

Abkarian & Associates

CHIROPRACTIC Personal Injury 2024

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Attorney at Law

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CHIROPRACTIC TOP ENFORCEMENT VIOLATIONS

Here are examples of repeat violations that may result in disciplinary action. Visit the Board of Chiropractic Examiners (BCE) website for more information: www.bce.ca.gov. For more information, contact a legal team, visit www.abkarian.com and the website www.abkarian.com, or call (855) 888-1888.

BEYOND SCOPE OF PRACTICE

- Performing medical procedures
- Prescribing or selling controlled substances
- Diagnosing a disease

EXCESSIVE TREATMENT

- Performing excessive, unnecessary treatments
- Performing treatments that are not medically necessary
- Performing treatments that are not medically necessary
- Performing treatments that are not medically necessary

FAILURE TO RELEASE RECORDS

- Failure to release records
- Failure to release records
- Failure to release records

OTHER VIOLATIONS

- Failure to maintain accurate records
- Failure to maintain accurate records
- Failure to maintain accurate records

Board of Chiropractic Examiners (BCE)

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Did You Know...
Doctors of Chiropractic and Doctors of Medicine Have Similar Training!

DOCTOR OF CHIROPRACTIC	DOCTOR OF MEDICINE
3065 CLASS HOURS	2710 CLASS HOURS
APPLIED ANATOMY APPLIED PHYSIOLOGY APPLIED NUTRITION APPLIED PSYCHOLOGY APPLIED CHEMISTRY	ANATOMY PHYSIOLOGY PHYSIOLOGY PHYSIOLOGY PHYSIOLOGY
TOTAL HOURS 4700	TOTAL HOURS 4550

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Federal No Surprise Act

It also covers all of your uninsured and self-pay patients, including:

- Patients who have insurance but choose not to use it (e.g. if you take personal injury patients in lieu, the NSA applies to those patients);
- Patients who do not have insurance;
- Patients whose insurance will not cover 100% of the bill.

The law requires:

- Notice of certain required disclosures of obligations;
- Patients must consent to certain billing practices if NSA protections are to be waived;
- Good faith estimates, meaning it is provided with "honesty or sincerity of intention." You will know you are acting in good faith if you believe what you say or write is true. If you have a policy where in your head saying that you are low-balling the estimate, you are not acting in good faith.

In addition to estimated cost, your estimate should include services, time frames, frequency and total number of recurring services you expect to provide. You are asked by providing a new estimate every time:

- The treatment plan changes materially;
- Your fee codes change or your rates increase;
- The cost of the treatment is greater than the estimate by at least \$400;
- The treatment continues one year after the estimate date. If you have patients you treat on an ongoing basis as part of a wellness plan, you need to update your estimate annually.


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Federal No Surprise Act

If the appointment was scheduled ...	Then the estimate must be provided...
At least 10 business days in advance,	No fewer than three business days before the appointment.
At least three business days in advance,	No fewer than one business day before the appointment.
As a walk-in or fewer than three days before the appointment,	Within a three-day time frame following the first appointment.

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Potential Penalties

Healthcare providers that violate the No Surprises Act are subject to civil monetary penalties of up to \$10,000. These penalties don't apply if the provider unknowingly violates the new law. If an unknowing violation has been made, providers can avoid penalties if they withdraw the bill within 30 days and reimburse payments received plus interest.

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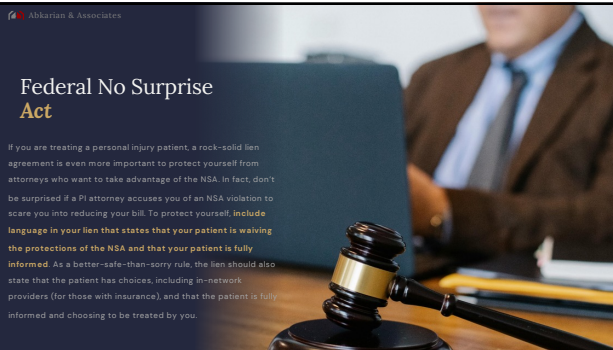
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- 1 Health insurance info/Cash patient
- 2 If asking patient to sign a waiver (must include all language in waiver)
- 3 If complying with NSA, website but be updated with information
- 4 Address your process in giving estimates
- 5 IN two places in your office must have signs visible with NSA rights
- 6 Provide estimates orally and in Writing
- 7 Have patient sign and date estimate
- 8 Update your good faith estimate every month
- 9 If your good faith estimate over \$ 400 then give Patient a refund asap.

