



RESPONSE TO RECORDS REQUEST

Requester: Citizen's Information Center Date: 11/29/2010, received 12/6/10

Request approved: In full In part
 Record(s) are attached
 Call Contact Person: _____ Telephone: _____
to make arrangements
 A fee of \$ _____ is due for duplicating the record(s).
 Because the record is non-public, we require evidence of your identity before the record can be released
 The attached Disclosure and Agreement must be completed and returned before the nonpublic record(s) can be released

Request denied: In full In part
 Notice of Denial of Request for Records is attached for explanation
 Request is neither approved nor denied: In full In part
 Notice of Estimated Time Required to Respond to Request for Records is attached for explanation
 Other:
 The Division does not maintain the following record(s) you request _____

Contact Person: CAIT. Telephone: 801-530-6628

EXPLANATORY COMMENTS

SEE ATTACHED DIVISION REPORT

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

SMMLJ.

Date 12/6/2010

Title Admin Asst.

MAILING CERTIFICATE

I hereby certify that on the 6 day of December, 2010, a true and correct copy of the foregoing RESPONSE TO REQUEST FOR RECORD was sent first class mail, postage prepaid, to the requester at the following address indicated on the Request for Record(s):

SMMLJ.

Citizens Information Center
PO BOX 961216
BOSTON MA 02196

Title Admin Asst

GRAMA request reply to Citizen's Information Center regarding
Eric Cline Nielson, MD

In response to your emailed GRAMA records request, dated November 29, 2010, which was received by the Division on December 6, 2010, the following information is provided by the Division of Occupational and Professional Licensing.

Eric Cline Nielson, MD was issued license #274625-1205 to practice as a physician/surgeon on May 23, 1994. License #274625-8905 to administer and prescribe controlled substances was issued to Dr. Nielson on August 1, 1994. Said licenses are current and active with an expiration date of January 31, 2012. There is no record of any disciplinary action being taken with respect to these licenses.

The original application for licensure that was submitted to the Division by Dr. Nielson in 1994 is no longer available. The Division has set a retention schedule of ten (10) years for applications for licensure. After that period of time, the applications are destroyed through the State Records Center.

Enclosed are printouts of the following from the Division's computerized licensing information with respect to Erick Cline Nielson, MD:

1. Licensing screen showing Dr. Nielson's physician and surgeon issue date and expiration date.
2. Licensing screen showing Dr. Nielson's physician/surgeon controlled substance Schedule 2-5 issue date and expiration date.
3. Licensing screen showing fees paid for licenses by Dr. Nielson

Also enclosed are two printouts from the Division's online renewal system with respect to Dr. Nielson's licenses. The first page reflects credit card payments made by Dr. Nielson for the renewal of his physician/surgeon and controlled substances licenses. The second page reflects reflects Dr. Nielson's online renewal responses for the 2009 renewal period.

Please note that any prelitigation/malpractice records relating to Dr. Nielson within the Division are classified as "exempt" according to Subsection 78B-3-416(1)(d) and are not releasable.

Your request also inquired about hospital admitting privileges - the Division has no such information or records concerning this information.

12-6-2010
Carol I.


Division of Occupational and Professional Licensing



NOTICE OF DENIAL OF RECORDS REQUEST

Requester: Citizen's Information Center Date: 11/29/2010, received 12/6/10

Detailed Description of Record(s) Requested: refer to 11/29/10 email records request

Access to the record(s) described above is denied. The reason(s) for the denial of your request is/are as follows:

- The record(s) are not public, pursuant to Utah Code Ann. §§ 63G-2-201(3) because:
- The record(s) are classified as **private** under § 63G-2-302 and you have not shown that you are a person permitted access to private records (the subject, the parent or legal guardian of a minor, the legal guardian of an incapacitated person, or a person who has a power of attorney or a current notarized release from the subject of the record or in the latter case from his legal representative), as provided in §§ 63G-2-202(1)).
 - The record(s) are classified as **controlled** under § 63G-2-304 and you have not shown that you are a person permitted access to controlled records (physician, psychologist, certified social worker who has a current notarized release from the subject of the record, or a person with a court order which meets the requirements of §§ 63G-2-202 (7), as provided in §§ 63G-2-202(2)).
 - The record(s) are classified as **protected** under § 63G-2-305 and you have not shown that you are a person permitted access to protected records (the person who submitted the information or any other individual who has a current notarized release from all persons, governmental entities, etc., whose interests were sought to be protected by the protected classification), as provided in §§ 63G-2-202(4)).
- Access to the record(s) is **restricted** pursuant to a court rule, another state statute, federal statute or federal regulations, specifically: 78B-3-416(1)(d)
- In accordance with Utah Code Ann. §§ 63G-2-201(8)(a)(i), the Division is not required to create a record in order to fulfill a request for information that does not exist as a record.
 - In accordance with Utah Code Ann. §§ 63G-2-201(8)(a)(ii), the Division is not required to compile, format, manipulate, package, summarize, or tailor information in order to fulfill a request.
 - In accordance with Utah Code Ann. §§ 63G-2-201(8)(a)(iii), the Division is not required to provide a record in a particular format, medium, or program not currently maintained by the governmental entity.
 - In accordance with Utah Code Ann. §§ 63G-2-201(8)(a)(iv), the Division is not required to fulfill a request if the request unreasonably duplicates prior record(s) requests.

