Text consolidated by Valsts valodas centrs (State Language Centre) with amending laws of:

6 April 2000 [shall come into force on 4 May 2000];

25 March 2004 [shall come into force on 22 April 2004];

10 December 2009 [shall come into force on 1 January 2010];

17 October 2013 [shall come into force on 30 October 2013].

If a whole or part of a section has been amended, the date of the amending law appears in square brackets at the end of the section. If a whole section, paragraph or clause has been deleted, the date of the deletion appears in square brackets beside the deleted section, paragraph or clause.

The *Saeima*1 has adopted and

the President has proclaimed the following law:

**On Doctors in Private Practice**

**Chapter I**

**General Provisions**

**Section 1**

Terms used in the Law:

1) **doctor in private practice** – a certified medical doctor who has registered a private medical practice and is practising medical treatment in accordance with the procedures laid down in this Law;

2) **private medical practice** – a specially equipped workplace registered in accordance with the procedures laid down in this Law where a doctor in private practice carries out medical treatment activities;

3) **doctor under supervision** – a doctor who is not certified in a specialty and works under supervision of a certified doctor;

4) **intern**– a doctor who is studying in an accredited professional medical residency educational programme to acquire a specialty in medicine and is in a employment relationships with the medical treatment institution which implements the educational programme.

[*25 March 2004; 10 December 2009*]

**Section 2**

(1) The professional activity of a doctor in private practice (hereinafter also – the activity) is intellectual work, it is a self-employed profession. The activity of a doctor in private practice is the foundation of medical aid.

(2) The activity of a doctor in private practice is governed by this Law and other laws and regulations.

**Section 3**

Latvian citizens, non-citizens, and foreigners who have a permanent residence permit, who have received a doctor’s certificate issued by the Latvian Medical Association and have registered a private medical practice in accordance with the procedures laid down in this Law may be a doctor in private practice.

[*10 December 2009*]

**Section 4**

The following persons may not be a doctor in private practice:

1) persons who do conform to the requirements of Section 3 of this Law;

2) persons who have been convicted or are being accused of an intentional crime;

3) persons who have been convicted of committing an intentional crime even if they have been released from serving the sentence due to the limitation period, amnesty or clemency, or their criminal record has been set aside or extinguished;

4) persons who have been removed from the office by a court judgement in a criminal case;

5) [10 December 2009];

6) persons who are under guardianship.

[*10 December 2009*]

**Chapter II**

**Professional Activity of a Doctor in Private Practice**

**Section 5**

A doctor in private practice shall work individually or in cooperation with other doctors in private practice or medical treatment institutions.

**Section 6**

A doctor in private practice shall work personally and directly. Medical treatment may not be performed by means of mass media and communication tools or in a written correspondence.

**Section 7**

A doctor in private practice shall work in a speciality (there may be several specialities) specified in his or her doctor’s certificate. The specialties in which a doctor in private practice may not work at the same time shall be determined by the Latvian Medical Association.

[*6 April 2000*]

**Section 8**

In case of professionally justified necessity, a doctor in private practice has the rights and obligation to refer the patient to a doctor of a different specialty.

[*10 December 2009*]

**Section 9**

A doctor in private practice shall be independent in his or her activity.

[*10 December 2009* / *Amendment regarding the deletion of the second, third, and fourth sentence shall come into force on 1 March 2010.* *See Paragraph 2 of Transitional Provisions*]

**Section 10**

One doctor under supervision may work under management of a doctor in private practice. If a doctor in private practice is included in the list of doctors with the right to teach, he or she may supervise one more doctor under supervision working in the same specialty as the doctor in private practice.

**Section 11**

A doctor in private practice has the right to perform expert-examination of temporary incapacity for work and issue documents certifying temporary incapacity for work in accordance with the procedures stipulated by the Cabinet.

**Section 12**

A doctor in private practice shall keep medical documents in accordance with the laws and regulations regarding the procedure for keeping medical records.

[*10 December 2009*]

**Chapter III**

**Financial Activity of a Doctor in Private Practice**

**Section 13**

A doctor in private practice shall be financially independent in his or her activity.