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Federal No Surprise Act

If you are treating a personal injury patient, a rock-solid lien agreement is even more important to protect yourself from attorneys who want to take advantage of the NSA. In fact, don't be surprised if a PI attorney accuses you of an NSA violation to scare you into reducing your bill. To protect yourself, include language in your lien that states that your patient is waiving the protections of the NSA and that your patient is fully informed. As a better-safe-than-sorry rule, the lien should also state that the patient has choices, including in-network providers (for those with insurance), and that the patient is fully informed and choosing to be treated by you.

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By Signing, I Give Up My Federal Consumer Protections And Agree To Pay More For Out-of-network Care

With my signature, I am saying that I agree to get the items or services from (select all that apply):

[doctor's or provider's name] (If consent is for multiple doctors or providers, provide a separate check box for each doctor or provider)

[Facility name] With my signature, I acknowledge that I am consenting of my own free will and am not being coerced or pressured. I also understand that:

I'm giving up some consumer billing protections under Federal law.

I may get a bill for the full charges for these items and services, or have to pay out-of-network costs, sharing under my health plan.

I was given a written notice on [entry date of notice] explaining that my provider or facility isn't in my health plan's network, the estimated cost of services, and what I may owe if I agree to be treated by this provider or facility.

I got the notice either on paper or electronically, consistent with my choice.

I fully and completely understand this same or all amounts I may incur cannot be paid by my health plan's deductible or out-of-pocket limit.

I can end this agreement by notifying the provider or facility in writing before getting services. IMPORTANT: You don't have to sign this form. But if you don't sign, this provider or facility might not treat you. You can choose to get care from a provider or facility in your health plan's network.

or

Patient's signature/Guardian/authorized representative's signature

Date and signature
Take a picture and/or bring a copy of this form.
It contains important information about your rights and protections.
Date and signature
Take a picture and/or bring a copy of this form.
It contains important information about your rights and protections.

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Under the new law, health care facilities are divided into the following four categories: (1) health care facilities that employ 10,000 or more full-time employees; (2) hospitals with a high or elevated governmental payor mix, and rural independent health care facilities; (3) clinics; and (4) **other health care facilities**. The applicable minimum wage depends upon which type of health care facility employs the workers.

- For health care facilities in the fourth category,
 - Beginning June 1, 2024, and continuing to May 31, 2026, covered health care employees must be paid at least \$21/hour.
 - Between June 1, 2026 and May 31, 2028, these employees must be paid at least \$23/hour.
 - And starting on June 1, 2028, these employees shall be paid at least \$25/hour.
 - Starting January 1, 2030, the minimum wage will increase annually at the lesser of 3.5% or the Consumer Price Index.

<https://www.shappardhealthlaw.com/2024/05/articles/healthcare/californias-minimum-wage-increase-for-health-care-workers-and-their-horizon#:~:text=On%20June%201%2C%202024%2C%20nearly,type%20of%20health%20care%20facilit>

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Possible HIPAA violation if you negotiate with third party carrier for lower payment without client or attorney knowledge

There is a new trend where the third party insurance company will hire a outside firm to negotiate your bills without authorization from the patient or his/her attorney. They will guarantee payment within 5 days. Once you agree, they will contact Plaintiff's attorney and will lower the offer for the personal injury case based on your agreement to settle your bills for a lower price.

If you do not have a signed HIPAA authorization, be careful. Negotiate the case with a third-party carrier/their agents and discuss billing and other items without a written HIPAA authorization from patient. HIPAA violation in violation of HIPAA rules.

DONT' be fooled and settle your bills for a lower amount without patients or their attorney's approval. See attached letter for a sample of what they will send to you.