In accordance with Utah Code Ann. §§ 63G-2-204(2), we are prohibited from providing a record in our possession for the purpose of an audit, but prepared, owned, or retained by another governmental entity. The entity that prepared, owns, or retains the record is: _____

Entity Contact Person: _____ Telephone: _____

Your request does not conform to the requirements for making a request set forth in Utah Code Ann. §§ 63G-2-204(1) and therefore, the Division will not process your request.

Your request is not in writing.

Your request does not contain your name, mailing address, and daytime phone number, if available.

Your request does not describe the records requested with reasonable specificity.

Your request is for information that is not defined as a record under Utah Code Ann. §§ 63G-2-103(22)(b), and pursuant to §§ 63G-2-201(7), the Division is not required to fulfill such a request.

EXPLANATORY COMMENTS: _____

See attached Division response

RIGHT TO APPEAL: You have the right to appeal the denial of your request for records to the Department of Commerce and then to either the records committee or the district court. Part 4, Chapter 2, Title 62, Utah Code Ann. contains full provisions applying to appeals. Any appeal must be made within 30 days by filing a notice of appeal, which complies with §§ 63G-2-401(2), to:

Executive Director
Department of Commerce
P.O. Box 146701
Salt Lake City, Utah 84114-6701

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

Cancel.

Date: 12/16/10

Title: Admin Asst

MAILING CERTIFICATE

I hereby certify that on the 10 day of Dec 2010, a true and correct copy of the foregoing NOTICE OF DENIAL OF REQUEST FOR RECORDS was sent first class mail, postage prepaid, to the requester at the following address indicated on the Request for Record(s):

Cancel.

Citizens Information Center
PO Box 96216
Boston MA 02116

Title: _____

License: Eric Cline Nielson (Physician)

| License # | Type | Status | Expiration | License | Education | Employment | Public Info | Supp. Info. |
|-------------|---------------------------------|--------|------------|---------|-----------|------------|-------------|-------------|
| 274825-0005 | Physician/Non-CB - Schedule 2-S | Active | | | | | | |

Address
 Issue Date: 05/22/1994
 Deleted By: Application
Specimens
 From Specimen:
 Exp. into Date: 01/31/2012
Supp. Info.
 Date This Specimen: 10/27/1992
Additional
 Reason Changed: Renewal of License
CE Credits
 Date Achieved:
 Earning Date: 05/23/1994
 Last Renewal Date:
 Renewal Count: 0

Remarks

| | |
|---|---|
| General | |
| License # 27455-1205 Type Physician & Surgeon Status Active | Name Eric Clime Nielson Address 14408 City Provo, UT 84601 State UT Zip 84601 |
| Education | |
| Education Date 01/21/2012 From State/Prov. Utah License No. 14408 | Education Date 01/21/2012 From State/Prov. Utah License No. 14408 |
| Employment | |
| Employer Name Address City State Zip | Employer Name Address City State Zip |
| License History | |
| License No. 14408 Issue Date 08/01/1994 Status Active License Type Physician & Surgeon | License No. 14408 Issue Date 08/01/1994 Status Active License Type Physician & Surgeon |
| Renewal History | |
| Renewal Date 01/20/2010 Renewal No. | Renewal Date 01/20/2010 Renewal No. |
| Expiration History | |
| Expiration Date 08/01/1994 License No. 14408 | Expiration Date 08/01/1994 License No. 14408 |
| Other Information | |
| Date Recieved 08/01/1994 License No. 14408 | Date Recieved 08/01/1994 License No. 14408 |
| Remarks | |
| Remarks | |

Licensee: Eric Clime Nielson (Physician)

