0009 decided on 3/20/2013)
  
22. A provider telling a patient that he may be discharged if he does not improve his behavior with provider staff is not a violation of the patient's right to be treated with dignity and respect. A violation would be found if the provider threatened to discharge the patient if he continued to complain about services. However, the fact that the client's behavior arose in the context of complaining about staff or services did not alter the fact that the behavior was the cause of the threat to discharge the patient. **Since the threat to discharge the patient was made in reference to the behavior and not in reference to the fact that the patient was complaining about services means that there was no violation of the patient's right to be treated with dignity and respect or the patient's right to be free from retaliation.** (Level III decision in 13-SGE-0009 decided on 3/20/2013)
  
23. An appellant complained at Level IV that the **State Grievance Examiner (SGE) had insulted him** by stating in the Level III decision that **he was speaking his "own truth"**. The **SGE was not trying to insult him**. She was merely pointing out that his version of the facts was less credible than the version of the provider's staff, but that he none-the-less firmly believed he was correct. (Level IV decision in Case No. 10-SGE-15 on 03/27/13)
  
24. A patient alleged that her right to dignity and respect was violated when staff allegedly stared at her in an inappropriate and disrespectful manner on several occasions and staff from the hospital's bariatric program shamed her and lectured to her when she complained. The patient also claimed that staff of the bariatric clinic and the mental health clinic gossiped with each other about her with the result that she was denied bariatric surgery. The **patient failed to provide evidence that it was more likely than not that the staff stared at, shamed, lectured to or gossiped about her.** The patient did provide a great deal of information about her understanding of what occurred while she was receiving services, but she did not provide any corroborating evidence that the allegations were more likely true than not. **The patient was credible, but without more evidence, no violation of the patient's right to**

**dignity and respect was found.** (Level III decision in 13-SGE-0006 decided on 12/18/2013)

25. A husband and wife were receiving therapy from different therapists employed by the same provider. The wife claimed that her husband's therapist kissed her hand as a response to the couple's decision not to continue with a complaint. The therapist claimed to have no recollection of kissing the patient's hand. If proved, **kissing a patient's hand would constitute a violation of a client's right to be treated with dignity and respect.** When a patient claims that a staff member violated his or her rights the burden of proof is on the grievant to show that it is more probable than not that staff violated a specific client right. If the testimony offered by the parties is contradicting and there is no other evidence, it is not possible for a patient to meet the burden of proof unless the patient is more credible than the other party. Here, the grievant was a witness to the incident, her testimony had been reliable and she had no reason to be untruthful in one complaint when she was truthful regarding all other complaints she brought forward. **The grievant's version of events was slightly more credible because the therapist has been found to have violated the client and her husband's dignity and respect on other occasions. A violation of the patient's right to be treated with dignity and respect was found.** (Level III decision in 13-SGE-0011 decided on 4/11/2014)
26. A patient alleged that treatment staff communicated to the patient that if she did not withdraw a complaint her services could be terminated. Her husband's therapist admitted making a statement to the effect that the client and her spouse could be discharged if the problems they were discussing were not resolved. **Patients have the right to be treated with individuality by all employees of providers of health care with whom they come in contact.** In this matter the client should not have been included in the therapist's warning about potential termination because her relationship with the provider should not have been compromised by repeatedly complaining about staff. **Her case was lumped together with her husband's, which violated her right to individualized treatment.** (Level III decision in 13-SGE-0011 decided on 4/11/2014)
27. A patient alleged that treatment staff communicated to the patient that if she did not withdraw a complaint her services could be terminated. The therapist admitted making a statement to the effect that the client and her spouse could be discharged if the problems they were discussing were not resolved. The provider reported that the only issue of concern caused by the grievant was her persistent complains about the provider's receptionist. This is a violation of the patient's right to respect and dignity because **complaining about staff is not an adequate reason to inform a client that she may be discharged from services.** (Level III decision in 13-SGE-0011 decided on 4/11/2014)