SETTLEMENT AGREEMENT
Private and Confidential

Parties: [Redacted]

Address: [Redacted]

Date of Birth: [Redacted]

Marital Status: [Redacted]

Total Bill Charges: \$1,000,000

Settlement Offer Amount: \$250,000

Payment Date: May 1, 2024

1. Client agrees to this Settlement Offer pursuant to the 30-day notice of the receipt of this Agreement submitted by Plaintiff. To be valid, a written agreement must be returned to Defendant within 30 business days of the receipt of this Agreement.

2. Plaintiff agrees to accept the Settlement Offer amount in full payment and satisfaction of the Total Bill Charges and related claims. Claims and all other proceeds or benefits formerly payable to Plaintiff shall be deemed to have arisen from the Total Bill Charges.

3. Plaintiff represents and warrants that this Settlement Agreement is entered into voluntarily and that Plaintiff has not been coerced, pressured, or otherwise influenced to accept this Settlement Offer for any other purpose or benefit.

4. This Agreement does not constitute any admission of liability. It is the sole agreement. The undersigned have the authority to enter into this Settlement Agreement.

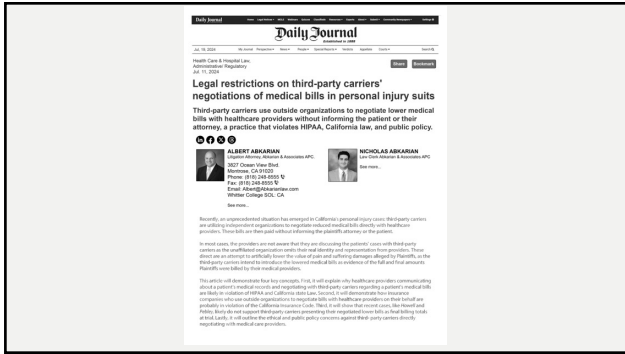
Accepted by Authorized Agents:

[Redacted Signature]

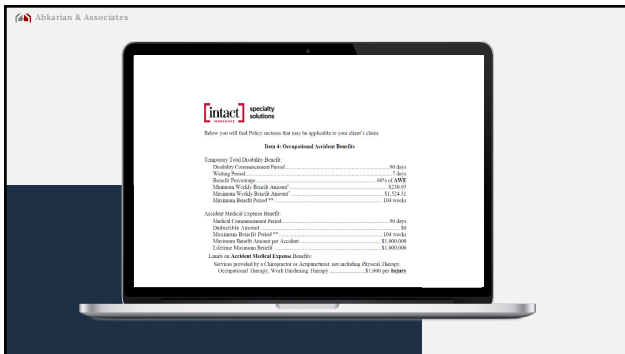
[Redacted Signature]

[Redacted Signature]

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Civil Code Section 3040 Does Not Apply To **Chiropractors**

If The **Enrollee Or Insured Engaged An Attorney**, Then The Lien Subject To Subdivision (A) May Not Exceed The Lesser Of The Following Amounts:

- (1) The Maximum Amount Determined Pursuant To Subdivision (A) Or (B), Whichever Is Applicable.
- (2) One-third Of The Moneys Due **To The Enrollee Or Insured** Under Any Final Judgment, Compromise, Or Settlement Agreement.

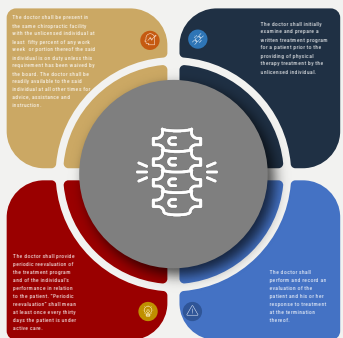
Justice

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Section 312. Unlicensed Individuals Ca's

(c) Unlicensed individuals may administer physical therapy treatments as an adjunct to chiropractic adjustment, provided the physical therapy treatment is conducted under the adequate supervision of a licensed Doctor of Chiropractic. Adequate supervision shall include all of the following:



- Top-Left:** The doctor shall be present in the same chiropractic building with the unlicensed individual at each time period of the work week, or prior thereto, the day immediately or immediately thereafter, if the doctor provides the health services to the individual or otherwise may be advised, assistance and assistance.
- Top-Right:** The doctor shall initially examine and prepare a written treatment program for a patient prior to the period of physical therapy treatment by the unlicensed individual.
- Bottom-Left:** The doctor shall provide periodic evaluation of the treatment program and of the individual's performance in relation to the patient's "response" (rehabilitation) "shall occur at least once every three days the patient is under treatment."
- Bottom-Right:** The doctor shall perform and record an evaluation of the patient and his or her response to treatment at the termination thereof.

