The Regulation of Physician Advertising

NOVEMBER 2016

The TMA Office of the General Counsel

An important part of many physicians' business is advertising to attract new patients to the practice. In advertising, however, physicians must take note of important rules implemented by the Texas Medical Board (TMB) and other agencies relating to advertising. These regulations seek to foster compliance with appropriate standards in order to serve public interest — ensuring that information is not misleading or false — without impeding the flow of useful, meaningful, or relevant information to the public about a physician's medical services. Each physician has the responsibility to "carefully scrutinize" the physician's advertisements to ensure they adhere to the "highest ethical standards of truth in advertising."

TMB and other agencies regulate how a physician communicates information to prospective or current patients about board certification and strictly enforces these administrative provisions. The regulations are complex and precise in the use of their language. Although the regulations are summarized below, please be aware (as with any TMA whitepaper) the touchstone for compliance is the text of the regulation, not the text of this summary.

This whitepaper first addresses the regulations relating to restrictions on advertising, discussing what is an advertisement, what exactly is prohibited, who can be responsible for misleading advertising, and which agencies enforce regulations and with which remedies.

Restrictions on Advertising

What Is “Advertising”?

As a threshold consideration, it is important to note what can and cannot be considered advertising. TMB defines advertising as follows:

Informational communication to the public in any manner designed to attract public attention to the practice of a physician. Advertising may include oral, written, broadcast, and other types of communications disseminated by or at the behest of a physician. The communications covered include, but are not limited to, those made to patients, prospective patients, professionals or other persons who might refer patients, and to the public at large. The communications covered include signs, nameplates, professional cards, announcements, letterheads, listings in telephone directories and other directories, brochures, radio and television appearances, and information disseminated on the Internet or Web.

The board cautions that as a general rule, “It would be appropriate to consider anything that includes the physician's name an advertisement. This applies to social media like Twitter, Facebook, and LinkedIn.”

What Is Prohibited?

Most generally, advertising is prohibited if the advertising is false, misleading, or deceptive. But what exactly is false, or how an advertising can be misleading or deceptive can be a nuanced determination and requires careful attention.

1 22 TAC §164.1.
2 Id.
3 22 TAC 164.2(1).
To start, one helpful suggestion that TMB makes is to ask whether the statement can be proven. "Issues can arise with advertisements making proclamations like, ‘the best,’ ‘the only,’ ‘the most advanced,’ etc."

A variety of laws and regulations describe in greater specificity what is considered to be false, misleading, or deceptive. These range from broad statements prohibiting simply “advertising that is false, misleading, deceptive, or not readily subject to verification,” to extensive “laundry lists” of violations or actions that are considered prohibited. Specifically, when considering whether an advertisement might be prohibited, the Texas Deceptive Trade Practices Act (DTPA), the Medical Practice Act, and laws and regulations relating to or adopted by the Texas Medical Board and the state Health Professions Council outline these prohibited actions. There are even relevant federal laws such as the Federal Trade Commission Act that would have bearing on advertising and marketing practices. These may be specific to physicians, may apply generally to health professions, or may apply to any or all businesses.

Specific factual circumstances may require more a careful reading of each of these authorities. But for physicians, the TMB regulations provide an extensive list of situations that would be the most relevant to advertisements for a medical practice. TMB rules prohibits advertising that does any of the following:

1. Contains material false claims or misrepresentations of material facts which cannot be substantiated;
2. Contains material implied false claims or implied misrepresentations of material fact;
3. Omits material facts;
4. Makes a representation likely to create an unjustified expectation about the results of a health care service or procedure;
5. Advertises or ensures a permanent cure for an incurable disease;
6. Compares a health care professional’s services with another health care professional’s services unless the comparison can be factually substantiated;
7. Advertises professional superiority or the performance of professional service in a superior manner if the advertising is not subject to verification;
8. Contains a testimonial that includes false, deceptive, or misleading statements, or fails to include disclaimers or warnings as to the credentials of the person making the testimonial;
9. Includes photographs or other representations of models or actors without explicitly identifying them as models and not actual patients;
10. Causes confusion or misunderstanding as to the credentials, education, or licensure of a health care professional;
11. Represents that health care insurance deductibles or copayments may be waived or are not applicable to health care services to be provided if the deductibles or copayments are required;
12. Represents that the benefits of a health benefit plan will be accepted as full payment when deductibles or copayments are required;
13. States that a service is free when it is not, or contains untruthful or deceptive claims regarding costs and fees. If other costs are frequently incurred when the advertised service is obtained then this should be disclosed. Offers of free service must indeed be free. To state that a service is free but a third party is billed is deceptive and subject to disciplinary action;
14. Makes a representation that is designed to take advantage of the fears or emotions of a particularly susceptible type of patient;

