

MEDICAL BOARD

OCT 05 2012

**CONSENT AGREEMENT  
BETWEEN  
MARYROSE P. BAUSCHKA, M.D.,  
AND  
THE STATE MEDICAL BOARD OF OHIO**

This Consent Agreement is entered into by and between Maryrose P. Bauschka, M.D., [Dr. Bauschka], and the State Medical Board of Ohio [Board], a state agency charged with enforcing Chapter 4731., Ohio Revised Code.

Dr. Bauschka enters into this Consent Agreement being fully informed of her rights under Chapter 119., Ohio Revised Code, including the right to representation by counsel and the right to a formal adjudicative hearing on the issues considered herein.

**BASIS FOR ACTION**

This Consent Agreement is entered into on the basis of the following stipulations, admissions and understandings:

- A. The Board is empowered by Section 4731.22(B), Ohio Revised Code, to limit, revoke, suspend a certificate, refuse to register or reinstate an applicant, or reprimand or place on probation the holder of a certificate for a violation of Section 4731.22(B)(19), Ohio Revised Code, for “[i]nability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills.”
- B. The Board enters into this Consent Agreement in lieu of formal proceedings based upon the violation of Section 4731.22(B)(19), Ohio Revised Code, as set forth in Paragraph E, below, and expressly reserves the right to institute formal proceedings based upon any other violations of Chapter 4731. of the Revised Code, whether occurring before or after the effective date of this Consent Agreement.
- C. Dr. Bauschka is seeking a training certificate. Dr. Bauschka previously held a training certificate, license number 57.012711, which Dr. Bauschka non-permanently surrendered and was revoked, pursuant to the Non-Permanent Surrender of Certificate Between Maryrose P. Bauschka, M.D. and the State Medical Board of Ohio [April 2011 Agreement], effective April 13, 2011
- D. Dr. Bauschka states that she does not hold a training certificate and is not licensed to practice in any other state or jurisdiction.

- E. Dr. Bauschka admits that she has been diagnosed with an eating disorder and/or mental health condition, for which she has been treated periodically for over ten years. Dr. Bauschka admits that, in or around summer 2005, she began outpatient treatment at the Cleveland Center for Eating Disorders, while she was in medical school. Dr. Bauschka states that, when she began her residency, her condition, which previously had been controlled, became more severe. Subsequently, in or around December 2009, Dr. Bauschka admits that she voluntarily entered Lindner Center of HOPE [Lindner] for residential treatment. Dr. Bauschka admits that she also has been diagnosed with depression and anxiety, for which she also received treatment at Lindner. Dr. Bauschka states, and the Board acknowledges receipt of information to support, that she was discharged from Lindner on or about January 31, 2010.

Dr. Bauschka admits that, after being discharged from Lindner, she re-entered inpatient treatment at Lindner on or about February 1, 2010. Dr. Bauschka states, and the Board acknowledges receipt of information to support, that she was discharged from inpatient treatment on or about February 8, 2010.

Dr. Bauschka admits that, following her discharge from Lindner inpatient treatment, she continued with outpatient treatment from Lindner. Dr. Bauschka admits that the outpatient treatment was not successful and, in or around March 2010, she entered a more restrictive outpatient treatment at Lindner. Dr. Bauschka states that she was discharged from Lindner on or about April 3, 2010. She returned to her home in Cleveland and resumed outpatient treatment locally. Dr. Bauschka further admits that her outpatient treatment there was not successful and she subsequently returned to Linder, where she has continued her treatment.

Dr. Bauschka admits that she resigned from her residency in September 2010 and returned to inpatient treatment at Lindner due to a worsening of her mental health condition. Dr. Bauschka states that she was discharged from inpatient treatment in October 2010 and has continued to receive intensive outpatient treatment through Lindner since that time.

Dr. Bauschka states, and the Board acknowledges receipt of information to support, that Ronald A. Sachs, M.D., a psychiatrist approved by the Board to conduct a psychiatric assessment regarding Dr. Bauschka's mental health issues, provided a written report indicating that Dr. Bauschka's ability to practice has been assessed and that she has been found capable of practicing medicine and surgery according to acceptable and prevailing standards of care, so long as she continues with weekly meetings with her treatment team. Dr. Bauschka states, and the Board acknowledges receipt of information to support, that Anne M. O'Melia, M.D. a psychiatrist approved by the Board to conduct a psychiatric assessment regarding Dr. Bauschka's mental health issues, provided a written report indicating that Dr. Bauschka's ability to practice has been assessed and that she has been found capable of practicing medicine and surgery according to acceptable and prevailing standards of care, so

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long as she remains in treatment with her current treatment providers and follows the treatment recommendations made by her team.

Dr. Bauschka states, and the Board acknowledges receipt of information to support, that Dr. Bauschka has substantially fulfilled the conditions of her April 2011 Agreement, authorizing her to apply for, and the Board to grant her a training certificate.

