

Jurisdiction

1. At all times relevant herein, Respondent was a “practitioner” as that term is defined by Ind. Code § 25-1-9-2.
2. On October 8, 2021, the OAG received a consumer complaint filed against Respondent and conducted an investigation as authorized by Ind. Code § 25-1-7-5(b)(4).
3. After investigation, the OAG determined that the consumer complaint had merit. Accordingly, a copy of that consumer complaint is attached hereto as **State’s Exhibit A**.
4. As the OAG has tendered a meritorious complaint, the Board has jurisdiction to hear this matter under Ind. Code § 25-1-7-5(b)(1) and to impose any of the sanctions enumerated under Ind. Code § 25-1-9-9.

Facts Supporting Violations

Patient A

5. On or about September 22, 2021, Patient A had a visit with Respondent regarding her past trauma and depression.
6. During Patient A’s visit with Respondent, which lasted for an hour and a half, Respondent talked for a majority of the time and rarely allowed Patient A to speak.
7. Once able to speak, Patient A provided Respondent with information about her past, including the fact that she grew up Catholic.
8. Respondent told Patient A, “I always liked Catholic girls, they had a tendency to rebel, and you could have sex with them.”
9. Patient A was unable to respond and began crying.

10. On February 9, 2022, Respondent's employer, Mid-America Mental Health ("Mid-America"), mailed a letter to Respondent ("the Letter") which states that Respondent admitted to the allegations in Victim A's October 8, 2021, consumer complaint.

11. According to the Letter, Respondent has received counseling and supervision from management and providers regarding his performance.

12. As a result of the allegations in the consumer complaint and Respondent's admission to the allegations, Respondent was suspended for forty-five (45) days during which he was not able to communicate with patients.

Patient B

13. On or about January 5, 2022, Patient B had a visit with Respondent for medicine management.

14. The appointment lasted for approximately two (2) hours and Patient B was rarely able to speak during the visit.

15. Patient B informed Respondent of her issues with food, sex, and mental health.

16. Respondent made comments suggesting he did not know what dosage of medicine to prescribe to Patient B because of her weight, and he made many comments about her weight.

17. After Patient B informed Respondent that she has borderline personality disorder, Respondent told her that people with this condition have a "spoiled" mentality and "throw a fit" when they do not get what they want.

18. At the end of the appointment, R stated, "I'm really smart, aren't I?"

19. When Respondent opened the door for Patient B to leave the room, Respondent told her to "stop eating so much and having sex."

20. Patient B left the building and cried.

21. Patient B filed a consumer complaint with the OAG on or about January 20, 2022, regarding this incident with Respondent.

22. On March 30, 2022, Mid-America sent a second letter to Respondent informing him that management was placing him on a leave of absence for the duration of the OAG investigation.

CHARGES

Count 1 Knowing Violation of Statute or Rule

23. **Count 1:** Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent knowingly violated a state rule regulating the profession. Specifically, Respondent violated 844 IAC 5-2-5 as evidenced by Respondent's comments and conduct during appointments with Patients A and B.

REQUESTED RELIEF

ACCORDINGLY, Petitioner respectfully requests the Board issue an order against Respondent that:

- I. Imposes one or more of the disciplinary sanctions authorized by Ind. Code § 25-1-9-9;
- II. Directs Respondent to pay all of the costs incurred in the prosecution of this case, as authorized by Ind. Code § 25-1-9-5;
- III. Directs Respondent to pay a fee of Five Dollars (\$5.00) to be deposited into the Health Records and Personal Identifying Information Trust Fund pursuant to Ind. Code § 4-6-14-10(b); and
- IV. Provides any other relief the Board deems just and proper.

CERTIFICATE OF SERVICE

I certify that a copy of the “Administrative Complaint” has been duly served upon those listed below, by United States mail, first-class, postage prepaid, on this 30th day of March, 2023.

George Alexander Young
508 N. 85th St.
Omaha, Nebraska 68114



Regan M. Perrodin
Deputy Attorney General
Atty. No.: 36333-71



CONSUMER COMPLAINT
Office of the Indiana Attorney General
(R5 / 12-17)

STATE'S EXHIBIT A

INSTRUCTIONS: To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **Do not include your Social Security Number** on this form or in any accompanying documents. **Please note:** If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

Case No: 11649385

Section 1: Your Information			
Salutation <input type="checkbox"/> Det. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Rev.		Street Address ██████████	
Full Name/Organization/Agency C █ █ █ █ █		City ██████████	State IN
If an Organization/Agency provide a Primary Contact Name		County Porter	Daytime Phone ██████████
Age Group <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input checked="" type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60+		Email Address ██████████	
		May we contact you by email? If yes, we will not contact you by regular mail	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
		Are you or your spouse active military?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Section 2: Who is the Complaint Against?			
Individual/Business Mid America Mental Health		Name of Individual/Representative you dealt with George Young	
Street Address 402 Wall Stree Ste 23		City VALPARAISO	State IN
County	Daytime Phone (219) 615-3136	Zip Code 46383	
		Email Address ██████████	
Section 3: Transaction/Incident Details			
3-A: Date of Transaction/Incident 09/22/2021		3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input checked="" type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-Profit/Church	
3-C: Where did the Transaction/Incident occur? (check box where applicable)			
<input type="checkbox"/> My home		<input type="checkbox"/> By Internet/email	
<input checked="" type="checkbox"/> At the location of the business		<input type="checkbox"/> By telephone	
<input type="checkbox"/> Away from the location of the business		<input type="checkbox"/> By Social Media	
<input type="checkbox"/> By mail		<input type="checkbox"/> Other	
3-D: What was the very first contact between you and the Individual/Business?			
<input type="checkbox"/> I telephoned the individual/business		<input type="checkbox"/> I received information in the mail	
<input type="checkbox"/> I responded to a TV/radio ad		<input type="checkbox"/> I went to the location of the business	
<input type="checkbox"/> A person came to my home		<input type="checkbox"/> I received a phone call from the business	
<input type="checkbox"/> I received information by email		<input type="checkbox"/> I responded to an offer on the Internet	
		<input type="checkbox"/> I responded to a printed advertisement	
		<input type="checkbox"/> Other, describe below	
3-E: How did you Pay?			
<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card/Pre-pay	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> Pay-Pal
<input type="checkbox"/> Check	<input type="checkbox"/> Installment Loan	<input type="checkbox"/> Medicare	<input type="checkbox"/> Wire Transfer
		<input type="checkbox"/> Private Insurance	<input type="checkbox"/> Other
3-F: What, if any, is the Dollar amount associated with your loss?			\$

