

BEFORE THE MINNESOTA  
BOARD OF MEDICAL PRACTICE

**TRUE AND EXACT  
COPY OF ORIGINAL**

In the Matter of  
the Medical License of  
James C. Harvanko, M.D.  
Date of Birth: 3/30/63  
License Number: 37,637

**STIPULATION  
AND ORDER FOR  
INDEFINITE SUSPENSION**

IT IS HEREBY STIPULATED AND AGREED, by and between James C. Harvanko, M.D. ("Respondent"), and the Complaint Review Committee ("Committee") of the Minnesota Board of Medical Practice ("Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Respondent has chosen to be represented by Gregory P. Bulinski, Bassford, Lockhart, Truesdall & Briggs, P.A., 33 South Sixth Street, Minneapolis, MN 55402. The Committee was represented by Steven M. Gunn, Assistant Attorney General, 1400 NCL Tower, 445 Minnesota Street, St. Paul, Minnesota 55101, (651) 296-7575.

**FACTS**

3. For the purpose of this stipulation, the Board may consider the following facts as true:

a. Respondent is a 39-year old physician who was licensed by the Board on November 19, 1994. Respondent was employed at Allina Medical Clinic from 1999 until his termination on April 8, 2002 based on sexual contact with Patient #1.

b. In late 2001 and early 2002, the Board received several reports alleging that Respondent had been sexually involved with Patient #1. The Board's investigation revealed the following:

**Patient #1**

1) Patient #1 (YOB: 1970) was first seen by Respondent on September 3, 1999 when she presented to the emergency room with nausea, diarrhea and epigastric pain. Patient #1 has a history of Crohn's disease with five previous surgical procedures and several other serious health problems. Respondent hospitalized Patient #1. On April 5, 2000, Patient #1 was again seen by Respondent in the emergency room for right foot pain. Respondent noted a possible diagnosis of Reflex Sympathetic Dystrophy (RSD).

2) On April 18, 2000, Patient #1 was seen at the clinic for the first time by Respondent. Respondent continued to treat Patient #1 for various medical problems through August 2, 2001, when he entered treatment for drugs and alcohol.

3) During an appointment with Respondent in or about April 2001, Patient #1 invited Respondent to her home. Respondent went to her house that evening and had sexual intercourse with her. Patient #1 continued to see Respondent in the clinic and they continued their sexual affair until August 2001, when it ended.

4) When Patient #1 called in August 2001, to make an appointment with Respondent, she was informed that Respondent was on a leave of absence from the clinic. Respondent states that he had no further contact with Patient #1 after entering treatment in August 2001.

5) In June of 2001, Respondent sought treatment with psychiatrist #1. Respondent stated that he had been taking Paxil 40 mg for three months prior to seeing psychiatrist #1.

6) Respondent admitted that his drug and alcohol use began at age ten. Respondent admitted to drinking alcohol and reported that for two years prior to admission, he smoked marijuana or smoked or snorted amphetamine during every week.

7) Respondent has a long history of chemical use and dependency. On August 14, 2001 Respondent underwent chemical dependency treatment. Respondent's diagnosis during treatment variously included alcohol dependence with physiological dependence, cocaine dependence with physiological dependence in sustained full remission, marijuana dependence with physiological dependence, amphetamine dependence with physiological dependence and dysthymic disorder and sexual disorder not otherwise specified. The discharge summary indicated Respondent demonstrated narcissistic and strongly hedonistic features. Hazelden recommended that he be released to an extended primary treatment house for several months. Respondent agreed and was discharged to a residential treatment facility in California on September 8, 2001.

8) Respondent spent seventy-seven days at the California facility. His discharge diagnoses included polysubstance dependency (early remission) and sexual dysfunction not otherwise specified.

9) On December 3, 2001, Respondent contacted the Health Professional Services Program ("HPSP") per the direction of his treatment counselor at the California facility. Respondent signed a Participation Agreement with HPSP on December 18, 2001, which required 9 drug screens per quarter for 36 months, quarterly reports from treating professionals, attendance at groups, no on-call work or work on weekends and no work after 50 hours in a week.

10) In December 2001, Respondent returned to work. Respondent worked at the hospital five days a week and continued on that schedule until he was terminated in April 2001.

11) Respondent began treatment with psychiatrist #2 on December 26, 2001. At that time, psychiatrist #2's diagnoses included alcohol dependence, cannabis dependence, amphetamine dependence, dysthymia, sexual disorder NOS, PTSD, and narcissistic personality disorder.

12) On March 29, 2002, Respondent informed HPSP that he had not previously disclosed all of his sexual acting-out behavior. Respondent admitted to having sex with Patient #1 prior to treatment. On March 30, 2002, Respondent was discharged from HPSP due to ineligibility for a violation of the practice act.

13) Respondent has admitted to having sexual relationships with a total of three patients. Patient #2 and Patient #3 worked with Respondent and sought treatment with Respondent after they were already engaged in a sexual relationship. Respondent stated these sexual affairs ended when he entered chemical dependency treatment.

14) Respondent admitted that he had been under the influence of amphetamines while at work on several occasions.

#### **STATUTES**

4. The Committee views Respondent's practices as inappropriate in such a way as to require Board action under Minn. Stat. § 147.091, subd. 1(g), (k), (l), (r) and (t) (2000), and Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify the disciplinary action under these statutes.

#### **REMEDY**

5. Upon this stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that until further order of the Board, made after notice and hearing upon application by Respondent or upon the Board's own motion, the Board may make and enter an order suspending Respondent's license to practice medicine and surgery in the State of Minnesota as follows:

- a. Respondent's license is **INDEFINITELY SUSPENDED**.
- b. During the period of suspension, Respondent shall not in any manner practice medicine and surgery in Minnesota.
- c. Respondent may petition for reinstatement of his license upon submission of satisfactory evidence that he has completed a comprehensive mental and physical

examination, through an evaluator designated by the Board. The Board shall bear the cost of the evaluation.

d. Following receipt of the evaluation and assessment results, Respondent shall appear before the Committee to discuss his petition. Upon hearing Respondent's petition, the Committee may recommend that the Board continue, modify or remove the suspension of Respondent's license, or impose conditions or restrictions as deemed necessary.

e. Respondent shall sign all necessary releases allowing the Board access to all medical, mental health, evaluation, therapy, chemical dependency, or other records from any treating health professional or evaluator. Respondent shall allow the Board or its designee to communicate with all treating health professionals

6. Within ten days of signing the Stipulation to this Order, Respondent shall provide the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently has medical privileges, a list of all states in which Respondent is licensed or has applied for licensure, and the addresses and telephone numbers of Respondent's residences. Within seven (7) days of any change, Respondent shall provide the Board with the new address and telephone information. The information shall be sent to Robert A. Leach, Minnesota Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 400, Minneapolis, Minnesota 55414-3246.

7. In the event Respondent resides or practices outside the State of Minnesota, Respondent shall promptly notify the Board in writing of the location of his residence. Periods of residency or practice outside of Minnesota will not be credited toward any period of Respondent's suspended license in Minnesota.

8. If Respondent shall fail, neglect, or refuse to fully comply with each of the terms, provisions, and conditions herein, the Committee shall schedule a hearing before the Board. The Committee shall mail Respondent a notice of the violation alleged by the Committee and of the time and place of the hearing. Respondent shall submit a response to the allegations at least three

days prior to the hearing. If Respondent does not submit a timely response to the Board, the allegations may be deemed admitted.

