

Henry H. Holcomb, M.D.

Mark D. Olszyk, M.D., Chair
Disciplinary Panel A
Maryland State Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, MD 21215-2299

Re: Surrender of License to Practice Medicine
Henry Holcomb, M.D.
License Number: D27903
Case Number: 2224-0079

Dear Dr. Olszyk and Members of Disciplinary Panel A,

Please be advised that, pursuant to Md. Code Ann., Health Occ. (“Health Occ.”) §14-403, I have decided to **SURRENDER** my license to practice medicine in the State of Maryland, License Number D27903, effective immediately. I understand that upon surrender of my license, I may not give medical advice or treatment to any individual, with or without compensation, and cannot prescribe medications or otherwise engage in the practice of medicine in the State of Maryland as it is defined in the Maryland Medical Practice Act (the “Act”), Health Occ. §§ 14-101 *et seq.* and other applicable laws. In other words, as of the effective date of this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual in the State of Maryland.

I understand that this Letter of Surrender is a **PUBLIC DOCUMENT**, and upon Disciplinary Panel A’s (“Panel A”) acceptance, becomes a **FINAL ORDER** of Panel A of the Maryland State Board of Physicians (the “Board”).

I acknowledge that the Board received a complaint alleging that I engaged in inappropriate communication with a patient. The Board began an investigation of these allegations. I have decided to surrender my license to practice medicine in the State of Maryland to avoid further investigation. I recognize that for all purposes relevant to medical licensure that these allegations shall be treated as proven and that these allegations support a conclusion that I violated Health Occ. §14-404(a)(3)(i) and (ii) (is guilty of immoral and unprofessional conduct in the practice of medicine) and Health Occ. §1-212 for violating the Board’s sexual misconduct regulations.

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to avoid the issuance of charges and prosecution of the aforementioned allegations. I do not wish to contest these allegations. I understand that by executing this Letter of Surrender I am waiving my right to contest any charges that would issue from Panel A’s investigative findings in a formal evidentiary hearing at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and all other


substantive and procedural protections provided by law, including the right to appeal to circuit court.

I understand that the Board will advise the Federation of State Medical Boards and the National Practitioner Data Bank of this Letter of Surrender. I also understand that in the event I would apply for licensure in any form in any other state or jurisdiction that this Letter of Surrender may be released or published by the Board to the same extent as a final order that would result from disciplinary action, pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.*, and that this Letter of Surrender constitutes a disciplinary action by Panel A.

I affirm that I will provide access to and copies of medical records to my patients in compliance with Title 4, subtitle 3 of the Health General Article. I also agree to surrender my Controlled Dangerous Substance Registration to the Office of Controlled Substances Administration.

I further recognize and agree that by submitting this Letter of Surrender, my license will remain surrendered unless and until the Board grants reinstatement. In the event that I apply for reinstatement of my Maryland License, I understand that Panel A or its successor is not required to grant reinstatement; and, if it does grant reinstatement, may impose any terms and conditions the disciplinary panel considers appropriate for public safety and the protection of the integrity and reputation of the profession. I further understand that if I ever file a petition for reinstatement, I will approach Panel A or its successor in the same position as an individual whose license has been revoked.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have been advised of my right to be represented by an attorney of my choice throughout proceedings before Panel A, including the right to consult with an attorney prior to signing this Letter of Surrender. I understand both the nature of Panel A's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

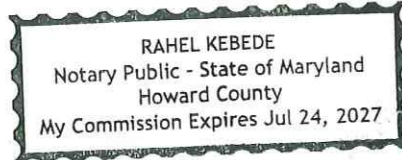
Very truly yours, 
Signature On File
Henry Holcomb, M.D.

NOTARY

STATE OF Maryland
CITY/COUNTY OF Montgomery

I HEREBY CERTIFY that on this 20 day of April, 2024, before me, a Notary Public of the City/County aforesaid, personally appeared Henry Holcomb, M.D., and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was voluntary.

AS WITNESS my hand and Notarial seal.



Notary Public

My commission expires: Jul 24, 2027

ACCEPTANCE

On behalf of Disciplinary Panel A, on this 24th day of April, 2024, I, Christine A. Farrelly, accept the **PUBLIC SURRENDER** of Henry Holcomb, M.D.'s license to practice medicine in the State of Maryland.

Signature On File

Christine A. Farrelly, Executive Director
Maryland Board of Physicians