

Oregon Medical Board
1500 SW 1st Ave., Suite 620
Portland, OR 97201
971-673-2700

**REGISTRATION FOR LIABILITY LIMITATION FOR PHYSICIANS
AND PHYSICIAN ASSISTANTS – ORS 676.340 - 676.345**

This registration is valid for one year from the date it is received by the Oregon Medical Board. Registration must be renewed annually. If you wish to renew this registration, please submit a new registration form to the Board two weeks prior to the expiration date.

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|-----------|------------|----------------|----------|
| Last Name | First Name | Middle Initial | MD/DO/PA |
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Practice Street Address

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| City | State | Zip |
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Practice Phone Number

License Number

Per ORS 676.340 and 676.345 a physician (MD/DO) or physician assistant (PA) who is registered with the Oregon Medical Board and who provides health care services without compensation is not liable for any injury, death or other loss arising out of the provision of those services, unless the injury, death or other loss results from the gross negligence of the physician or physician assistant.

By registering with the Oregon Medical Board, I agree to the following:

1. I will provide health care services to patients without compensation that are within the scope of my license, except for reimbursement for laboratory fees, testing services and other out-of-pocket expenses.
2. I will provide the patient, or person authorized under law to make health care decisions for the patient, with a statement notifying the patient that my health care services are provided without compensation, and that I may be held liable for death, injury or other loss only if the injury, death or other loss results from gross negligence. The patient will sign a *Notification of Health Care Services Provided Without Compensation and Limitation of Physician/Physician Assistant Liability* form prior to health care services being provided.
3. I will obtain the informed consent of the patient, or person who has authority under law to make health care decisions for the patient, prior to providing the health care services.

Licensee's Signature

Date