At the hearing before the Board, the Committee and Respondent may submit affidavits made on personal knowledge and argument based on the record in support of their positions. The evidentiary record before the Board shall be limited to such affidavits and this Stipulation and Order. Respondent waives a hearing before an administrative law judge and waives discovery, cross-examination of adverse witnesses, and other procedures governing administrative hearings or civil trials.

At the hearing, the Board will determine whether to impose additional disciplinary action, including additional conditions or limitations on Respondent's practice, or suspension or revocation of Respondent's license.

9. In the event the Board in its discretion does not approve this settlement, this stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this stipulation and if this case proceeds to hearing, Respondent will assert no claim that the Board was prejudiced by its review and discussion of this stipulation or of any records relating hereto.

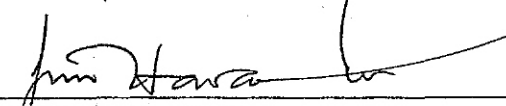
10. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the order to be entered pursuant to the stipulation shall be the final order herein.

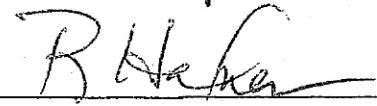
11. Respondent hereby acknowledges that he has read and understands this stipulation and has voluntarily entered into the stipulation without threat or promise by the Board or any of its members, employees, or agents. This stipulation contains the entire agreement between the

parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this stipulation.

Dated: Sept 12, 2002

Dated: 14 Sept, 2002

  
James C. Harvanko, M.D.  
Respondent

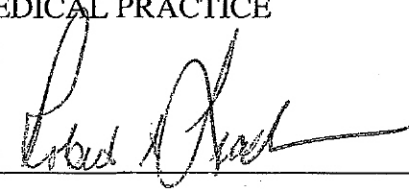
  
For the Committee

ORDER

Upon consideration of this stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that the terms of this stipulation are adopted and implemented by the Board this 14th day of September, 2002.

MINNESOTA BOARD OF  
MEDICAL PRACTICE

By: 

AG: #715970-v1





shall provide quarterly reports to the Board, or its designee, and to the primary care treating physician regarding Respondent's diagnosis and progress in therapy. Respondent is responsible for ensuring timely submission of all required reports. Termination of therapy shall be at the written recommendation of the approved psychiatrist or therapist, with the approval of the primary care treating physician and the Board.

n. Respondent shall sign all necessary releases allowing the Board access to all medical, mental health, evaluation, therapy, chemical dependency, or other records from any treating health professional, evaluator, or facility. Respondent shall allow the Board or its designee to communicate with all treating health professionals.

o. Respondent shall practice in a group setting, approved in advance by the Board or its designee.

p. Respondent shall provide a copy of this Stipulation and Order to his employer in any approved practice setting.

q. Respondent is prohibited from providing psychotherapy to patients.

r. Respondent's practice shall be limited to a maximum of 32 hours per week, including direct patient care, hospital rounding, charting and dictation, and call schedule. No sooner than six months from resuming practice, Respondent may petition for an increase in his work hours.

s. Respondent shall meet at least monthly with an on-site supervising physician, approved in advance by the Board or its designee. The supervising physician shall review a random sampling of Respondent's patient charts and provide quarterly reports to the Board. Respondent is responsible for ensuring timely submission of all required reports.

substance abuse, chemical dependency and inappropriate sexual conduct with patients. A true and accurate copy of the 2002 Order is attached hereto and incorporated herein by reference in its entirety as Exhibit A except as provided in paragraph 5 below.

b. The 2002 Order provides that prior to petitioning for reinstatement of his license, Respondent must submit satisfactory evidence that he has completed a comprehensive mental and physical evaluation through an evaluator designated by the Board, and Respondent must appear before the Committee to discuss his petition.

c. The Board received a report of the comprehensive mental and physical evaluation required by the 2002 Order. On January 31, 2003, Respondent submitted a petition to the Board requesting reinstatement of a limited license.

d. On March 18, 2003, Respondent met with the Committee to discuss his petition for reinstatement of his license. As a result of that meeting, Respondent and the Committee have agreed that the matter may now be resolved by this Amended Stipulation and Order.

#### **STATUTES**

4. The Board views Respondent's practices as inappropriate in such a way as to require Board action under Minn. Stat. § 147.091, subd. 1(g), (k), (l), (r) and (t) (2002) and Respondent agrees that the conduct described in the September 14, 2002, Stipulation and Order incorporated herein constitutes a reasonable basis in law and fact to justify the disciplinary action.

#### **REMEDY**

5. Upon this stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that until further

order of the Board, made after notice and hearing upon application by Respondent or upon the Board's own motion, the Board may make and enter an order amending the September 14, 2002 Stipulation and Order and reinstating, conditioning, and restricting Respondent's license to practice medicine and surgery in the State of Minnesota, as follows:

a. Respondent shall obtain a primary treating physician, approved in advance by the Complaint Review Committee or its designee, to monitor and/or manage all medical or other care provided to Respondent by all health professionals. Respondent shall provide all necessary records releases to enable Respondent's health care professionals to communicate with the treating physician pursuant to this paragraph. The treating physician shall provide an annual report to the Board summarizing medical or other care provided to Respondent, as well as addressing Respondent's progress under any terms of this Stipulation and Order relating to Respondent's health status and recovery. The treating psychiatrist shall provide quarterly reports to the Board, summarizing the care provided to Respondent.

b. Respondent shall abstain from alcohol and all mood-altering chemicals unless they are prescribed and/or approved by a physician or dentist who has first been informed of Respondent's drug use history.

c. Respondent shall not prescribe or administer any prescription drug or drug sample for Respondent's own use or for Respondent's family members' use.

d. Respondent shall be subject, without notice, to unannounced blood and/or urine tests at the request of Board staff, or other Board designee at least 12 times per quarter, including weekends. Bodily fluid screens may be requested at any time. Respondent shall provide the requested sample within the timeframe directed. The screens shall be:

- 1) collected and tested consistent with protocols established by a Board-designated laboratory;
- 2) handled through legal chain-of-custody methods; and
- 3) paid for by Respondent.

The biological fluid collection shall take place as directed by Board staff or other Board designee. Testing shall screen for opiates, cocaine, barbiturates, amphetamines, benzodiazepines, marijuana, and other drugs of abuse, including alcohol. The laboratory will provide test results directly to the Board and to Respondent's treating physician. Ingestion of poppyseeds will not be accepted as a reason for a positive result.

e. Respondent shall attend meetings of a self-help program such as AA or NA in support of abstinence at least three times per week. Quarterly reports shall be submitted to the Board or its designee from Respondent's designated sponsor(s) regarding attendance and participation.

f. Respondent shall attend meetings of Sex Addicts Anonymous at least four times per month. Quarterly reports shall be submitted to the Board or its designee from Respondent's designated sponsor(s) regarding attendance and participation.

g. Respondent shall attend monthly meetings of a professional support group such as PSP approved in advance by the Committee or its designee. Quarterly reports shall be submitted to the Board or its designee from Respondent's designated sponsor(s) regarding Respondent's attendance and participation.

h. Respondent shall continue in psychotherapy from a psychiatrist or therapist, approved in advance by the Complaint Review Committee or its designee. The treating psychiatrist or therapist shall provide quarterly reports to the Board or its designee, and

to the primary treating physician regarding Respondent's diagnosis and progress in therapy. Termination of therapy shall be at the written recommendation of the approved psychiatrist or therapist, with the approval of the primary treating physician and the Committee.

i. Respondent shall provide to the Board and to the treating physician a copy of any treatment and/or aftercare plan which is in effect at the time of execution of this Stipulation and Order, or which is modified or becomes effective during the time Respondent is subject to the Stipulation and Order. The treatment/aftercare plan, and any modifications to it, shall be approved by the treating physician and shall include at least the following:

- 1) the treatment/aftercare plan activities; and
- 2) the name, address, and telephone number for each provider of treatment/aftercare services.