Accounts Eric Cline Nielson

Payments

| Date | Fee Type | Date | Fee Amount | Fee Status | Fee |
|---|-------------|------------|------------|--------------|--------|
| Professional Physician License Number: 27425-1205 | | | | | |
| 08/28/2007 | Renewal Fee | 01/31/2008 | \$123.00 | Paid in Full | \$0.00 |
| 11/22/2006 | Renewal Fee | 01/31/2008 | \$183.00 | Paid in Full | \$0.00 |
| 10/02/2005 | Renewal Fee | 01/31/2004 | \$123.00 | Paid in Full | \$0.00 |
| 10/02/2004 | Renewal Fee | 01/31/2003 | \$120.00 | Paid in Full | \$0.00 |
| 03/02/2003 | Renewal Fee | 04/30/2000 | \$100.00 | Paid in Full | \$0.00 |
| Professional Physician License Number: 274525-8905 | | | | | |
| Date | | | | | |
| Fee Type | | | | | |
| Date | | | | | |
| Fee Amount | | | | | |
| Fee Status | | | | | |
| Fee | | | | | |
| 08/17/2008 | Renewal Fee | 01/31/2010 | \$85.00 | Paid in Full | \$0.00 |
| 06/26/2007 | Renewal Fee | 01/31/2008 | \$85.00 | Paid in Full | \$0.00 |
| 11/22/2005 | Renewal Fee | 01/31/2008 | \$85.00 | Paid in Full | \$0.00 |

Row 1 of 13

↑ Move Print Client
Document printed successfully

Row 1 of 13

| Date | Fee Type | Date | Fee Amount | Fee Status | Balance |
|------------|-------------|------------|------------|--------------|---------|
| 10/07/2003 | Renewal Fee | 01/31/2004 | 500.00 | Paid in Full | 500.00 |
| 10/03/2003 | Renewal Fee | 01/31/2004 | 50.00 | Conceded | 50.00 |
| 10/16/2001 | Renewal Fee | 01/31/2002 | 500.00 | Paid in Full | 500.00 |
| 03/10/2000 | Renewal Fee | | 500.00 | Paid in Full | 500.00 |

Professional Physician
 License Number: 274825-0005
 License Type: Physician/Burgess/CS

Payments

License Renewal System

Renewal Lookup Report generated on 12/06/2010 using the following criteria

Cardholder's name: any
 Date: any
 Credit card number: any
 License (Entity) number: 274625-1205
 Renewal Id (pin): any

DOPL Renewal

| Issued Date | Card Number | Cardholder's Name | Self | Entity | License | Renewal Id | Amount | Cardholder's Name | Self | Entity | License | Renewal Id | Amount | | |
|-------------------------|-------------|-------------------|------|--------|-------------|------------|----------|-------------------|------|--------|-------------|------------|--------------|--|----------|
| 11/22/2007 | 48..4474 | Eric Nielson | | | 274625-1205 | | \$251.00 | Eric C. Nielson | | | 274625-1205 | | \$251.00 | | |
| 01/08 AM | 48..4474 | Eric Nielson | | | 274625-1205 | | \$251.00 | Eric C. Nielson | | | 274625-1205 | | \$251.00 | | |
| 01/02/2010 | 48..4474 | Eric Nielson | | | 274625-1205 | | \$251.00 | Eric C. Nielson | | | 274625-1205 | | \$251.00 | | |
| 8:25 PM | | | | | | | | | | | | | | | |
| Total number of records | | | | | | | | | | | | 2 | Total Amount | | \$502.00 |

license 274625-1205

Question

Answer

Renewal Requirements Question

continue

Since the last renewal or issuance of this license has the licensee pled guilty to, pled no contest to, been convicted of, made a plea in abeyance to, or entered into a deferred sentence with respect to any felony or misdemeanor in any jurisdiction?

q1no

Since the last renewal or issuance of this license has the licensee been charged with or arrested for any felony or misdemeanor in any jurisdiction?

q2no

Since the last renewal or issuance of this license has the licensee surrendered or had any disciplinary action taken against a license to practice in a regulated profession?

q3no

Is the licensee currently under investigation or is any disciplinary, administrative, or criminal action pending against the licensee now by any agency?

q4no

Physician Specialty Question

2580

Signature

I am the licensee described and identified in this application for licensure renewal/reinstatement, or I have legal power of attorney, court appointment, or similar legal authority to act on behalf of the holder of the license being renewed.

I am qualified in all respects for the renewal or reinstatement of this license.

To the best of my knowledge, the information contained in this application is complete and correct, and is free of fraud, misrepresentation, or omission of material fact.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

Electronic Signature of Authorized Authority: (type name here ->) Eric C. Nielson M.D.