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Unlicensed individuals are **not permitted to diagnose, analyze, or perform a chiropractic adjustment**. An "unlicensed individual" is defined as any person, including a student or graduate of a chiropractic institution, who does not hold a valid California chiropractic license. An exemption is hereby created for student doctors participating in board approved preceptorship programs.

(a) Unlicensed individuals may take the history of a patient. However, this activity is separate from the consultation which at all times must be conducted by the licensed doctor.

(b) Unlicensed individuals may conduct standard neurological, orthopedic, physical and chiropractic examinations, except they may not perform such examinations which require diagnostic or analytic interpretations nor may they render a conclusion either verbally or in writing regarding the patient's physical condition. As an example, unlicensed individuals may not perform evaluations of heart or lung soundings. Such individuals shall be at all times under the immediate and direct supervision of a licensed Doctor of Chiropractic.

Section 312. Unlicensed Individuals Ca's



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§319. Free Or Discount Services

- ✓ Licensees may advertise that they will perform certain designated routine professional services free or at a discount if such advertising claims are truthful. However, no charge shall be made for any other professional services rendered or commodities provided to a patient during any office visit in which free or discounted services are offered or provided unless, prior to the accrual of any charges, the patient shall have been informed of the cost of such additional services and/or commodities and shall have agreed to pay for them.
- ✓ For the purposes of this section, no separate charge shall be made for the professional evaluation of diagnostic tests or procedures which are provided free or without cost, or at a discount, whether such professional evaluation is made at the time of the initial office visit or at any later time.




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California Evidence Code Section 1158

Who is Subject to Section 1158? Section 1158 applies to physicians and surgeons, dentists, registered nurses, dispensing opticians, registered physical therapists, audiologists, podiatrists, podiatrists, osteopathic physicians and surgeons, clinical laboratory biologists, clinical laboratory technicians, or other persons or professions licensed in California. Section 1158 also applies to licensed hospitals.

How Much May the Health Care Provider Charge? Health care providers may charge the individual who authorized the copying or inspection of records for any "reasonable costs" incurred in retrieving and copying the records. California law defines reasonable costs as follows: (a) not to be limited to, the following specific costs: \$0.10 per page for reproducing documents 8 1/2 by 14 inches or less; \$0.20 per page for copying microfilm documents; actual costs for reproducing oversized documents or documents requiring special processing; actual postal charges; actual costs for the retrieval and return of records held by third parties; and digital costs incurred in locating and providing the records; (b) a maximum rate of \$0.10 per hour billed on the basis of the professional hour; (c) addition, if the records are delivered to the attorney or the attorney's representative at the record custodian's place of business, the health care provider may not charge more than \$15.00 for complying with the authorization, plus actual costs, if any, for retrieval and return of records held outside by a third party. When the requesting attorney employs a professional photographer or anyone identified in Section 22451 of the California Business and Professions Code to copy or remove the records, the hospital or health care provider must allow that individual to perform the copying. How Long Does the Provider Have to Comply with the Request? The health care provider must grant access to the medical records during business hours and within five days after receiving the written authorization.



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A CHIROPRACTIC CORPORATION LIMITED TO SECTION 302

A Chiropractic corporation can not exceed its scope under section 302 by hiring a medical doctor to perform medical procedures under Chiropractic corporation.



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Scope Of Practice Rule 302

§302. Practice of Chiropractic. (a) Scope of Practice. (b) A duly licensed chiropractor may manipulate and adjust the spinal column and other joints of the human body and in the process thereof a chiropractor may manipulate the muscle and connective tissue related thereto.

(2) As part of a course of chiropractic treatment, a duly licensed chiropractor may use all necessary mechanical, hygienic, and restorative measures incident to the care of the body, including, but not limited to, air, cold, diet, exercise, heat, light, massage, physical culture, rest, ultrasound, water, and physical therapy techniques in the course of chiropractic manipulations and/or adjustments.