The terms of any such treatment/aftercare plan, or approved modifications thereto, to the extent not superseded by this Order, are herewith incorporated by reference. Failure to follow the plan shall constitute violation of this Order.

j. Upon request, Respondent shall sign releases allowing the Board to obtain Respondent's medical, mental health, or chemical abuse/dependency records from any treating professional, evaluator, or facility.

k. Respondent shall practice only in a non-clinical setting in which he has no direct contact with patients, approved in advance by the Committee. Practice shall be limited to no more than 40 hours per week. Respondent may petition for modification of the terms of this paragraph no sooner than one year from the date of this Stipulation.

l. Respondent shall identify a work quality assessor, if his practice includes work outside of his home, who shall provide quarterly reports to the Board and to the treating physician regarding Respondent's overall work performance.

m. Respondent shall meet on a quarterly basis with a designated Board member or other Board designee. It shall be Respondent's obligation to contact the designated Board member to arrange each of the meetings. The purpose of such meetings shall be to review Respondent's progress under the terms and conditions of this Stipulation and Order.

n. No sooner than one year from the date of this Order, Respondent may petition, in writing, for reduced monitoring. Upon reviewing Respondent's petition, the Committee, at its discretion and by its own order, may reduce the frequency of required meetings, reports, and/or biological fluid screens required by the terms and conditions of this Order.

#### **OTHER AGREEMENTS**

6. Within ten days of signing the Stipulation to this Order, Respondent shall provide the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently has medical privileges, a list of all states in which Respondent is licensed or has applied for licensure, and the addresses and telephone numbers of Respondent's residences and all work sites. Within seven (7) days of any change, Respondent shall provide the Board with new address and telephone number information. The information shall be sent to Robert A. Leach, Minnesota Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 400, Minneapolis, Minnesota 55414-3246.

7. In the event Respondent resides or practices outside the State of Minnesota, Respondent shall promptly notify the Board in writing of the location of his residence and all

work sites. Periods of residency or practice outside of Minnesota will not be credited toward any period of Respondent's suspended, limited, or conditioned license in Minnesota unless Respondent demonstrates that practice in another state conforms completely with Respondent's Minnesota license to practice medicine.

8. If Respondent shall fail, neglect, or refuse to fully comply with each of the terms, provisions, and conditions herein, the Committee shall schedule a hearing before the Board. The Committee shall mail Respondent a notice of the violation alleged by the Committee and of the time and place of the hearing. Respondent shall submit a response to the allegations at least three days prior to the hearing. If Respondent does not submit a timely response to the Board, the allegations may be deemed admitted.

At the hearing before the Board, the Committee and Respondent may submit affidavits made on personal knowledge and argument based on the record in support of their positions. The evidentiary record before the Board shall be limited to such affidavits and this stipulation and order. Respondent waives a hearing before an administrative law judge and waives discovery, cross-examination of adverse witnesses, and other procedures governing administrative hearings or civil trials.

At the hearing, the Board will determine whether to impose additional disciplinary action, including additional conditions or limitations on Respondent's practice, or revocation of Respondent's license.

9. In the event the Board in its discretion does not approve this settlement, this amended stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject the amended stipulation, Respondent will assert no claim that


the Board was prejudiced by its review and discussion of the amended stipulation or any records relating hereto.

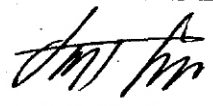
10. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the order to be entered pursuant to the amended stipulation shall be the final order herein.

11. Respondent hereby acknowledges that he has read and understands this amended stipulation and has voluntarily entered into the amended stipulation without threat or promise by the Board or any of its members, employees, or agents. This amended stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this amended stipulation.

Dated: 5-1-03

Dated: 5/3/03

  
James C. Harvanko M.D.  
Respondent

  
For the Committee

\*\*\*  
**ORDER**

Upon consideration of this amended stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that the terms of this amended stipulation are adopted and implemented by the Board this 3rd day of May, 2003.

MINNESOTA BOARD OF  
MEDICAL PRACTICE



By: Robert A. [Signature]

AG: #825981-v1



**TRUE AND EXACT  
BEFORE THE MINNESOTA  
BOARD OF MEDICAL PRACTICE  
COPY OF ORIGINAL**

In the Matter of the  
Medical License of  
James C. Harvanko, M.D.  
Date of Birth: 3/30/1963  
License No.: 37,637

**SECOND AMENDED  
STIPULATION AND ORDER**

IT IS HEREBY STIPULATED AND AGREED, by and between James C. Harvanko, M.D. ("Respondent"), and the Minnesota Board of Medical Practice ("Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Respondent has chosen to be represented by Gregory P. Bulinski, Bassford, Lockhart, Truesdell & Briggs, P.A., 33 South Sixth Street, Suite 2550, Minneapolis, Minnesota 55402, (612) 333-3000. The Complaint Review Committee ("Committee") was represented by Steven M. Gunn, Assistant Attorney General, 1400 NCL Tower, 445 Minnesota Street, St. Paul, Minnesota 55101, (651) 296-7575.

**FACTS**

3. For the purpose of this stipulation, the Board may consider the following facts as true:

a. By Stipulation and Order for Indefinite Suspension dated September 14, 2002 ("2002 Order"), Respondent's license to practice medicine and surgery in the State of

Minnesota was indefinitely suspended. The 2002 Order was based on Respondent's history of substance abuse, chemical dependency and inappropriate sexual conduct with patients.

b. The 2002 Order provided that, prior to petitioning for reinstatement of his license, Respondent must submit satisfactory evidence that he had completed a comprehensive mental and physical evaluation through an evaluator designated by the Board, and must appear before the Committee to discuss his petition.

c. The Board received a report of the comprehensive mental and physical evaluation required by the 2002 Order. On January 31, 2003, Respondent submitted a petition to the Board requesting reinstatement of a limited license.

d. On March 18, 2003, Respondent met with the Committee to discuss his petition for reinstatement of his license. Respondent and the Committee agreed that the matter be resolved by an Amended Stipulation and Order (2003 Order), attached hereto as Exhibit A, which reinstated Respondent's license subject to conditions and restrictions, including a prohibition from having direct patient contact or practicing in a clinical setting.

e. On March 8, 2004, Respondent petitioned the Board requesting that he be allowed to see and treat patients.

f. On April 20, 2004, the Committee met to discuss Respondent's petition. As a result of the meeting, the Committee agreed that the matter may now be resolved by this Second Amended Stipulation and Order.

#### STATUTES

4. The Board views Respondent's practices as inappropriate in such a way as to require Board action under Minn. Stat. § 147.091, subd. 1(g), (k), (l), (r), and (t) (2002) and Respondent agrees that the conduct described in the September 14, 2002, Stipulation and Order

incorporated herein constitutes a reasonable basis in law and fact to justify the disciplinary action.