### AGREED CONDITIONS

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any formal proceedings at this time, Dr. Bauschka shall be GRANTED a training certificate in the State of Ohio, provided she otherwise meets all statutory and regulatory requirements, and upon receipt of all necessary and appropriate documentation. Further, Dr. Bauschka knowingly and voluntarily agrees with the Board that said training certificate shall be subject to the following PROBATIONARY terms, conditions and limitations:

1. Dr. Bauschka shall obey all federal, state, and local laws, and all rules governing the practice of medicine in Ohio.
2. Dr. Bauschka shall submit quarterly declarations under penalty of Board disciplinary action or criminal prosecution, stating whether there has been compliance with all the conditions of this Consent Agreement. The first quarterly declaration must be received in the Board's offices on the first day of the third month following the month in which this Consent Agreement becomes effective, or as otherwise requested by the Board. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
3. Dr. Bauschka shall appear in person for an interview before the full Board or its designated representative during the third month following the effective date of this Consent Agreement. Subsequent personal appearances must occur every three months thereafter, and/or as otherwise requested by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
4. Dr. Bauschka shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed. Further, the Secretary and Supervising Member of the Board shall have the discretion to grant a waiver of part or all of the probationary terms set forth in this Consent Agreement for occasional periods of absence of fourteen days or less. In the event that Dr. Bauschka resides and/or is

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employed at a location that is within fifty miles of the geographic border of Ohio and any of its contiguous states, Dr. Bauschka may travel between Ohio and that contiguous state without seeking prior approval of the Secretary or Supervising Member provided that Dr. Bauschka is able to otherwise maintain full compliance with all other terms, conditions and limitations set forth in this Consent Agreement.

5. In the event Dr. Bauschka is found by the Secretary of the Board to have failed to comply with any provision of this Consent Agreement, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Consent Agreement.

#### **MONITORING OF REHABILITATION AND TREATMENT**

6. The Board retains the right to require, and Dr. Bauschka agrees to submit, blood, urine, breath, saliva and/or hair specimens for screening for drugs and alcohol, for analysis of therapeutic levels of medications that may be prescribed for Dr. Bauschka, or for any other purpose, at Dr. Bauschka's expense upon the Board's request and without prior notice. Dr. Bauschka's refusal to submit a specimen upon request of the Board shall result in a minimum of one year of actual license suspension. Further, the collection of such specimens shall be witnessed by a representative of the Board, or another person acceptable to the Secretary or Supervising Member of the Board.

#### **Mental Health Treatment**

7. Within thirty days of the effective date of this Consent Agreement, Dr. Bauschka shall submit to the Board for its prior approval the name and qualifications of a psychiatrist of her choice. Upon approval by the Board, Dr. Bauschka shall undergo and continue psychiatric treatment, including individual psychotherapy, at least weekly, or as otherwise directed by the Board. Dr. Bauschka shall comply with her psychiatric treatment plan, including taking medications as prescribed and/or ordered. Dr. Bauschka shall ensure that psychiatric reports are forwarded by her treating psychiatrist to the Board on a quarterly basis, or as otherwise directed by the Board. The psychiatric reports shall contain information describing Dr. Bauschka's current treatment plan and any changes that have been made to the treatment plan since the prior report; Dr. Bauschka's compliance with her treatment plan; Dr. Bauschka's mental status; Dr. Bauschka's progress in treatment; and results of any laboratory studies that have been conducted since the prior report. Dr. Bauschka shall ensure that her treating psychiatrist immediately notifies the Board of her failure to comply with her psychiatric treatment plan and/or any determination that Dr. Bauschka is unable to practice due to her psychiatric disorder. It is Dr. Bauschka's responsibility to ensure that quarterly reports are received in the Board's offices no later than the due date for Dr. Bauschka's quarterly declaration.

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The psychotherapy required as part of Dr. Bauschka's psychiatric treatment pursuant to this paragraph may be delegated by Dr. Bauschka's treating psychiatrist to an appropriately licensed mental health professional approved in advance by the Board, so long as Dr. Bauschka's treating psychiatrist oversees/supervises such psychotherapy; includes information concerning Dr. Bauschka's participation and progress in psychotherapy in his or her quarterly reports; and continues to meet personally with Dr. Bauschka at least monthly. Should the psychotherapy required pursuant to this provision be delegated to a licensed mental health professional, Dr. Bauschka shall ensure that psychotherapy reports are forwarded by her treating licensed mental health professional to the Board on a quarterly basis, or as otherwise directed by the Board. The psychotherapy reports shall contain information describing Dr. Bauschka's current treatment plan and any changes that have been made to the treatment plan since the prior report; Dr. Bauschka's compliance with her treatment plan; Dr. Bauschka's mental status; Dr. Bauschka's progress in treatment; and results of any laboratory studies that have been conducted since the prior report. Dr. Bauschka shall ensure that her treating licensed mental health professional immediately notifies the Board of her failure to comply with her psychotherapy treatment plan and/or any determination that Dr. Bauschka is unable to practice due to her psychiatric disorder. These psychotherapy reports shall be in addition to the reports submitted by Dr. Bauschka's treating psychiatrist. It is Dr. Bauschka's responsibility to ensure that all quarterly reports are received in the Board's offices no later than the due date for Dr. Bauschka's quarterly declaration.