(3) Other than as explicitly set forth in section 302(b) of the Act, a duly licensed chiropractor may treat any condition, disease, or injury to any patient, including a pregnant woman, and may diagnose, so long as such treatment or diagnosis is done in a manner consistent with chiropractic methods and techniques and so long as such methods and treatments do not constitute the practice of medicine by exceeding the legal scope of chiropractic practice as set forth in this section.

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Scope Of Practice

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Business And Professional Code Section 4057 & 302 (6)

Except as provided in Sections 4009, 4240, and 4302, this chapter does not apply to the control, sale or distribution of prescription drugs that are not subject to Section 4022 and Section 4023. **Prescription drugs must be manufactured by a distributor, container and labeled in accordance with applicable federal and state drug labeling requirements.**

(6) Except as specifically provided in section 302(a)(1), a duly licensed chiropractor may make use of x-ray and thermography equipment for the purposes of diagnosis but not for the purposes of treatment. A duly licensed chiropractor may make use of diagnostic ultrasound equipment for the purposes of musculoskeletal medical diagnosis.

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Scope Of Practice Rule 302

(1) Practice of Chiropractic - Scope of Practice: (1) A duly licensed chiropractor may manipulate and adjust the spinal column and other joints of the human body and in the process thereof a chiropractor may manipulate the muscle and connective tissue related thereto.

(2) As part of a course of chiropractic treatment, a duly licensed chiropractor may:
use the practice of: hygienic and sensory measures incident to the care of the body, including, but not limited to, air, cold, diet, exercise, heat, light, massage, physical culture, rest, ultrasound, water, and physical therapy techniques in the course of chiropractic manipulations and/or adjustments.


(3) Other than as explicitly set forth in section 10(b) of the Act, a duly licensed chiropractor may treat any condition, disease, or injury to any patient, including a pregnant woman, and may diagnose, so long as such treatment or diagnosis is done in a manner consistent with chiropractic methods and techniques and so long as such methods and treatments do not constitute the practice of medicine by exceeding the legal scope of chiropractic practice as set forth in this section.

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Scope Of Practice Rule 302

A Duly Licensed Chiropractor May Only Practice Or Attempt To Practice Or Hold Himself Or Herself Out As Practicing A System Of Chiropractic. A Duly Licensed Chiropractor May Also Advise The Use Of The Modalities Authorized By This Section As A Part Of A Course Of Chiropractic Treatment. **Do Not Exceed The Use Of The Diagnostic And Treatment Modalities Set Forth In This Section.** A Chiropractor May Not Hold Himself Or Herself Out As Being Licensed As Anything Other Than A Chiropractor Or As Holding Any Other Healing Arts License Or As Practicing Physical Therapy Or **Use The Term "Physical Therapy" In Advertising Unless He Or She Holds Another Such License.**



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SCOPE OF PRACTICE RULE 302

- A** to practice surgery or to sever or penetrate tissues of human beings, including, but not limited to severing the umbilical cord;
- B** to deliver a human child or practice obstetrics;
- C** to practice dentistry;
- D** to use any drug or medicine included in materia medica;
- E** to use ultrasound on a fetus for either diagnostic or treatment purposes; or
- F** to practice optometry;
- G** to use ultrasound on a fetus for either diagnostic or treatment purposes; or
- H** to perform a mammography.



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I Unlicensed individuals may mark X-ray films administered by a Doctor of Chiropractic. "Marking X-rays" is defined as drawing and measuring between reference points and making angular and linear measurements. Unlicensed individuals are not permitted to make any diagnostic conclusions or chiropractic analytical listings, and the licensed doctor is responsible for any pathological entities covered or obstructed by the markings. ()

J Unlicensed individuals may not administer X-rays unless they hold a valid X-ray technician certificate from the Department of Health Services, or participate under the direct supervision of a licensed Doctor of Chiropractic in a training program approved by that department and set forth in Section 25668.1 of the California Health and Safety Code. This prohibition, set forth in Section 30403 of Title 17 of the California Administrative Code includes the following activities:

- ✓ Positioning of patient;
- ✓ Setting up of X-ray machines;
- ✓ Pushing a button

**SCOPE OF PRACTICE
RULE 302**



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Entering into an agreement to waive, abrogate, or rebate the deductible and/or co-payment amounts of any insurance policy by forging any or all of any patient's obligation for payment thereunder, when used as an advertising and/or marketing procedure, unless the insurer is notified in writing of the fact of such waiver, abrogation, rebate, or forgiveness in each such instance.