### **REMEDY**

5. Upon this stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that, until further order of the Board, made after notice and hearing upon application by Respondent or upon the Board's own motion, the Board may make and enter an order amending the September 14, 2002, Stipulation and Order and conditioning, and restricting Respondent's license to practice medicine and surgery in the State of Minnesota, as follows:

a. Respondent shall obtain a primary treating physician, approved in advance by the Complaint Review Committee or its designee, to monitor and/or manage all medical or other care provided to Respondent by all health professionals. Respondent shall provide all necessary records releases to enable Respondent's health care professionals to communicate with the treating physician pursuant to this paragraph. The treating physician shall provide an annual report to the Board summarizing medical or other care provided to Respondent, as well as addressing Respondent's progress under any terms of this Stipulation and Order relating to Respondent's health status and recovery.

b. Respondent shall abstain from alcohol and all mood-altering chemicals unless they are prescribed and/or approved by a physician or dentist who has first been informed of Respondent's drug use history.

c. Respondent shall not prescribe or administer any prescription drug or drug sample for Respondent's own use or for Respondent's family members' use.

d. Respondent shall be subject, without notice, to unannounced blood and/or urine tests at the request of Board staff, or other Board designee at least 12 times per quarter, including weekends. Bodily fluid screens may be requested at any time. Respondent shall provide the requested sample within the timeframe directed. The screens shall be:

- 1) Collected and tested consistent with protocols established by a Board-designated laboratory;
- 2) Handled through legal chain-of-custody methods; and
- 3) Paid for by Respondent.

The biological fluid collection shall take place as directed by Board staff or other Board designee. Testing shall screen for opiates, cocaine, barbiturates, amphetamines, benzodiazepines, marijuana, and other drugs of abuse, including alcohol. The laboratory will provide test results directly to the Board and to Respondent's treating physician. Ingestion of poppyseeds will not be accepted as a reason for a positive result.

e. Respondent shall attend meetings of a self-help program such as AA or NA in support of abstinence at least two times per week. Quarterly reports shall be submitted to the Board or its designee from Respondent's designated sponsor(s) regarding attendance and participation.

f. Respondent shall attend meetings of Sex Addicts Anonymous at least four times per month. Quarterly reports shall be submitted to the Board or its designee from Respondent's designated sponsor(s) regarding attendance and participation.

g. Respondent shall attend monthly meetings of a professional support group such as Physicians Serving Physicians ("PSP") approved in advance by the Committee or its

designee. Quarterly reports shall be submitted to the Board or its designee from Respondent's designated sponsor(s) regarding Respondent's attendance and participation.

h. Respondent shall continue in psychotherapy with a psychiatrist or therapist, approved in advance by the Complaint Review Committee or its designee. The treating psychiatrist or therapist shall provide quarterly reports to the Board or its designee, and to the primary treating physician regarding Respondent's diagnosis and progress in therapy. Termination of therapy shall be at the written recommendation of the approved psychiatrist or therapist, with the approval of the primary treating physician and the Committee.

i. Respondent shall provide to the Board and to the treating physician a copy of any treatment and/or aftercare plan which is in effect at the time of execution of this Stipulation and Order, or which is modified or becomes effective during the time Respondent is subject to the Stipulation and Order. The treatment/aftercare plan, and any modifications to it, shall be approved by the treating physician and shall include at least the following:

1) The treatment/aftercare plan activities; and

2) The name, address, and telephone number for each provider of treatment/aftercare services. The terms of any such treatment/aftercare plan, or approved modifications thereto, to the extent not superseded by this Order, are herewith incorporated by reference. Failure to follow the plan shall constitute violation of this Order.

j. Upon request, Respondent shall sign releases allowing the Board to obtain Respondent's medical, mental health, or chemical abuse/dependency records from any treating professional, evaluator, or facility.

k. Respondent shall practice in a group setting approved in advance by the Committee or its designee.

l. Respondent's practice shall be limited to no more than forty (40) hours per week for a minimum of six months from the date of this Order. After six months from the date of this Order, Respondent may petition the Committee to consider an increase in his work hours. The Committee, at its discretion and by its own Order, may increase the maximum number of work hours allowed per week.

m. Respondent shall identify a work quality assessor who shall provide quarterly reports to the Board and to the treating physician regarding Respondent's overall work performance.

n. Respondent shall have a female chaperone present during all physical examinations of female patients.

o. Respondent shall meet on a quarterly basis with a designated Board member or other Board designee. It shall be Respondent's obligation to contact the designated Board member to arrange each of the meetings. The purpose of such meetings shall be to review Respondent's progress under the terms and conditions of this Stipulation and Order.

p. No sooner than one year from the date of this Order, Respondent may petition, in writing, for reduced monitoring. Upon reviewing Respondent's petition, the Committee, at its discretion and by its own order, may reduce the frequency of required meetings, reports, and/or biological fluid screens required by the terms and conditions of this Order.

#### **OTHER AGREEMENTS**

6. Within ten days of signing the Stipulation to this Order, Respondent shall provide the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently has medical privileges, a list of all states in which Respondent is licensed or has applied for



licensure, and the addresses and telephone numbers of Respondent's residences and all work sites. Within seven (7) days of any change, Respondent shall provide the Board with new address and telephone number information. The information shall be sent to Robert A. Leach, Minnesota Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 400, Minneapolis, Minnesota 55414-3246.

7. In the event Respondent resides or practices outside the State of Minnesota, Respondent shall promptly notify the Board in writing of the location of his residence and all work sites. Periods of residency or practice outside of Minnesota will not be credited toward any period of Respondent's suspended, limited, or conditioned license in Minnesota unless Respondent demonstrates that practice in another state conforms completely with Respondent's Minnesota license to practice medicine.

8. If Respondent shall fail, neglect, or refuse to fully comply with each of the terms, provisions, and conditions herein, the Committee shall schedule a hearing before the Board. The Committee shall mail Respondent a notice of the violation alleged by the Committee and of the time and place of the hearing. Respondent shall submit a response to the allegations at least three days prior to the hearing. If Respondent does not submit a timely response to the Board, the allegations may be deemed admitted.

At the hearing before the Board, the Committee and Respondent may submit affidavits made on personal knowledge and argument based on the record in support of their positions. The evidentiary record before the Board shall be limited to such affidavits and this stipulation and order. Respondent waives a hearing before an administrative law judge and waives discovery, cross-examination of adverse witnesses, and other procedures governing administrative hearings or civil trials.

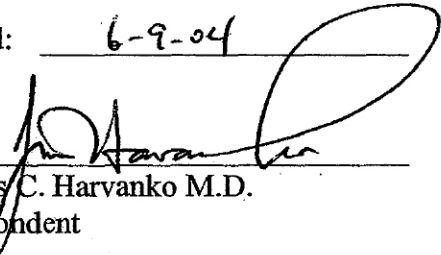
At the hearing, the Board will determine whether to impose additional disciplinary action, including additional conditions or limitations on Respondent's practice, or revocation of Respondent's license.

9. In the event the Board in its discretion does not approve this settlement, this amended stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject the amended stipulation, Respondent will assert no claim that the Board was prejudiced by its review and discussion of the amended stipulation or any records relating hereto.

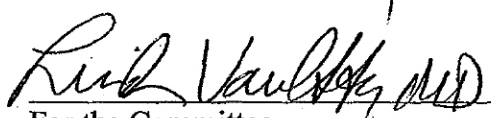
10. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the order to be entered pursuant to the amended stipulation shall be the final order herein.

11. Respondent hereby acknowledges that he has read and understands this amended stipulation and has voluntarily entered into the amended stipulation without threat or promise by the Board or any of its members, employees, or agents. This amended stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this amended stipulation.