---

7. The Texas Deceptive Trade Practices Act includes an extensive list of prohibited actions that typically is referred to as the “laundry list.” *Tex. Bus. & Comm. Code* §17.12. Other laws also more comprehensively list prohibited actions. See also, e.g., *Tex. Occ. Code* §101.201(b).
8. The DTPA does exempt “the rendering of a professional service, the essence of which is the providing of advice, judgment, opinion, or similar professional skill” from “a claim for damages” under the DTPA. The advertising for the professional services, however, may not be exempt, especially because the exemption has exceptions for “an express misrepresentation of a material fact that cannot be characterized as advice, judgment, or opinion.” *Tex. Bus. & Comm. Code* §17.49(c).
9. Section 5 of the Federal Trade Commission Act (15 USC §45) prohibits “unfair or deceptive acts or practices in or affecting commerce.”
15. Advertises or represents in the use of a professional name, title, or professional identification that is expressly or commonly reserved to or used by another profession or professional;
16. Claims that a physician has a unique or exclusive skill without substantiation of such claim;
17. Involves uninvited solicitation such as “drumming” patients or conduct considered an offense under Tex. Occ. Code §102.001(a) relating to the solicitation of patients; or
18. Fails to disclose the fact of giving compensation or anything of value to representatives of the press, radio, television, or other communicative medium in anticipation of or in return for any advertisement, article, or infomercial, unless the nature, format, or medium of such advertisement makes the fact of compensation apparent.¹⁰

**Special Caution for Testimonials**

State law’s prohibition on testimonials requires more careful attention.¹¹ TMB defines a testimonial to be “an attestation or implied attestation to the competence of a physician’s service or treatment. Testimonials also include expressions of appreciation or esteem, a character reference, or a statement of benefits received. Testimonials are not limited to patient comments but may also include comments from colleagues, friends, family, actors, models, fictional characters, or other persons or entities.”¹²

In 2001, the Texas attorney general issued an opinion regarding testimonials. In that opinion, Attorney General John Cornyn stated that his office could not predict whether a court would find the blanket statutory ban on testimonials to be constitutional.¹³ To avoid a constitutional issue, TMB modified its regulation describing how it will enforce the law.¹⁴ However, the Texas Occupations Code still contains the absolute prohibition, and the use of testimonials entails substantial legal risk. Many public relations consultants will assert that testimonials are among the best possible advertising techniques. However, medicine, unlike business entities, cannot generally guarantee outcomes.

Medicine is a science-based healing art. Thus, physicians do not and typically cannot promise their patient a particular outcome. Patient testimonials typically infer to prospective patients that they will obtain the same outcome as the patient making the attestation. Thus, the American Medical Association (in Opinion 9.6.1; see below) and TMA ethics policymaking bodies have concluded that “testimonials of patients as to the physician’s skill or the quality of the physician’s professional services tend to be deceptive.”

Professional testimonials have similar risks in that they typically take the form of acknowledging a professional superiority or the performance of professional service in a superior manner. This representation, if not verifiable, violates the law and is unethical.

**Special Caution for Third-Party Coupon or Deal Platforms**

Physicians must also take note of potential legal hazards regarding third-party coupon or deal platforms like Groupon or Living Social. These platforms generally sell coupons for certain discounted goods or services to platform subscribers. The merchants whose goods and services are being advertised on these platforms will share the proceeds of the coupon sale with the platform.

Advertising through third-party coupon or deal platforms is particularly troublesome not only because a physician would have to be concerned with the advertising content, but also because using third-party coupon or deal platforms gives rise to other potentially fatal legal hurdles. Physicians should thus seek legal advice regarding the use of advertising.