28. A patient filed a grievance stemming from a disagreement between the patient and the therapist about whether the client should be tested for PTSD. The patient indicated to his therapist that conflict caused him intense emotional stress. The patient alleged that later he and the therapist got into a verbal fight. Evidence showed that the therapist told the client that he was not giving the patient a PTSD test because he thought that the patient was trying to get on SSDI, which was causing the patient to be ambivalent about getting better. It was determined that, **although it was upsetting to the patient, nothing that the therapist said was a violation of the patient's dignity and respect or amounted to inadequate treatment.** Although the client felt that the therapist's statements were especially upsetting to someone who had PTSD, **the threshold for a violation of the right to dignity and respect and to adequate treatment was not met by the circumstances of this case because the therapist did not believe that the client had PTSD and because such a determination was within the therapist's discretion.** (Level III decision in 14-SGE-0002 decided on 11/19/2014)
29. A patient experienced unwanted sexual side effects from a medication. The patient alleged that his doctor laughed and said the side effects were in his head when he reported sexual side effects of eight weeks duration to his doctor. The side effects went away after weaning from the medication. Patients have a right to be treated with respect and recognition of their dignity by all of a provider's employees. When a client complains about provider staff actions, the client has the burden of proof to show that the events complained about actually occurred. None of the evidence provided by the patient or the provider indicated that it was more likely than not that the doctor belittled his concerns about the medications' side effects. No violation of the patient's right to dignity and respect was found. (Level IV decision in 14-SGE-0001 decided on 12/22/2014)
30. A patient had three therapy appointments cancelled and rescheduled in three weeks. The appointments were rescheduled without checking with the patient about the dates and times. The grievant expressed continued dissatisfaction with the way in which the provider cancelled and rescheduled his appointments. The grievant's concerns **did not include actions on the part of the provider that would rise to the level of violating a patient's right to be treated with dignity and respect in this case.** (Level III decision in Case No. 15-SGE-0003 on 01/14/2016)
31. A patient was **asked to sign two separate release of information forms for personal use** by provider staff. A grievant must provide more than their own statement to show that staff have treated the grievant disrespectfully. Here there was no evidence that staff spoke or behaved disrespectfully to the patient. (Level III decision in Case No. 15-SGE-0002 on 01/29/2016)



32. A patient claimed that her right to be treated with dignity and respect was violated when a strip search was conducted without warning upon her admission to an inpatient psychiatric hospital. The grievant alleged that at an informal grievance meeting **staff told her that she would not want to know what would have happened if she had refused the strip search. Actual or threatened retaliation is not allowed when a patient refuses to give or withdraws informed consent.** All staff persons present at the meeting denied that the statement was made. The grievant offered only her own testimony as proof of wrongdoing. The grievant had the burden to show that it was more likely than not that staff violated her rights. Further, the grievant's credibility was compromised because of the inconsistency arising when she initially characterized the search as a rectal cavity search and then characterized it as a visual search. Therefore, there was no violation to the patient's right to be treated with dignity and respect as a result. **However, if the patient had been able to offer more evidence that the statements were made it would have been a violation of her right to be treated with dignity and respect.** (Level III decision in Case No. 15-SGE-0008 on 6/16/2016)
33. A patient was receiving services at a Community Based Residential Facility under a commitment order and an involuntary medication order. The patient alleged that the provider took the patient's head scarf and did not return it. Her treatment record reflected that she wore a head scarf but never mentioned that the head scarf was a problem or that it was taken by staff. **The grievant did not meet her burden of proof that her scarf was taken away because she produced no evidence other than her own testimony.** (Level IV decision in Case No. 15-SGE-0001 on 10/17/2016)
34. A patient alleged that a provider violated her client rights when she called to complain about adverse side effects that she was experiencing after changing her medication. The patient claimed that provider staff: spoke rudely to her over the telephone; inaccurately claimed that staff did not need to respond to her inquiry for 48 hours; hung up on her and accused her of using foul language when she was unable to speak clearly. The grievant produced evidence in the form of a letter provided by her speech therapist to the effect that the patient would not have been able to speak clearly enough to have a person understand the nature or content of her verbalizations, which weighed against the patient using profanity. Contemporaneous nursing notes show that the patient was stuttering and speaking very fast, but that the nurse was able to understand about a page worth of dialogue in which the patient swore at staff. The State Grievance Examiner decided that **the detailed and contemporaneous progress notes that the nurse made at the time of the telephone call were the most persuasive evidence. This case would not have risen to a violation of the patient's right to be treated with dignity and respect even if this portion of the complaint had not been**

**dismissed as moot.** (Level IV decision in 14-SGE-0005 decided on 10/17/2016)

35. A patient claimed that her therapist violated her right to be treated with dignity and respect and treated her poorly in therapy. **The evidence that the patient provided consisted of her own annotations to the therapist's progress notes.** However, the annotations were opinions on the accuracy of the statements made in the progress notes. They were not facts or evidence that supported the grievant's opinions. **The claim was dismissed because there was not enough evidence to show that a violation occurred. No violation of the grievant's right to be treated with dignity and respect was found.** (Level III decision in Case No. 16-SGE-03 on 11/3/2016)
  
