**HEALTH CARE PROVIDER NOTICE AND INVITATION TO PARTICIPATE IN MEDICAL CANDOR PROCESS**

In May 2022, Utah enacted a law to encourage open, honest, and confidential discussions between patients and their health care providers, including health care facilities, 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 to ensure that participants understand their rights and responsibilities and that these discussions remain privileged and confidential. 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 Utah Medical Candor Act requires a health care provider who wishes to engage an affected party (the patient or patient’s representative) in the medical candor process to provide a written notice to any other health care provider involved in the adverse health event to invite the health care provider to participate in the medical candor process.

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

(Health care provider initiating the medical candor process)

invites \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in a medical candor process related to:

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

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

(insert the adverse event)

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

(insert the date if it can be determined)

You are not required to participate in the medical candor process. Participation is encouraged, however, because the medical candor process works best if everyone speaks about their own care and the decision-making process they used at the time. If you choose to participate, you will need to sign either a “**Participation Agreement in Medical Candor Process**” or provide to the affected party a “**Health Care Provider Notice for Medical Candor Process.**”

Additional Information

If any communications, materials, or information in any form during a medical candor process involve a health care provider that was notified and invited to participate in the medical candor process but is not participating, a participating health care provider:

* may provide only materials or information from the medical record to the affected party regarding any health care provided by the nonparticipating health care provider;
* may not characterize, describe, or evaluate health care provided or not provided by the nonparticipating health care provider;
* may not attribute fault, blame, or responsibility for the adverse event to the nonparticipating healthcare provider; and
* shall inform the affected party of the limitations and requirements on any communications, materials, or information made or provided by the participating healthcare provider in regard to a nonparticipating healthcare provider.

You may direct any questions about this Notice and Invitation 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(insert health care provider)

on this \_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Printed Name