¹⁰ Tex. Occ. Code §§101.201 and 101.251; 22 TAC §164.3.
¹¹ Tex. Occ. Code §§101.201(b)(4); 22 TAC §164.3.
¹² 22 TAC §164.2(2).
¹⁴ To be sure, though Sec. 101.201(b)(4) prohibits an advertisement that, simply, “contains a testimonial,” TMB’s regulations prohibit an advertisement that “contains a testimonial that includes false, deceptive, or misleading statements, or fails to include disclaimers or warnings as to the credentials of the person making the testimonial.” 22 TAC 164.308.
through these coupon or deal platforms to avoid violations of state and federal laws relating to fee-splitting and paid referrals.

**How Are Prohibitions on Advertising Enforced?**

Two separate state administrative entities may enforce statutory and regulatory restrictions on physician advertising. The Health Professions Council, a state agency composed of representatives from 13 health licensing agencies, and TMB. The Texas attorney general is granted authority to file an injunction and seek penalties for a violation of the Health Professions Council's prohibitions, while TMB generally enforces its own prohibitions.15

Inappropriate advertising may result in discipline by TMB and can include revocation or civil penalties up to $1,000 per violation. Deceptive advertising also can lead to criminal prosecution.16

Individuals also may have a private cause of action for certain violations of the prohibition on false advertising. The DTPA specifically entitles consumers to take legal action in certain circumstances where the consumer suffered economic damages or damages for mental anguish.17 Damages in these cases under the DTPA could include an amount up to three times the amounts found for mental anguish damages and economic damages.18

Finally, the Federal Trade Commission (FTC) also enforces federal prohibitions on untruthful or misleading advertising. At the same time, though, FTC also enforces regulations that support truthful advertising in the interest of robust and fair competition.19

**Who Is Responsible for Advertising Materials?**

When reviewing promotional material, a physician should keep in mind that he or she is personally responsible for any representation made to the public on his or her behalf. If a physician is an employee of a practice and the practice advertises improperly, the physician is held accountable and may be subject to discipline. In fact, any advertisement is presumed to have been approved by the physician the advertisement promotes.20 Evidence that demonstrates a lack of approval, though, can rebut that presumption.21 Furthermore, according to TMB rule, each physician who is a principal partner or officer of a firm or entity identified in any advertisement is jointly and severally responsible for the form and content of the advertisement.22

**Advertising Board Certification and Fields of Interest**

A significant part of many physician advertisements is the physician's qualifications and credentials, including the physician's board certifications. TMB has adopted rules to standardize the meaning of “board certified” by recognizing the certifications by specific certifying organizations and allowing for other certifying organizations to have similar recognition.

19. In fact, FTC has taken actions against both AMA and local county medical societies if those groups restrict truthful advertising by those groups' respective members. FTC previously has settled charges to that effect, for instance, with the Tarrant County Medical Society. See "Physician applauds ad ruling," Carolyn Poirot, Fort Worth Star-Telegram, Thursday, Aug. 13, 1987.
20. 22 TAC §164.5(a).
21. In one physician's case, the physician's employee posted false reviews (one about a competing physician and another about the physician's own practice) on a social media website. After TMB investigation, TMB filed a complaint at the State Office of Administrative Hearings, where the physician demonstrated that he or she did not approve the advertisements. The physician demonstrated this by testifying that he or she had forbidden social media advertising, and by presenting evidence that the employee had made the posts from a personal computer at the employee's house and that they were posted without the physician's knowledge. SOAH held that this physician overcame the presumption that the physician had approved the advertisements and was thus not responsible for their false content. See Texas Medical Board v. Mark Henry, M.D., 2016 WL 4494684, SOAH Docket No. 503-15-5304.MD (Aug. 17, 2016).
22. 22 TAC §164.5(b).
ABMS, BOS, or ABOMS Certifications — Restriction on Use of “Board Certified”

According to TMB regulations, a physician may use the term “board certified” only if the physician is certified by an organization that is a member of the American Board of Medical Specialties (ABMS), the American Osteopathic Association Bureau of Osteopathic Specialists (BOS), or the American Board of Oral and Maxillofacial Surgery (ABOMS).

