STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Re: Karen Sondergaard, MD Petition No. 2025-876
License No.: 045579

VOLUNTARY AGREEMENT NOT TO RENEW OR REINSTATE LICENSE

Karen Sondergaard, being duly sworn, deposes and says:

1. I am over the age of majority and agree to the obligations of an oath.

2. I make this affidavit on the basis of personal knowledge.

3. I was issued licensed number 045579 to practice medicine by the Department of Public Health ("Department"). My license to practice medicine expired on November 30, 2025. For the purposes of this affidavit, "license" means an active, suspended, lapsed, or expired license or certificate.

4. I hereby voluntarily agree not to renew or reinstate my license to practice medicine in the State of Connecticut as provided pursuant to Connecticut General Statutes §19a-17(d).

5. I agree and acknowledge that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2025-876 shall be deemed true. I further agree and acknowledge that any such application must be made to the Medical Examining Board ("Board") and the Department, and that the Board shall be a signatory to any order reinstating my license or granting me a new license.

6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.

7. I agree and acknowledge that this affidavit and the case file in Petition Number 2025-876 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.

8. I agree and acknowledge that this agreement not to renew or reinstate my license is reportable to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services, will appear on my physician profile pursuant to Connecticut General Statutes §20-13j, and is public information.

9. My state Controlled Substance Registration is inactive.

10. I agree and acknowledge that, upon execution of this affidavit by the Department, the Department will withdraw the Statement of Charges in Petition Number 2025-876 and notify the Board. I agree that this affidavit is not effective unless and until the Department has executed it.

11. I consulted with my attorney prior to signing this affidavit.

12. I agree and acknowledge that the execution of this affidavit has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

13. I agree and acknowledge that the purpose of this affidavit is to resolve the pending matter against my license and is not intended to affect any claim of civil liability that might be brought against me.

14. If applicable, I agree to comply with the provision of Connecticut State Agency Regulations §19a-14-44.

Karen Sondergaard

Date: 9/21/26

Accepted: Lorraine Cullen

Lorraine Cullen, MS, RRT-ACCS
Section Chief
Healthcare Quality and Safety Branch

9/22/2026
Date