36. A patient grieved that he was wrongly denied Targeted Case Management (TCM), was wrongly discharged from Comprehensive Community Services and was misled about his ability to return to TCM. The patient specifically grieved that the provider lied about the reasons for discharge. The treatment team did attempt to discuss the patient's needs and concerns with the patient prior to the discharge, but he walked out of the meeting and began making death threats to staff prior to the discharge. **Here there was no evidence that demonstrated that provider staff behaved inappropriately towards the patient, so there was no violation of the patient's right to be treated with dignity and respect.** (Level IV decision in Case No. 15-SGE-0007 on 12/9/2016)
  
37. A patient claimed that a therapist responded inappropriately when the patient developed passionate romantic feelings toward the therapist and that the therapist may have exhibited romantic feelings toward the patient. The patient claimed that the therapist should have recognized her transference and negligently mishandled it. The only evidence presented by the patient in support of her claim was her recollection of his body language and intonation. **Allegations based on body language and intonation are hard to prove.** The therapist denied having any romantic interest in the grievant and claimed that he was not aware of the extent of the client's feelings about him until the sessions were discontinued. No proof was offered by the grievant that documented inappropriate behavior on the part of the therapist. It was more likely than not that the patient's right to be treated with dignity and respect was not violated by the therapist in relation to the patient's transference. (Level III decision in Case No. 16-SGE-04 on 4/20/2017)
  
38. A patient's mother acted on her daughter's behalf and claimed that services received through the Treatment Alternative and Diversion program run by the County violated her daughter's patient rights. The grievant claimed that she was wrongfully discharged and incorrectly accused of violating program requirements based on inaccurate lab results showing positive results for use of heroin, cocaine and morphine. The grievant claimed that **staff violated**

**the patient's right to be treated with dignity and respect by threatening that if she received one more positive drug test result she would be discharged from the program.** However, this information could also have been interpreted as a warning and an opportunity to process and prepare for the consequences of her actions. There is was no violation of the patient's right to be treated with dignity and respect because the **counselor's statement could have been interpreted as a considerate warning rather than a threat** and there was no other evidence submitted that staff acted in a disrespectful manner. (Level IV decision in Case No. 16-SGE-0006 on 10/23/2017)

39. A patient complained that the provider contacted her spouse regarding her mental health. The provider called the patient's spouse in the presence of the patient and it was assumed the patient consented when she gave the provider her spouse's phone number. Under these circumstances, it was determined to not be a violation of the patient's dignity and respect. (Level III Grievance Decision in Case No. 18-SGE-03)

40. A patient's family grieved on behalf of the patient when a caregiver drove the patient, who is non-verbal and has severe autism and epilepsy, to an unplanned, undisclosed location for personal reasons for approximately one hour. The caregiver defensively informed the family that he took the patient to the grocery store, but told the provider that he was talking with a friend while the patient stayed in the car. The provider chose to believe that the patient was in the car while the caregiver talked with a friend in the driveway, and acknowledged that this was inappropriate and unprofessional. However, the provider did not find a rights violation, as they believed that the patient was not unsupervised during that time. It cannot be determined the exact details as the caregiver's integrity is questionable. Further, the patient could have been in severe danger or subject to abuse at the undisclosed location. It was determined that the caregiver departed from professional judgement by taking a highly vulnerable individual to an unknown location for personal reasons, not having the authority to take the client to an undisclosed location, and violating rules of employment; therefore violating the patient's right to prompt and adequate treatment. Additionally, the patient's right to a safe and humane environment and to dignity and respect were violated as this put the patient in unnecessary danger and the caregiver did not consult with the guardians if this "errand" would be beneficial to the patient. (Level III Grievance Decision in Case No. 18-SGE-06)

41. A mother/guardian complained, on behalf of her adult son about a number of his rights having been violated at a day treatment service provider. The mere fact that data was collected does not necessarily indicate that the participant's rights to dignity and respect were violated. Data collection does not equate to problem behavior – it only equates to behavior that requires further information in order to provide the best and most individualized services

possible. (Level III Grievance Decision, upheld at Level IV, in Case No. 19-SGE-02)

42. A patient grieved that the Prescriber violated her right to dignity and respect during a tele-appointment. The patient claimed that the Prescriber was using accusatory language and told her she didn't need the medication to live. It was found that the patient's right to dignity and respect was not violated, as the Prescriber's comment was not intended to insult the grievant, but to deescalate the situation and calm the grievant. It was also not a violation of the patient's right to dignity and respect when the Prescriber questioned the inconsistencies between the patient's reported medication history and the Wisconsin Enhanced Prescription Drug Monitoring Program medication history. It is the Prescriber's professional obligation to ensure the accuracy of a patient's prescription drug history. (Level III Grievance Decision in Case No. 20-SGE-01)

[See: "Introduction to Digest-Date Last Updated" page.]