Certifying Boards Recognized for Purposes of Advertisement: Non-ABMS, BOS, or ABOMS Organizations That Meet Certain Requirements

TMB does allow exceptions for the use of the term “board certified” for boards other than ABMS, BOS, and ABOMS. A physician may advertise that the physician is “board certified” by a named organization that is not one of the three above-named organizations if TMB determines that the organization has certification requirements substantially equivalent to the requirements of ABMS or BOS existing at the time of the application to the board. A physician or the organization on behalf of its physician-members must demonstrate to TMB that the organization:

1. Requires an exam for certification that tests knowledge and skill in the specialty,
2. Is a 501(c) nonprofit,
3. Has a permanent headquarters and staff,
4. Has at least 100 members,
5. Requires that all physicians seeking certification successfully complete postgraduate training that is accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association and that provides identifiable and substantial supervised training of comprehensive scope in that specialty or subspecialty, and the organization utilizes appropriate peer review,
6. Provides an online resource for the consumer to verify the board certification of its members; and
7. Has the ability to provide a full explanation of its certification process and membership upon request by TMB.

To receive authorization to advertise board certification from an organization that is not ABMS, BOS, or ABOMS, a physician or the organization must apply to TMB by completing a written application and payment of an application fee.

If TMB’s executive director determines that an application meets all qualifications, the executive director presents the application to a TMB committee for review and approval. If an applicant does not clearly meet all requirements, the executive director notifies the applicant, and the applicant may appeal that decision to a TMB committee. If the committee or the full board determines that an applicant’s certifying board does not meet TMB’s requirements for approval, the applicant shall be notified of the disapproval determination.

If an applicant’s certifying board is disapproved, the applicant may request a rehearing of the application before a TMB committee. The request must be made within 20 days of receipt of notice of the disapproval determination. It is at the discretion of the committee whether to grant a rehearing. The request for rehearing must be based on information not previously presented or considered.

23. 22 TAC §164.4(a).
24. 22 TAC §164.4(b). As of the publication date of this whitepaper, TMB has recognized four other certifying boards for purposes of advertisement: (1) American Board of Facial Plastic and Reconstructive Surgery, (2) American Board of Cosmetic Surgery, (3) American Board of Pain Medicine, and (4) American Board of Interventional Pain Physicians.
25. Although TMB rules may not be clear, the rules do suggest that after a certifying board has applied and received approval for its board certifications for the purpose of advertising, that board’s members can advertise “board certification” by that board without submitting a separate application for approval. This is suggested by the fact that an organization can submit an application on behalf of its members, and also that TMB publishes the list of approved organizations on its website at www.tmb.state.tx.us/page/resources-advertisement-board-certification.
26. Id.
27. 22 TAC §164.4(j)(1). Note also that these regulations were updated in 2010, so TMB allows physicians who hold a certification that was granted prior to Sept. 1, 2010, and whose certifying board was approved by TMB prior to that date is grandfathered in to meeting these requirements.
28. See 22 TAC §164.4(i).
29. Id.
If a certifying board is approved, its approval status is not permanent. Every five years from the date of the initial approval of a certifying board recognized for purposes of advertising, TMB must review the certifying board. A physician or the certifying board must provide information of any substantive changes in the certifying board’s requirements for diplomates since TMB last reviewed the certifying board. Additionally, the applicant must pay a renewal fee to have the certifying board reviewed.

**Identifying Fields of Interest**

Physicians may advertise a field of interest if the physician is a certified by, or a member, fellow, or diplomate of ABMS, BOS, or ABOMS, or another organization the certification of which the TMB recognizes for purposes of advertising. These physicians may advertise a field of interest different from the certified specialty only if the physician identifies the specialty for which he or she is certified in equal size, type, and emphasis.

A physician who is not board certified by an approved organization may not advertise a field of interest but may advertise that his or her practice is “limited to” a certain practice area. The exact phrase “limited to” must be used.

**Use of “Board Eligible” and “Board Qualified”**

Finally, the phrases “board eligible” and “board qualified” or any similar phrases that are calculated to convey the same meaning are not permitted by TMB.

**Retention of Advertising Records**

A physician must retain a recording of every advertisement communicated by electronic media, a copy of every advertisement communicated by print media, and a copy of any other form of advertisement for a period of two years from the last date of broadcast or publication. Also, if photographs or other representations of actual patients are used in advertising, a physician must not communicate facts, data, or information that may identify the patient without first obtaining patient consent. Although the rules do not expressly require it, physicians may want to obtain this consent in writing and maintain a copy along with the advertisement.