Dated: 6-9-04

  
James C. Harvanko M.D.  
Respondent

Dated: 7/10/04

  
For the Committee

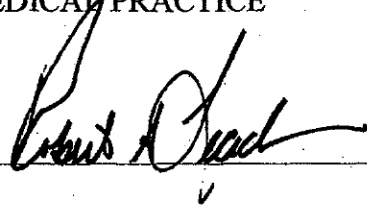
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**ORDER**

Upon consideration of this amended stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that the terms of this amended stipulation are adopted and implemented by the Board this 10th day of July, 2004.

MINNESOTA BOARD OF  
MEDICAL PRACTICE

By: 

AG: #1219189-v1

**BEFORE THE MINNESOTA  
BOARD OF MEDICAL PRACTICE**

In the Matter of the  
Medical License of  
James C. Harvanko, M.D.  
Date of Birth: 3/30/1963  
License No.: 37,637

**AMENDED STIPULATION  
AND ORDER**

IT IS HEREBY STIPULATED AND AGREED, by and between James C. Harvanko, M.D. ("Respondent"), and the Minnesota Board of Medical Practice ("Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Respondent has chosen to be represented by Gregory P. Bulinski, Bassford, Lockhart, Truesdell & Briggs, P.A., 33 South Sixth Street, Suite 2550, Minneapolis, Minnesota 55402, (612) 333-3000. The Complaint Review Committee ("Committee") was represented by Steven M. Gunn, Assistant Attorney General, 1400 NCL Tower, 445 Minnesota Street, St. Paul, Minnesota 55101, (651) 296-7575.

**FACTS**

3. For the purpose of this stipulation, the Board may consider the following facts as true:

a. By Stipulation and Order for Indefinite Suspension dated September 14, 2002 ("2002 Order"), Respondent's license to practice medicine and surgery in the State of Minnesota was indefinitely suspended. The 2002 Order is based on Respondent's history of



substance abuse, chemical dependency and inappropriate sexual conduct with patients. A true and accurate copy of the 2002 Order is attached hereto and incorporated herein by reference in its entirety as Exhibit A except as provided in paragraph 5 below.

b. The 2002 Order provides that prior to petitioning for reinstatement of his license, Respondent must submit satisfactory evidence that he has completed a comprehensive mental and physical evaluation through an evaluator designated by the Board, and Respondent must appear before the Committee to discuss his petition.

c. The Board received a report of the comprehensive mental and physical evaluation required by the 2002 Order. On January 31, 2003, Respondent submitted a petition to the Board requesting reinstatement of a limited license.

d. On March 18, 2003, Respondent met with the Committee to discuss his petition for reinstatement of his license. As a result of that meeting, Respondent and the Committee have agreed that the matter may now be resolved by this Amended Stipulation and Order.

#### STATUTES

4. The Board views Respondent's practices as inappropriate in such a way as to require Board action under Minn. Stat. § 147.091, subd. 1(g), (k), (l), (r) and (t) (2002) and Respondent agrees that the conduct described in the September 14, 2002, Stipulation and Order incorporated herein constitutes a reasonable basis in law and fact to justify the disciplinary action.

#### REMEDY

5. Upon this stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that until further

order of the Board, made after notice and hearing upon application by Respondent or upon the Board's own motion, the Board may make and enter an order amending the September 14, 2002 Stipulation and Order and reinstating, conditioning, and restricting Respondent's license to practice medicine and surgery in the State of Minnesota, as follows:

a. Respondent shall obtain a primary treating physician, approved in advance by the Complaint Review Committee or its designee, to monitor and/or manage all medical or other care provided to Respondent by all health professionals. Respondent shall provide all necessary records releases to enable Respondent's health care professionals to communicate with the treating physician pursuant to this paragraph. The treating physician shall provide an annual report to the Board summarizing medical or other care provided to Respondent, as well as addressing Respondent's progress under any terms of this Stipulation and Order relating to Respondent's health status and recovery. The treating psychiatrist shall provide quarterly reports to the Board, summarizing the care provided to Respondent.

b. Respondent shall abstain from alcohol and all mood-altering chemicals unless they are prescribed and or approved by a physician or dentist who has first been informed of Respondent's drug use history.

c. Respondent shall not prescribe or administer any prescription drug or drug sample for Respondent's own use or for Respondent's family members' use.

d. Respondent shall be subject, without notice, to unannounced blood and/or urine tests at the request of Board staff, or other Board designee at least 12 times per quarter, including weekends. Bodily fluid screens may be requested at any time. Respondent shall provide the requested sample within the timeframe directed. The screens shall be:

iii) Both the patient and her significant other reported that patient #36 was worse on the investigational medication. She was extremely sedated and was maintained on a combination of two to four different sedatives at the same time (lorazepam, temazepam, chloral hydrate, diphenhydramine) for several periods. Respondent nonetheless maintained patient #36 on the study throughout the twenty-three (23) month period, without documenting any justification for continuing the study medication.

iv) After stopping the remoxipride study, patient #36 was put back on a mood stabilizer, various neuroleptics were added and she did fairly well from approximately November 1993 to May 1994.

v) On May 27, 1994, patient #36 was readmitted because she had been non-compliant with medication and was thought to be a danger to herself. On this date, Respondent documented that patient #36 was "agitated, paranoid, and delusional with racing thoughts." Despite the patient's confused and agitated conditions, patient #36 was presented with and signed a consent form to participate in the double-blind sertindole study vs. haloperidol vs. placebo.

vi) Respondent's documentation regarding patient #36's participation in the sertindole study differed from the staff's documentation. While Respondent documented at more than one point that patient #36 was much improved and mildly ill, staff consistently noted her deterioration throughout the study. It was also documented that patient #36 made several references indicating that she did not want to take the medications. Respondent failed to document his rationale for continuing the investigational medication under these circumstances.

vii) On June 19, 1994, Respondent rated patient #36 "mildly ill and much improved" despite nursing notes from June 18 that patient #36 was "pacing," "hallucinating" and complaining about being a "guinea pig". On June 20 Respondent shifted the patient into the open label sertindole study. On July 7, 1994, Respondent terminated patient #36's participation in the investigational study and started her on Loxitane. One week

to the primary treating physician regarding Respondent's diagnosis and progress in therapy. Termination of therapy shall be at the written recommendation of the approved psychiatrist or therapist, with the approval of the primary treating physician and the Committee.

i. Respondent shall provide to the Board and to the treating physician a copy of any treatment and/or aftercare plan which is in effect at the time of execution of this Stipulation and Order, or which is modified or becomes effective during the time Respondent is subject to the Stipulation and Order. The treatment/aftercare plan, and any modifications to it, shall be approved by the treating physician and shall include at least the following:

- 1) the treatment/aftercare plan activities; and
- 2) the name, address, and telephone number for each provider of

treatment/aftercare services.