**Section 14**

(1) A doctor in private practice shall keep his or her records of income and expenditures in accordance with the procedures laid down in the laws and regulations. The revenues of a doctor in private practice shall consist of payments from patients, State, local governments, insurance companies, and other natural or legal persons for health care services and training.

(2) A doctor in private practice shall pay taxes in accordance with the procedures laid down in the law.

[*6 April 2000; 10 December 2009*]

**Section 15**

[10 December 2009 / See Paragraph 2 of Transitional Provisions]

**Section 16**

[10 December 2009 / See Paragraph 2 of Transitional Provisions]

**Section 17**

[17 October 2013]

**Section 18**

A doctor in private practice has the right, in accordance with the laws and regulations, to hire personnel who performs work related to the private medical practice. The doctor in private practice shall be responsible for the activity of such personnel.

**Section 19**

A doctor in private practice has an obligation, within seven days, to notify the relevant local government, the Health Inspectorate as the keeper of the Register of Medical Treatment Institutions (hereinafter – the Register of Medical Treatment Institutions), and the State Revenue Service of the starting of the activity of a doctor in private practice or of a change in the address of the private practice.

[*10 December 2009*]

**Chapter IV**

**Rights, Obligations, and Responsibility of a Doctor in Private Practice to the Patient**

**Section 20**

(1) A doctor in private practice has the right to purchase means of medical treatment from a drug wholesaler or a pharmacy, including psychotropic or narcotic drugs, which are necessary for him or her for ensuring his or her activity.

(2) A doctor in private practice shall be responsible for the storage and use of such means of medical treatment in accordance with the procedures provided for in the law.

**Section 21**

A doctor in private practice shall issue prescriptions for medicinal products to his or her patients in accordance with the procedures laid down in the laws and regulations. A doctor in private practice has an obligation to report adverse effects of medicinal products observed in his or her practice in accordance with the procedures laid down in the laws and regulations.

[*25 March 2004; 10 December 2009*]

**Section 22**

(1) A doctor in private practice shall perform the prevention, treatment, and limitation of the spread of infectious diseases in accordance with the procedures laid down in the laws and regulations.

(2) A doctor in private practice has an obligation to inform the medical practitioner who is working with the patient after him or her of any infectious diseases if such have been diagnosed for the relevant patient.

**Section 23**

A doctor in private practice shall be responsible for the preservation of unborn life. A doctor in private practice has an obligation to try to talk a female patient out of termination of a pregnancy if such pregnancy does not contradict with the health of the female patient and there is no threat of a hereditary or acquired disease to the newborn infant. A doctor in private practice has the right to refuse to terminate a pregnancy if there are no medical grounds for such termination.

**Section 24**

[10 December 2009 / See Paragraph 2 of Transitional Provisions]

**Section 25**

[10 December 2009 / See Paragraph 2 of Transitional Provisions]

**Chapter V**

**Registration of Patients with a Doctor in Private Practice**

**Section 26**

A patient shall register with a doctor in private practice in accordance with the procedures laid down in the laws and regulations, and the doctor of such private practice shall keep the medical documents of the patient. A patient, when registering with a doctor in private practice or receiving medical aid, shall present a personal identification document.

[*10 December 2009*]

**Section 27**

If the patient is changing his or her doctor in private practice, the doctor in private practice has an obligation, within three working days after receipt of the patient’s application, transfer copies, true copies of, and extracts from medical documents to the patient or the doctor in private practice chosen by the patient, or to the medical treatment institution.

[*10 December 2009*]

**Chapter VI**

**Cooperation of Doctors in Private Practice and Mutual Replacement**

**Section 28**

A doctor in private practice may only be replaced by a doctor working in the same specialty.

[*10 December 2009*]

**Section 29**

(1) A doctor in private practice has an obligation to find a replacement for himself or herself if his or her absence from the practice is longer than five days. The doctor in private practice shall notify the Register of Medical Treatment Institutions of the replacement.