**Required Disclosures on Websites**

TMB imposed regulations specifically on physicians who bill for services provided via the internet. If one such physician maintains a website relating to the physician’s professional practice, the website must contain information relating to the following:

1. Ownership of the website;
2. Specific services provided;
3. Office address and contact information;
4. Licensure and qualifications of physician(s) and associated health care providers;
5. Fees for online consultation and services and how payment is to be made;

---

50. 22 TAC §164.4(j)(6).
51. Id.
52. 22 TAC §164.4(f).
53. 22 TAC §164.4(g).
54. 22 TAC §164.4(h).
55. 22 TAC §164.4(d).
56. 22 TAC §164.5(d).
57. 22 TAC §164.5(c).
58. 22 TAC §164.6(d).
6. Financial interest in any information, products, or services;
7. Appropriate uses and limitations of the site, including providing health advice and emergency health situations;
8. Uses and response times for emails, electronic messages, and other communications transmitted via the site;
9. To whom patient health information may be disclosed and for what purpose;
10. Rights of patients with respect to patient health information; and
11. Information collected and any passive tracking mechanisms used.\(^{39}\)

Through the physician’s website, a physician must provide patients with mechanisms to access or amend patient-provided personal health information; provide feedback regarding the site or the quality of information and services; and register complaints, including information on filing a complaint with TMB.\(^ {40}\)

The physician’s website may not advertise or promote anything that a physician sells outside the physician’s practice for which the physician would receive direct compensation.\(^ {41}\)

**Rewards or Awards for Referrals**

Another technique some public relations consultants may recommend is to offer rewards or incentives to persons for the referral of new patients. Although general business uses this technique, it is prohibited for anyone licensed by a Texas health care regulatory agency (which includes TMB).

In Texas, a person commits an offense if the person knowingly offers to pay or agrees to accept, directly or indirectly, overtly or covertly any remuneration in cash or in kind to or from another for securing or soliciting a patient or patronage for or from a person licensed, certified, or registered by a state health care regulatory agency.\(^ {42}\)

Offering gifts and free services to any person for the referral of patients (without regard to whether they are in Medicare or Medicaid) risks discipline for improper solicitation of patients.

**Examples of Board Discipline Relating to Advertising**

**False and Misleading Information**

In August 2015, TMB entered a final order revoking a physician’s Texas medical license after the board found the physician to be maintaining websites that contained advertising and testimonials that were “false and misleading.” The physician advertised products over the internet that the physician professed to be able to treat and cure diseases such as depression, Alzheimer’s, cancer, and fibromyalgia, among others.\(^ {43}\)

**Board Certifications and Society Memberships**

In August 2014, a physician entered into an agreed order with TMB to correct information published on the physician’s websites. The websites stated the physician was board certified in neurosurgery when the physician’s board certification had been expired for eight months. The agreed order required the physician to complete certain continuing medical education (CME) credits and correct the erroneous information.\(^ {44}\)

In December 2015, a physician entered into an agreed order with TMB requiring the physician to pass the Medical Jurisprudence Exam, to complete certain CME credits, and to pay an administrative penalty of $5,000. The physician erroneously advertised that he was a member of the American Society of Cosmetic Dermatology and Aesthetic Surgery

\(^ {39}\) 22 TAC §164.6(a).
\(^ {40}\) 22 TAC §164.6(b).
\(^ {41}\) 22 TAC §164.6(c).
\(^ {42}\) Tex. Occ. Code §102.001.
\(^ {44}\) Id.
and claimed to be a “fellow” of both the American Society of Cosmetic Breast Surgery (where he was only a “member”) and the American Society of Mohs Surgery (where he had not been a member for more than eight years).45

Rewards or Awards for Referrals

Dr. A was disciplined by TMB and assessed an administrative penalty of $500. The action was based on allegations that Dr. A violated Texas law by offering free services to patients for referrals to the practice.

The board and Dr. N entered into an agreed order assessing an administrative penalty of $3,000. The order was based on allegations that Dr. N’s office manager sent out about 40 letters to other office managers and doctors stating that each person who referred someone to the practice would receive a $50 discount on treatment from his office. According to TMB, such an offer constitutes a reward to a person for referring patients and violates Texas law. TMB, however, declined to impose the maximum penalty as it found, in mitigation, that an advertising firm that works with physicians recommended the use of the letter.

AMA Policy

AMA Code of Medical Ethics 9.6.1 Advertising and Publicity

There are no restrictions on advertising by physicians except those that can be specifically justified to protect the public from deceptive practices. A physician may publicize him or herself as a physician through any commercial publicity or other form of public communication (including any newspaper, magazine, telephone directory, radio, television, direct mail, or other advertising) provided that the communication shall not be misleading because of the omission of necessary material information, shall not contain any false or misleading statement, or shall not otherwise operate to deceive.