In all insurance billings where a waiver of a deductible or a co-payment is intended as an advertising and/or marketing procedure, the chiropractor's statement and insurance billing shall contain the following statement:


I/WE WAIVE CO-PAYMENT AND/OR DEDUCTIBLES. IT IS MY/OUR INTENTION TO DO THE FOLLOWING: (Indicate one choice below)
 BILL THE PATIENT \$ _____ AFTER RECEIPT FROM YOU OF \$ _____
 WAIVE ANY FURTHER PAYMENT FROM THE PATIENT AFTER RECEIPT FROM YOU OF \$ _____
 IN CASES WHERE PREDETERMINATION OF INSURANCE BENEFITS IS NOT POSSIBLE, I/WE PROVIDE THE FOLLOWING WRITTEN EXPLANATION OF MY/OUR BILLING INTENTIONS:



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**SECTION 317 (W)
Referral To Specialist**

(w) Not referring a patient to a physician and surgeon or other licensed health care provider who can provide the appropriate management of a patient's physical or mental condition, disease or injury within his or her scope of practice, if in the course of a diagnostic evaluation a chiropractor detects an **emergency condition** that requires immediate attention and subject to appropriate management by chiropractic **skills and techniques**. This subsection shall not apply where the patient states that he or she is already under the care of such other physician and surgeon or other licensed health care provider who is providing the appropriate management for that physical or mental condition, disease, or injury within his or her scope of practice. ;



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SECTION 317 (X) Improper Conduct

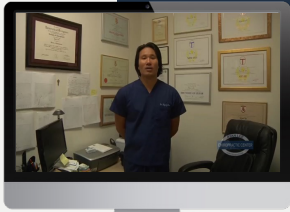
The offer, advertisement, or substitution of a spinal manipulation for vaccination

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§317. Advertisements. Constructive educational publicity is encouraged, but the use by any licensee of advertising which contains misstatements, falsehoods, misrepresentations, distorted, sensational or fabulous statements, or which is intended or has a tendency to deceive the public or impose upon credulous or ignorant persons, constitutes grounds for the imposition of any of the following disciplinary penalties: (a) Suspension of said licensee's right to practice in this State for a period not exceeding one (1) year; (b) Placing said licensee upon probation; (c) Taking such other action, including the revocation of said licensee's license, in relation to disciplining said licensee as the board in its discretion may deem proper.

This Commercial Was Made As A Joke



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Sexual Misconduct

Examples Of Sexualized Behavior By Chiropractors Towards Patients Or Their Parents/Guardians


- Asking For Or Accepting A Date
- Sexual Humor During Consultations Or Examinations
- Inappropriate Sexual Or Dressing Comments, Or Asking Clinically Irrelevant Questions, For Example About Their Body Or Underwear, Sexual Performance Or Sexual Orientation
- Routine Or Non-therapeutic Hugging Of Patients
- Requesting Details Of Sexual Orientations, History Or Preferences That Are Not Necessary Or Relevant
- Asking For, Or Accepting An Offer Of, Sex
- Watching A Patient Undress (Unless A Justified Part Of An Examination)
- Unnecessary Exposure Of The Patient's Body
- Accessing A Patient's Or Family Member's Records To Find Out Personal Information, Not Clinically Required For Their Treatment
- Unplanned Home Visits With Sexual Intent
- Taking Or Keeping Photographs Of The Patient Or Their Family That Are Not Clinically Necessary
- Telling Patients About Their Own Sexual Problems, Preferences Or Fantasies, Or Disclosing Other Intimate Personal Details
- Clinically Unjustified Physical Examinations
- Intimate Examinations Carried Out Without The Patient's Explicit Consent
- Examinations Or Treatment In Sexually Sensitive Areas Without The Patient's Explicit Consent
- Continuing With Examinations Or Treatment When Consent Has Been Refused Or Withdrawn
- Any Sexual Act Induced By The Chiropractor For Their Own Sexual Gratification
- The Exchange Of Drugs Or Services For Sexual Favors
- Exposure Of Parts Of The Chiropractor's Body To The Patient
- Sexual Assault



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Section 319.1. Informed Consent §319.1. Informed Consent.