The terms of any such treatment/aftercare plan, or approved modifications thereto, to the extent not superseded by this Order, are herewith incorporated by reference. Failure to follow the plan shall constitute violation of this Order.

j. Upon request, Respondent shall sign releases allowing the Board to obtain Respondent's medical, mental health, or chemical abuse/dependency records from any treating professional, evaluator, or facility.

k. Respondent shall practice only in a non-clinical setting in which he has no direct contact with patients, approved in advance by the Committee. Practice shall be limited to no more than 40 hours per week. Respondent may petition for modification of the terms of this paragraph no sooner than one year from the date of this Stipulation.



i. Respondent shall identify a work quality assessor, if his practice includes work outside of his home, who shall provide quarterly reports to the Board and to the treating physician regarding Respondent's overall work performance.

m. Respondent shall meet on a quarterly basis with a designated Board member or other Board designee. It shall be Respondent's obligation to contact the designated Board member to arrange each of the meetings. The purpose of such meetings shall be to review Respondent's progress under the terms and conditions of this Stipulation and Order.

n. No sooner than one year from the date of this Order, Respondent may petition, in writing, for reduced monitoring. Upon reviewing Respondent's petition, the Committee, at its discretion and by its own order, may reduce the frequency of required meetings, reports, and/or biological fluid screens required by the terms and conditions of this Order.

#### **OTHER AGREEMENTS**

6. Within ten days of signing the Stipulation to this Order, Respondent shall provide the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently has medical privileges, a list of all states in which Respondent is licensed or has applied for licensure, and the addresses and telephone numbers of Respondent's residences and all work sites. Within seven (7) days of any change, Respondent shall provide the Board with new address and telephone number information. The information shall be sent to Robert A. Leach, Minnesota Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 400, Minneapolis, Minnesota 55414-3246.

7. In the event Respondent resides or practices outside the State of Minnesota, Respondent shall promptly notify the Board in writing of the location of his residence and all

work sites. Periods of residency or practice outside of Minnesota will not be credited toward any period of Respondent's suspended, limited, or conditioned license in Minnesota unless Respondent demonstrates that practice in another state conforms completely with Respondent's Minnesota license to practice medicine.

8. If Respondent shall fail, neglect, or refuse to fully comply with each of the terms, provisions, and conditions herein, the Committee shall schedule a hearing before the Board. The Committee shall mail Respondent a notice of the violation alleged by the Committee and of the time and place of the hearing. Respondent shall submit a response to the allegations at least three days prior to the hearing. If Respondent does not submit a timely response to the Board, the allegations may be deemed admitted.

At the hearing before the Board, the Committee and Respondent may submit affidavits made on personal knowledge and argument based on the record in support of their positions. The evidentiary record before the Board shall be limited to such affidavits and this stipulation and order. Respondent waives a hearing before an administrative law judge and waives discovery, cross-examination of adverse witnesses, and other procedures governing administrative hearings or civil trials.

At the hearing, the Board will determine whether to impose additional disciplinary action, including additional conditions or limitations on Respondent's practice, or revocation of Respondent's license.

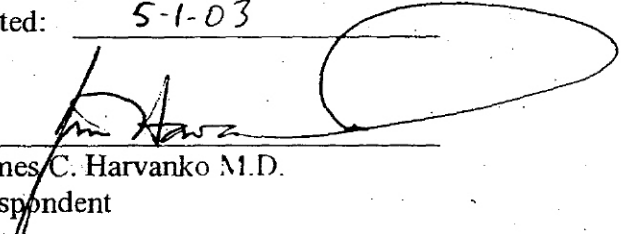
9. In the event the Board in its discretion does not approve this settlement, this amended stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject the amended stipulation, Respondent will assert no claim that

the Board was prejudiced by its review and discussion of the amended stipulation or any records relating hereto.

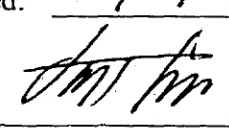
10. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the order to be entered pursuant to the amended stipulation shall be the final order herein.

11. Respondent hereby acknowledges that he has read and understands this amended stipulation and has voluntarily entered into the amended stipulation without threat or promise by the Board or any of its members, employees, or agents. This amended stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this amended stipulation.

Dated: 5-1-03

  
James C. Harvanko M.D.  
Respondent

Dated: 5/3/03

  
For the Committee

\*\*\*  
**ORDER**

Upon consideration of this amended stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that the terms of this amended stipulation are adopted and implemented by the Board this 3rd day of May, 2003.

MINNESOTA BOARD OF  
MEDICAL PRACTICE

By: Robert A. [Signature]

AG: #825981-v1

Alcoholics Anonymous meetings twice a week, monthly sessions with his psychiatrist, meetings with his sponsor twice a month and continued involvement with Professional Recovery Assistance and Physicians Serving Physicians monthly;

i. On July 1, 1991, Respondent resumed practice at St. Paul Anesthesiologists Limited.

j. On December 13, 1991 a conference to discuss the foregoing was held with Respondent and the Complaint Review Committee. Respondent's attorney also attended the conference;

k. On February 8, 1992, Respondent was placed on a leave of absence from St. Paul Anesthesiologists Limited after his week-end call at St. Joseph's Hospital;

l. On February 18, 1992, Respondent was admitted to Hennepin County Medical Center with self-inflicted multiple stab wounds in the region of his major vessels. Respondent admitted to a one-week long history of alcoholic binges. On the Saturday prior to admission Respondent drank a quart of Scotch and was feeling depressed and inflicted the stab wounds. Respondent also stated he stepped into a scalding tub and burned his feet on February 18, 1992. On the third hospital day Respondent was transferred to Fairview Southdale for combined chemical dependency and psychiatric treatment. Respondent received treatment at Fairview Southdale Hospital from February 20, 1992 to March 4, 1992;

m. On March 6, 1992, Respondent was admitted to the Milwaukee Psychiatric Hospital's halfway house program for health care professionals at Harrington House III, Wauwatosa, Wisconsin; he was discharged on June 11, 1992;

n. On March 24, 1992, a Notice of Conference was served upon Respondent. On June 19, 1992, a conference was held with Respondent and the Complaint Review Committee.

**TRUE AND EXACT  
COPY OF ORIGINAL**

**BEFORE THE MINNESOTA  
BOARD OF MEDICAL PRACTICE**

In the Matter of  
the Medical License  
James C. Harvanko, M.D.  
Date of Birth: 3/30/1963  
License Number: 37,637

**COMMITTEE ORDER  
AMENDING THE BOARD'S  
AMENDED STIPULATION AND ORDER**

**FACTS**

1. During all times herein, James C. Harvanko, M.D. ("Respondent"), has been and now is subject to the jurisdiction of the Minnesota Board of Medical Practice ("Board") from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. By Amended Stipulation and Order dated July 10, 2004 ("Amended 2004 Order"), the Board conditioned and restricted Respondent's license to practice medicine and surgery in the State of Minnesota based upon Respondent's inability to practice with reasonable skill and safety to patients by reason of chemical dependency and inappropriate sexual behavior. Paragraph 5.d of the Amended 2004 Order required that Respondent submit to at least 12 unannounced biological fluid screens per quarter. Paragraph 5.e required that Respondent attend self-help meetings, such as AA/NA, at least two times per week. Paragraph 5.f required that Respondent attend Sex Addicts Anonymous at least four times per month. Paragraph 5.l limited Respondent's practice to no more than forty (40) hours per week.

3. On September 19, 2005, the Board received Respondent's written petition in which he requested a reduction in the minimum number of required biological fluid screens, a reduction in the number of self-help meetings and an increase in his work hours pursuant to the Amended 2004 Order.

4. The Complaint Review Committee ("Committee"), having convened on October 11, 2005, to review and consider the above-referenced matter, issues the following:

**ORDER**

5. IT IS HEREBY ORDERED that the Amended Stipulation and Order dated July 10, 2004, is amended as follows:

a. Paragraph 5.d is amended to allow Respondent to be subject, without notice, to unannounced biological screens, at the request of Board staff or other Board designee, a minimum of nine times per quarter, including weekends. Respondent shall provide the requested blood or urine sample within the timeframe directed. The screens shall be:

1. Collected and tested consistent with protocols established by a Board-designated laboratory;
2. Handled through legal chain-of-custody methods;
3. Paid for by Respondent.