Because the public can sometimes be deceived by the use of medical terms or illustrations that are difficult to understand, physicians should design the form of communication to communicate the information contained therein to the public in a readily comprehensible manner. Aggressive, high-pressure advertising and publicity should be avoided if they create unjustified medical expectations or are accompanied by deceptive claims. The key issue, however, is whether advertising or publicity, regardless of format or content, is true and not materially misleading.

The communication may include (1) the educational background of the physician, (2) the basis on which fees are determined (including charges for specific services), (3) available credit or other methods of payment, and (4) any other nondeceptive information.

Nothing in this opinion is intended to discourage or to limit advertising and representations which are not false or deceptive within the meaning of Section 5 of the Federal Trade Commission Act. At the same time, however, physicians are advised that certain types of communications have a significant potential for deception and should therefore receive special attention. For example, testimonials of patients as to the physician’s skill or the quality of the physician’s professional services tend to be deceptive when they do not reflect the results that patients with conditions comparable to the testimoniant’s condition generally receive.

Objective claims regarding experience, competence, and the quality of physicians and the services they provide may be made only if they are factually supportable. Similarly, generalized statements of satisfaction with a physician’s services may be made if they are representative of the experiences of that physician’s patients.

Because physicians have an ethical obligation to share medical advances, it is unlikely that a physician will have a truly exclusive or unique skill or remedy. Claims that imply such a skill or remedy therefore can be deceptive. Statements that a physician has an exclusive or unique skill or remedy in a particular geographic area, if true, however, are permissible.

Similarly, a statement that a physician has cured or successfully treated a large number of cases involving a particular serious ailment is deceptive if it implies a certainty of result and creates unjustified and misleading expectations in prospective patients.

Consistent with federal regulatory standards which apply to commercial advertising, a physician who is considering the placement of an advertisement or publicity release, whether in print, radio, or television, should determine in advance that the communication or message is explicitly and implicitly truthful and not misleading. These standards require the advertiser to have a reasonable basis for claims before they are used in advertising. The reasonable basis must be established by those facts known to the advertiser, and those which a reasonable, prudent advertiser should have discovered. Inclusion of the physician's name in advertising may help to assure that these guidelines are being met. (AMA Principles of Medical Ethics: II; Updated June 2016.

**TMA Policy**

**Board of Councilors Ethics Opinion. ADVERTISING.**

It is not unethical for a physician to authorize the listing of his name and practice in a directory for professional or lay use. Physicians should avoid use of statements which are false, misleading, or deceptive, or which assert professional superiority or the performance of a professional service in a superior manner if the advertising is not readily subject to verification.

Advertising by physicians can benefit patients by providing information which helps patients make choices about their health care needs. Advertising should not contain false or misleading statements, and should not otherwise operate to deceive. Aggressive, high-pressure advertising and publicity may create unjustified expectations.

Testimonials are anecdotal reports and may not be representative of every patient's experience or even most patients' experiences. Any inducements or payments given to persons giving testimonials should be clearly disclosed in the advertisement. Advertising containing testimonials regarding a physician's skill or the quality of the physician's professional services is unethical.

Texas law makes advertising professional superiority or the performance of professional service in a superior manner if the advertising is not readily subject to verification grounds for disciplinary action against the physician(s) responsible. Any communication, advertising, or publicity distributed on behalf of a physician, group, partnership, or professional association should include the name of at least one physician responsible for its content. (Modified October 2007)

**NOTICE:** The Texas Medical Association provides this information with the express understanding that (1) no attorney-client relationship exists, (2) neither TMA nor its attorneys are engaged in providing legal advice, and (3) the information is of a general character. **This is not a substitute for the advice of an attorney.** While every effort is made to ensure that content is complete, accurate and timely, TMA cannot guarantee the accuracy and totality of the information contained in this publication and assumes no legal responsibility for loss or damages resulting from the use of this content. You should not rely on this information when dealing with personal legal matters; rather legal advice from retained legal counsel should be sought. Any legal forms are only provided for the use of physicians in consultation with their attorneys. Certain links provided with this information connect to websites maintained by third parties. TMA has no control over these websites or the information, goods or services provided by third parties. TMA shall have no liability for any use or reliance by a user on these third-party websites.