

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

In re: Robert Behrends, M.D.

Petition No. 970520-001-110

CONSENT ORDER

WHEREAS, Robert Behrends of Beacon Falls, CT (hereinafter "respondent") has been issued license number 020493 to practice medicine and surgery by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the Connecticut General Statutes, as amended; and,

WHEREAS, the Department alleges that:

1. In approximately August of 1996, respondent became socially and romantically involved with a patient shortly after treatment was terminated, which relationship is ongoing.
2. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-13c.

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10 and 20-13c of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 and 20-13c of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives his right to a hearing on the merits of this matter.

2. Respondent's license shall be placed on probation for a period of three years under the following terms and conditions:
 - a. Respondent shall participate in regularly scheduled therapy at his own expense with a licensed psychiatrist pre-approved by the Department (hereinafter "therapist").
 - (1) Respondent shall provide a copy of this Consent Order to his therapist.
 - (2) Respondent's therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - (3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist.
 - (4) The therapist shall submit confidential reports monthly for the entirety of probation, which shall address, but not necessarily be limited to, respondent's ability to practice medicine and surgery safely and competently. Said reports shall continue until the therapist determines that therapy is no longer necessary or the period of probation has terminated.
 - (5) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues therapy and/or terminates his or her services.
 - b. Respondent shall obtain at his own expense, the services of a psychiatrist, pre-approved by the Department (hereinafter "supervisor"), to conduct a monthly random review of twenty percent (20%) or fifteen of respondent's patient records, whichever is the larger

number. In the event respondent has fifteen (15) or fewer patients, the supervisor shall review all of respondent's patient records.

- (1) Respondent's supervisor shall meet with him not less than once every month for the entirety of his probationary period.
- (2) The supervisor shall have the right to monitor respondent's practice by any other reasonable means which he or she deems appropriate. Respondent shall fully cooperate with the supervisor in providing such monitoring.
- (3) Respondent shall be responsible for providing written supervisor reports directly to the Department quarterly for the entirety of the probationary period. Such supervisor's reports shall include documentation of dates and durations of meetings with respondent, number and a general description of the patient records, additional monitoring techniques utilized, and a statement that respondent is practicing with reasonable skill and safety.

c. Within the first year of the probationary period, respondent shall attend and successfully complete no less than thirty hours of re-education in ethics and boundaries within a psychiatric practice, which coursework shall be pre-approved by the Department. Within one month of the completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such course(s).

3. All correspondence and reports are to be addressed to:

Bonnie Pinkerton, Nurse Consultant
Department of Public Health
Division of Health Systems Regulation
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

4. All reports required by the terms of this Consent Order shall be due according to the following schedule:
 - a. Monthly reports shall be due on the tenth business day of each month.
 - b. Quarterly reports shall be due the tenth business day of every third month.
5. Respondent shall comply with all state and federal statutes and regulations applicable to his licensure.
6. Respondent shall pay all costs necessary to comply with this Consent Order.
7. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
 - a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
 - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
 - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 7a above to demonstrate to the satisfaction of the Department that he has complied with the terms of this Consent Order or, in the alternative, that he has cured the violation in question.
 - d. If respondent does not demonstrate compliance or cure the violation by the limited fifteen (15) day date certain contained in the notification of violation to the satisfaction of the Department, he shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.
 - e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.

8. In the event respondent is advised by the Department that it alleges respondent has violated any term of this Consent Order, respondent agrees immediately to refrain from practicing as a physician and surgeon, upon written request by the Department, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric and/or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license after due notice to respondent. In any such summary action, respondent stipulates that his failure to cooperate with the Department's investigation shall constitute an admission that his conduct constitutes a clear and immediate danger as required pursuant to the General Statutes of Connecticut, sections 4-182(c) and 19a-17(c).
9. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of his license before the Board.
10. In the event respondent is not employed as a physician and surgeon for periods of thirty (30) consecutive days or longer, or is employed as a physician and surgeon less than twenty (20) hours per week, or is employed outside of the State of Connecticut, respondent shall notify the Department in writing. Such periods of time shall not be counted in reducing the probationary period covered by this Consent Order.
11. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department, with copies to counsel.

12. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Board.
13. The parties agree that this Consent Order shall be deemed a public document, and the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Board in which his compliance with this Consent Order or with §20-13c of the General Statutes of Connecticut, as amended, is at issue.
14. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
15. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that he may have under the laws of the State of Connecticut or of the United States.
16. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
17. Respondent permits a representative of the Legal Office of the Bureau of Regulatory Services to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted.
18. Respondent has the right to consult with an attorney prior to signing this document.

I, Robert Behrends, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Robert Behrends MD
Robert Behrends, M.D.

Subscribed and sworn to before me this 17th day of April 1998.

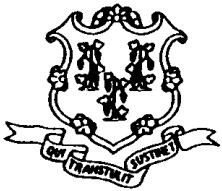
Janet A. Zeldes
~~Notary Public~~ or person authorized
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 20th day of April 1998, it is hereby accepted.

Cynthia Denne
Cynthia Denne, Director
Division of Health Systems Regulation

The above Consent Order having been presented to the duly appointed agent of the Connecticut Medical Examining Board on the 21 day of April 1998, it is hereby ordered and accepted.

Richard M. Ratzan MD
for Richard M. Ratzan, Chairman
Connecticut Medical Examining Board

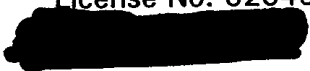


STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

May 1, 2001

Robert Behrends, MD
Child and Adult Psychiatric Services
417 Highland Avenue
Waterbury, CT 06708

Re: Consent Order
Petition No. 970520-001-110
License No. 020493


Dear Dr. Behrends:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective May 1, 2001.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Consent Order.

Please be certain to retain this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process.

Very truly yours,

Bonnie Pinkerton, RNC
Division of Health Systems Regulation

cc: D. Tomassone



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
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P.O. Box 340308 Hartford, CT 06134
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