



### Professional Liability Checklist

Document(s) Encl.	Document(s) To Follow	Not Appl.	NAMED INSURED: CLAIMANT:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List of all Healthcare visits to for the patient/client both pre and post incident.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copy of all medical records concerning the events complained of by the patient/client.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Records from all of the organization's departments, i.e. business office, administration, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hard copies of all clinical investigations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have all of the original records been secured? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incident report.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider whether there would have been any committee discussion of this particular case or these types of cases and obtain copies of same, i.e. Board of Directors, Quality Assurance Committee, Infection Control Committee, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any investigation or review conducted on behalf of the organization or within the knowledge of the organization.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any memoranda or information circulated in the organization regarding this type of case.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any pictures or films taken of the treatment of the patient/client.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correspondence from the patient/client, patient/clients' family or anyone concerning the treatment of the patient/client.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notes kept by any employee as a result of discussion with the patient/clients, the patient/clients' family or others.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notes kept by any employee regarding this incident which do not form part of the medical record.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notes kept by any physician which are in the possession of the organization.
			If there is any possible equipment failure involved in this incident then please secure and forward:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Copies of repair manuals;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Service records;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Sales letters;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Sales contract;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Service contract;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Any other maintenance department records concerning this equipment or this incident;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Has the equipment in question been secured? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation with respect to any remedial measures taken to rectify the situation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any disciplinary measures taken against any employee as a result of the incident.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any contract between the Organization and any physician named in the law suit.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For any physician who is an employee of the Organization, complete information on that relationship.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contracts with any physicians or other healthcare professionals named in the action which should include the complete original application and the re-application for the year in which the incident took place.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Those portions of any file kept with respect to physician(s) named in the law suit which address competence and relevant incidents, i.e. similar patient/client complaints, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sections of the administrative policy and procedure manual applicable to the incident.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sections of the organization's by-laws applicable to the incident.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Section of any department policy and procedure manuals applicable to the incident.