The biological fluid screens shall take place as directed by Board staff or other Board designee. Testing shall screen for opiates, cocaine, barbiturates, amphetamines, benzodiazepines, marijuana, and other drugs of abuse, including alcohol. The laboratory will provide test results directly to the Board and to Respondent's treating physician. Ingestion of poppy seeds will not be accepted as a reason for a positive result.

b. Paragraph 5.e is amended to require Respondent to attend meetings of a self-help program such as AA/NA in support of abstinence at least once per week. Quarterly reports shall be submitted to the Board or its designee from Respondent's designated sponsor(s) regarding attendance and participation in such meetings.

c. Paragraph 5.f is amended to require Respondent to attend meetings of Sex Addicts Anonymous at least three times per month. Quarterly reports shall be submitted to the Board or its designee from Respondent's designated sponsor(s) regarding attendance and participation in such meetings.

d. Paragraph 5.l is amended to require Respondent to practice only in a non-clinical setting in which he has no direct contact with patients, approved in advance by the Committee. Respondent's practice shall be limited to no more than 50 hours per week. Respondent may petition for modification of the terms contained in this paragraph no sooner than one year from the date he resumes practice.

6. IT IS FURTHER ORDERED that all other terms and conditions of the July 10, 2004, Amended Stipulation and Order shall remain in effect.

7. IT IS FURTHER ORDERED that this Committee Order Amending the Board's Amended Stipulation and Order dated July 10, 2004, is hereby adopted and implemented this 31 day of October, 2005.

MINNESOTA BOARD OF  
MEDICAL PRACTICE  
COMPLAINT REVIEW COMMITTEE

By: 





**TRUE AND EXACT  
COPY OF ORIGINAL**

**BEFORE THE MINNESOTA  
BOARD OF MEDICAL PRACTICE**

In the Matter of  
the Medical License  
James C. Harvanko, M.D.  
Date of Birth: 3/30/1963  
License Number: 37,637

**SECOND COMMITTEE ORDER  
AMENDING THE BOARD'S  
AMENDED STIPULATION AND ORDER**

**FACTS**

1. During all times herein, James C. Harvanko, M.D. ("Respondent"), has been and now is subject to the jurisdiction of the Minnesota Board of Medical Practice ("Board") from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. By Amended Stipulation and Order dated July 10, 2004 ("Amended 2004 Order"), the Board conditioned and restricted Respondent's license to practice medicine and surgery in the State of Minnesota based upon Respondent's inability to practice with reasonable skill and safety to patients by reason of chemical dependency and inappropriate sexual behavior. Paragraph 5.d of the Amended 2004 Order required that Respondent submit to at least 12 unannounced biological fluid screens per quarter. Paragraph 5.e required that Respondent attend self-help meetings, such as AA/NA, at least two times per week. Paragraph 5.f required that Respondent attend Sex Addicts Anonymous at least four times per month. Paragraph 5.l limited Respondent's practice to no more than forty (40) hours per week.

3. On September 19, 2005, the Board received Respondent's written petition in which he requested a reduction in the minimum number of required biological fluid screens, a reduction in the number of self-help meetings and an increase in his work hours pursuant to the Amended 2004 Order.

4. The Complaint Review Committee ("Committee"), having convened on October 11, 2005, to review and consider the above-referenced matter, issues the following:

**ORDER**

5. IT IS HEREBY ORDERED that the October 31, 2005, Committee Order is RESCINDED and replaced with this Order.

6. The Amended Stipulation and Order dated July 10, 2004, is amended as follows:

a. Paragraph 5.d is amended to allow Respondent to be subject, without notice, to unannounced biological screens, at the request of Board staff or other Board designee, a minimum of nine times per quarter, including weekends. Respondent shall provide the requested blood or urine sample within the timeframe directed. The screens shall be:

1. Collected and tested consistent with protocols established by a Board-designated laboratory;
2. Handled through legal chain-of-custody methods;
3. Paid for by Respondent.

The biological fluid screens shall take place as directed by Board staff or other Board designee. Testing shall screen for opiates, cocaine, barbiturates, amphetamines, benzodiazepines, marijuana, and other drugs of abuse, including alcohol. The laboratory will provide test results directly to the Board and to Respondent's treating physician. Ingestion of poppy seeds will not be accepted as a reason for a positive result.

b. Paragraph 5.e is amended to require Respondent to attend meetings of a self-help program such as AA/NA in support of abstinence at least once per week. Quarterly reports shall be submitted to the Board or its designee from Respondent's designated sponsor(s) regarding attendance and participation in such meetings.

c. Paragraph 5.f is amended to require Respondent to attend meetings of Sex Addicts Anonymous at least three times per month. Quarterly reports shall be submitted to the Board or its designee from Respondent's designated sponsor(s) regarding attendance and participation in such meetings.

d. Paragraph 5.1 is amended to require that Respondent's practice shall be limited to no more than 50 hours per week. Respondent may petition for modification of the terms contained in this paragraph no sooner than one year from the date he resumes practice.

7. IT IS FURTHER ORDERED that all other terms and conditions of the July 10, 2004, Amended Stipulation and Order shall remain in effect.

8. IT IS FURTHER ORDERED that this Committee Order Amending the Board's Amended Stipulation and Order dated July 10, 2004, is hereby adopted and implemented this 9<sup>th</sup> day of February, 2006.

MINNESOTA BOARD OF  
MEDICAL PRACTICE  
COMPLAINT REVIEW COMMITTEE

By: \_\_\_\_\_





**TRUE AND EXACT  
COPY OF ORIGINAL**

**BEFORE THE MINNESOTA  
BOARD OF MEDICAL PRACTICE**

In the Matter of the  
Medical License of  
James C. Harvanko, M.D.  
Date of Birth: 3/30/1963  
License Number: 37,637

**ORDER OF  
UNCONDITIONAL LICENSE**

The Minnesota Board of Medical Practice ("Board"), having convened on September 9, 2006, to review the petition of James C. Harvanko, M.D. ("Respondent"), for reinstatement of an unconditional license to practice medicine and surgery makes the following:

**FINDINGS OF FACT**

1. Respondent's medical license was indefinitely suspended pursuant to a Stipulation and Order for Indefinite Suspension dated September 14, 2002 ("2002 Order"), based upon Respondent's unethical and unprofessional conduct, history of chemical dependency and substance abuse, and inappropriate sexual conduct with patients. The 2002 Order provided that Respondent would be eligible to petition for reinstatement of his license after successful completion of a comprehensive mental and physical examination.

2. By Amended Stipulation and Order dated May 3, 2003 ("2003 Order"), the Board reinstated Respondent's license to practice medicine and surgery in the State of Minnesota, including conditions and restrictions that required, in part, that Respondent abstain from alcohol and all mood-altering drugs, participate in self-help programs such as AA/NA and Sex Addicts Anonymous ("SAA"), submit to unannounced biological fluid tests at least 12 times per quarter, and limit his practice to a maximum of 40 hours per week in a non-clinical setting without direct patient contact.

3. By Second Amended Stipulation and Order dated July 10, 2004 ("2004 Order"), the 2003 Order was amended to allow Respondent to practice in a group setting with direct patient contact, but with a female chaperone present during all physical examinations of female patients.