A licensed doctor of chiropractic shall verbally and in writing inform each patient of the material risks of proposed care. "Material" shall be defined as a procedure inherently involving known risk of serious bodily harm. The chiropractor shall obtain the patient's written informed consent prior to initiating clinical care. The signed written consent shall become part of the patient's record. (b) A violation of this section constitutes unprofessional conduct and may subject the licensee to disciplinary action.

In signing the informed consent form, I affirm that I have received a verbal communication with my chiropractor discussing the material risks of harm in using chiropractic care. I also affirm that all my questions regarding the chiropractic treatment, the management of my case and the related matters of chiropractic treatment have been answered to my satisfaction verbally and in writing by the chiropractic office.

Patient signature a second time

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REQUEST FOR HANDICAP PLACARD BY PATIENTS




BE CAREFUL



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Business And Professional Code Section 650



- Except as provided in Chapter 2.3 (commencing with Section 1400) of Division 2 of the Health and Safety Code, the offer, delivery, receipt, or acceptance by any person licensed under this division or the Chiropractic Initiative Act of any rebate, refund, commission, preference, percentage dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person, irrespective of any membership, proprietary interest, or co-ownership in or with any person to whom these patients, clients, or customers are referred is unlawful.
- The payment or receipt of consideration for services other than the referral of patients which is based on a percentage of gross revenue or similar type of contractual arrangement shall not be unlawful if the consideration is commensurate with the value of the services furnished or with the fair rental value of any premises or equipment leased or provided by the recipient to the payer.
- Except as provided in Chapter 2.3 (commencing with Section 1400) of Division 2 of the Health and Safety Code and in Sections 864.1 and 864.2 of this code, it shall not be unlawful for any person licensed under this division to refer a person to any laboratory, pharmacy, clinic (including entities exempt from licensure pursuant to Section 1206 of the Health and Safety Code), or health care facility solely because the licensee has a proprietary interest or co-ownership in the laboratory, pharmacy, clinic, or health care facility provided, however, that the licensee's return on investment for that proprietary interest or co-ownership shall be based upon the amount of the capital investment or proportionate ownership of the licensee which ownership interest is not based on the number or value of any patients referred. Any referral accepted under this section shall be unlawful if the practitioner proves that there was no

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New California State Bar Rule 1.15 Adding Doctors As "Other Person" In The Text
 Attorney Now Is A Fiduciary To The Doctor For Any Funds Received By Attorney On The Case

Rule 1.15 Safeguarding Funds and Property of Clients and Other Persons (Rule Approved by the Supreme Court, Effective November 1, 2019)

(a) All funds received or held by a lawyer or law firm for the benefit of a client or other person to whom the lawyer owes a contractual, statutory, or other legal duty, including advances for fees, costs and expenses, shall be deposited in one or more identifiable bank accounts labeled "Trust Account" or words of similar import maintained in the State of California, or, with written consent of the client, in any other jurisdiction where there is a substantial relationship between the client or the client's business and the other jurisdiction.



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New California State Bar Rule 1.15 Adding Doctors As "Other Person" In The Text
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A Lawyer Shall:

- ✓ Promptly Notify A Client Or Other Person Of The Receipt Of Funds, Securities, Or Other Property In Which The Lawyer Knows Or Reasonably Should Know The Client Or Other Person Has An Interest.
- ✓ Identify And Label Securities And Properties Of A Client Or Other Person Promptly Upon Receipt And Place Them In A Safe Deposit Box Or Other Place Of Safeguarding, As Soon As Practicable.



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New California State Bar Rule 1.15 Adding Doctors As "Other Person" In The Text
 Attorney Now Is A Fiduciary To The Doctor For Any Funds Received By Attorney On The Case

- ✓ Maintain Complete Records Of All Funds, Securities, And Other Property Of A Client Or Other Person Coming Into The Possession Of The Lawyer Or Law Firm.
- ✓ Promptly Account In Writing To The Client Or Other Person For Whom The Lawyer Holds Funds Or Property.



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