(2) If a doctor in private practice is not able to find a replacement, he or she shall notify the Register of Medical Treatment Institutions thereof and ensure that information is publicly available at his or her practice on the possibilities of obtaining healthcare at other medical treatment institutions.

(3) A doctor in private practice may be replaced for a time period up to two years.

[*10 December 2009*]

**Chapter VII**

**Termination and Suspension of Activity of a Doctor in Private Practice**

[*10 December 2009*]

**Section 30**

(1) A doctor in private practice may terminate his or her activity upon his or her own initiative, immediately notifying the Register of Medical Treatment Institutions thereof.

(2) A doctor in private practice, when terminating his or her activity, shall guarantee the confidentiality of the information obtained during the activity.

(3) When terminating his or her activity, a doctor in private practice shall transfer medical documents to the archives or – upon a patient’s application – to another doctor in private practice or medical treatment institution, drawing up an act of acceptance and delivery and notifying the archives thereof.

[*10 December 2009*]

**Section 31**

The Register of Medical Treatment Institutions is entitled to exclude a doctor in private practice from the Register:

1) if any of the restrictions of Section 4 of this Law apply to the doctor in private practice;

2) if the doctor in private practice provides false information to the Register;

3) if the doctor in private practice has not performed the activity of a doctor in private practice for more than two continuous years;

4) due to the death of the doctor in private practice.

[*10 December 2009*]

**Section 31.1**

(1) The activity of a private practice shall be suspended:

1) in the cases specified in the Medical Treatment Law;

2) by the doctor in private practice upon his or her own initiative if his or her absence is longer than three months and he or she has no replacement.

(2) A doctor in private practice shall notify the Register of Medical Treatment Institutions of the suspending the activity of the private practice in the case specified in Paragraph one, Clause 2 of this Section and shall ensure that information is publicly available at his or her private practice on the suspension of the activity of the private practice and the possibilities of receiving healthcare at other medical treatment institutions.

(3) A doctor in private practice shall ensure that during the time when the activity of his or her private practice is suspended the patients have access to their medical documents.

(4) A doctor in private practice may suspend the activity of his or her private practice for a time period up to two years.

[*10 December 2009*]

**Chapter VIII**

**Certification of a Private Practice of a Doctor**

**Section 32**

A private practice of a doctor shall be certified in accordance with the procedures laid down in the laws and regulations.

[*6 April 2000*]

**Section 33**

[6 April 2000]

**Section 34**

[6 April 2000]

**Section 35**

[6 April 2000]

**Section 36**

(1) A doctor in private practice has an obligation to get familiar with the decisions of the local government on the provision of medical aid in the relevant area, and also on the cooperation with relevant health care and other institutions in cases of disasters, epidemics, and other emergencies.

(2) A doctor in private practice, when starting his or her activity, shall inform the relevant local government of his or her working hours.

**Chapter IX**

**Registration of a Private Practice of a Doctor**

**Section 37**

(1) A private practice of a doctor shall be registered with the Register of Medical Treatment Institutions.

(2) The procedures for the suspension of a private practice of a doctor and the replacement of the doctor in private practice shall be determined by the Cabinet.

[*10 December 2009*]

**Section 38**

[10 December 2009]

**Chapter X**

**Final Provisions**

[*10 December 2009*]

**Section 39**

An administrative act or actual action of the Register of Medical Treatment Institutions may be contested to the Ministry of Health.

**Section 40**

An administrative act or actual action of the Ministry of Health, and also a decision on the contested administrative act or actual action may be appealed to a court in accordance with the procedures laid down in the Administrative Procedure Law.

**Transitional Provisions**

1. Section 38 of this Law shall come into force on 1 January 1998.

2. Amendments to Section 9 of this Law regarding the deletion of the second, third, and fourth sentence, amendments regarding the deletion of Sections 15, 16, 24, and 25 shall come into force on 1 March 2010.

[*10 December 2009*]

The Law has been adopted by the *Saeima* on 24 April 1997.

President G. Ulmanis

Rīga, 8 May 1997