4. By Committee Order dated October 31, 2005, and Second Committee Order dated February 9, 2006, the 2004 Order was amended to reduce the minimum number of required unannounced biological fluid tests from 12 to nine per quarter, reduce required attendance at AA or NA self-help meetings from twice to once per week, reduce required attendance at SAA meetings from four per month to three per month, and to increase the number of regular practice hours from 40 to no more than 50 per week. The remainder of the conditions and restrictions placed upon Respondent's license by the 2004 Order remained in full force and effect.

5. On June 26, 2006, Respondent submitted a written petition to the Board for consideration of an unconditional license, and reported a sobriety date of August 10, 2001.

6. The Board has received periodic reports from Respondent's treating physician, Work Quality Assessor, PSP and AA/SAA sponsors, and designated Board member; confirming his attendance at required meetings; and the results of bodily fluid tests. The reports and test results support the conclusion that Respondent has successfully maintained chemical and sexual sobriety since August 10, 2001.

7. On July 11, 2006, the Complaint Review Committee ("Committee") met to discuss Respondent's petition for an unconditional license. The Committee concluded that Respondent had complied with the terms and conditions imposed on his license and recommended that the Board issue an unconditional license to practice medicine and surgery in the State of Minnesota.

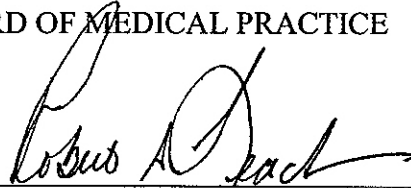
8. Based on the foregoing, the Board concludes that Respondent has complied with and fulfilled the Orders issued by the Board on September 14, 2002, May 3, 2003, and July 10, 2004, the Committee Order issued on October 31, 2005, and the Second Committee Order issued on February 9, 2006, and hereby issues the following:

**ORDER**

IT IS HEREBY ORDERED that an unconditional license to practice medicine and surgery in the State of Minnesota be conferred upon Respondent, such license to carry all duties, benefits, responsibilities, and privileges inherent therein through Minnesota statute and rule.

Dated: September 9, 2006

STATE OF MINNESOTA  
BOARD OF MEDICAL PRACTICE



Robert A. Deack

AG: #1646515-v1





**TRUE AND EXACT  
COPY OF ORIGINAL**

**BEFORE THE MINNESOTA  
BOARD OF MEDICAL PRACTICE**

In the Matter of the  
Medical License of  
James C. Harvanko, M.D.  
Date of Birth: 3/30/1963  
License Number: 37,637

**STIPULATION AND ORDER  
FOR VOLUNTARY SURRENDER**

IT IS HEREBY STIPULATED AND AGREED, by and between James C. Harvanko, M.D. ("Respondent"), and the Complaint Review Committee ("Committee") of the Minnesota Board of Medical Practice ("Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Although aware of his right to representation by counsel, Respondent has knowingly and expressly waived that right. The Committee was represented by Steven M. Gunn, Deputy Attorney General, 1400 Bremer Tower, 445 Minnesota Street, St. Paul, Minnesota 55101, (651) 296-7575.

**FACTS**

3. For the purpose of this Stipulation, the Board may consider the following facts as true:

a. Respondent was licensed by the Board to practice medicine and surgery in the State of Minnesota on November 19, 1994. Respondent is board-certified in internal medicine.

b. By Stipulation and Order for Indefinite Suspension, dated September 14, 2002 ("2002 Order"), Respondent's medical license was indefinitely suspended by the Board based upon his unethical and unprofessional conduct, history of chemical dependency and substance abuse, and inappropriate sexual conduct with patients.

c. By Amended Stipulation and Order, dated May 3, 2003 ("2003 Order"), the Board reinstated Respondent's license to practice medicine and surgery with conditions and restrictions that required Respondent, in part, to abstain from alcohol and all mood-altering drugs, participate in self-help programs such as AA/NA and Sex Addicts Anonymous ("SAA"), submit to unannounced biological fluid tests on a periodic basis, and limit his practice to a maximum of 40 hours per week in a non-clinical setting without direct patient contact.

d. By Second Amended Stipulation and Order, dated July 10, 2004 ("2004 Order"), the 2003 Order was amended to allow Respondent to practice in a group setting with direct patient contact, but required the presence of a female chaperone during all physical examinations of female patients.

e. On September 9, 2006, the Board granted an Order of Unconditional License to Respondent.

f. On February 17, 2009, Respondent notified the Board that, on multiple occasions in February 2009, he engaged in a sexual relationship with a patient. Respondent also admitted providing treatment and prescribing medications to the patient while engaging in the sexual relationship.

g. On March 12, 2009, the Complaint Review Committee reviewed the matter and concluded that Respondent had engaged in conduct which was sexual or could reasonably be interpreted by a patient as sexual.

## STATUTES

4. The Committee views Respondent's practices as inappropriate in such a way as to require Board action under Minn. Stat. § 147.091, subd. 1(g), (k) and (t) (2008), and Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify the disciplinary action under these statutes.

## REMEDY

5. Upon this Stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that until further order of the Board, made after notice and hearing upon application by Respondent or upon the Board's own motion, the Board may make and enter an order as follows:

a. Respondent shall **VOLUNTARILY SURRENDER** his license to practice medicine and surgery in the State of Minnesota.

b. Upon Respondent's surrender of his license to practice medicine and surgery in Minnesota, the Board agrees to close its files in this matter.

c. Should Respondent seek re-licensure in Minnesota, the Board may reopen its investigation.

5. Respondent is aware that this Stipulation and Order will be disseminated to all states. Upon request, the Board may share its investigative data with the requesting state.

6. Within ten days of signing the Stipulation to this Order, Respondent shall provide the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently has medical privileges, a list of all states in which Respondent is licensed or has applied for licensure, and the addresses and telephone numbers of Respondent's residences. Within seven (7) days of any change, Respondent shall provide the Board with the new address and telephone

Respondent will assert no claim that the Board was prejudiced by its review and discussion of this stipulation or of any records relating hereto;

9. In the event Respondent should leave Minnesota to reside or practice outside the state, Respondent shall promptly notify the Board in writing of the new location as well as the dates of departure and return. Periods of residency or practice outside of Minnesota will not apply to the reduction of any period of Respondent's suspended, limited, or conditioned license in Minnesota unless Respondent demonstrates that practice in another state conforms completely with Respondent's Minnesota license to practice medicine;

10. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter and Respondent chose to be represented by Margo Struthers;

11. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the order to be entered pursuant to the stipulation shall be the final order herein;

12. Respondent hereby acknowledges that he has read and understands this stipulation and has voluntarily entered into the stipulation without threat or promise by the Board or any of its members, employees, or agents. This stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this stipulation.

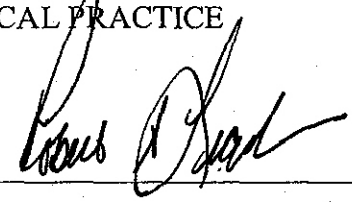
Dated: 9-15, 1993

David D. Gulden  
DAVID D. GULDEN, M.D.  
Respondent

13173 Heritage Way  
Apple Valley, Minnesota 55124

IT IS HEREBY ORDERED that the terms of this Stipulation are adopted and implemented by the Board this 9th day of May, 2009.

MINNESOTA BOARD OF  
MEDICAL PRACTICE

By: 

AG: #2408969-v1