In the event that the designated treating psychiatrist and/or licensed mental health professional becomes unable or unwilling to serve in this capacity, Dr. Bauschka must immediately so notify the Board in writing. In addition, Dr. Bauschka shall make arrangements acceptable to the Board for another treating psychiatrist and/or licensed mental health professional within thirty days after the previously designated treating psychiatrist and/or licensed mental health professional becomes unable or unwilling to serve, unless otherwise determined by the Board. Furthermore, Dr. Bauschka shall ensure that the previously designated treating psychiatrist and/or licensed mental health professional also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

The Board expressly reserves the right to disapprove any psychiatrist proposed to serve as Dr. Bauschka's designated treating psychiatrist and/or any licensed mental health professional proposed to serve as Dr. Bauschka's designated treating licensed mental health professional, or to withdraw approval of any such psychiatrist or licensed mental health professional previously approved to serve as Dr. Bauschka's designated treating psychiatrist or licensed mental health professional, in the event that the Secretary and Supervising Member of the Board determine that any such psychiatrist or licensed mental health professional has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

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### **Monitoring Physician**

8. Before engaging in any medical practice and/or participating in any training program, Dr. Bauschka shall submit to the Board in writing the name and curriculum vitae of a monitoring physician for prior written approval by the Secretary or Supervising Member of the Board. In approving an individual to serve in this capacity, the Secretary and Supervising Member will give preference to a physician who practices in the same locale as Dr. Bauschka and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Bauschka and her medical practice, and shall review Dr. Bauschka's patient charts. The chart review may be done on a random basis, with the frequency and number of charts reviewed to be determined by the Board.

Further, the monitoring physician shall provide the Board with reports on the monitoring of Dr. Bauschka and her medical practice, and on the review of Dr. Bauschka's patient charts. Dr. Bauschka shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Bauschka's quarterly declaration.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Bauschka must immediately so notify the Board in writing. In addition, Dr. Bauschka shall make arrangements acceptable to the Board for another monitoring physician within thirty days after the previously designated monitoring physician becomes unable or unwilling to serve, unless otherwise determined by the Board. Furthermore, Dr. Bauschka shall ensure that the previously designated monitoring physician also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

While Dr. Bauschka participates in a residency program accredited by the ACGME or AOA, the Board shall accept a quarterly statement from the director of Dr. Bauschka's residency program, or alternatively, from the attending physician specifically designated by the residency director as the person having responsibility to directly oversee Dr. Bauschka's clinical rotations, addressing Dr. Bauschka's performance (clinical and otherwise) in the residency program, as well as her progress and status, if timely submitted, as satisfaction of the requirements of this paragraph. Should Dr. Bauschka desire to utilize this option in lieu of having a monitoring physician while she participates in a residency program, Dr. Bauschka shall so notify the Board by providing a writing, signed by both herself and her residency director, and, if applicable, by the attending physician specifically designated by the residency director as the person having responsibility to directly oversee Dr. Bauschka's clinical rotations, to the Board before participating in the residency program. Further, should Dr. Bauschka cease participation in an accredited residency or should she obtain full

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medical licensure in Ohio and desire to practice outside her residency, or should her residency director or the designated attending physician become unable or unwilling to serve, Dr. Bauschka must immediately so notify the Board in writing and within thirty days make arrangements for a monitoring physician, as discussed above.

All residency director reports required under this paragraph must be received in the Board's offices no later than the due date for Dr. Bauschka's quarterly declaration. It is Dr. Bauschka's responsibility to ensure that reports are timely submitted.

The Board expressly reserves the right to disapprove any person proposed to serve as Dr. Bauschka's designated monitoring physician, or to withdraw approval of any person previously approved to serve as Dr. Bauschka's designated monitoring physician, in the event that the Secretary and Supervising Member of the Board determine that any such monitoring physician has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

#### **Releases**

9. Dr. Bauschka shall provide authorization, through appropriate written consent forms, for disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment or evaluation for Dr. Bauschka's mental health conditions, or for purposes of complying with this Consent Agreement, whether such treatment or evaluation occurred before or after the effective date of this Consent Agreement. To the extent permitted by law, the above-mentioned evaluative reports, summaries, and records are considered medical records for purposes of Section 149.43 of the Ohio Revised Code and are confidential pursuant to statute. Dr. Bauschka further agrees to provide the Board written consent permitting any treatment provider from whom she obtains treatment to notify the Board in the event she fails to agree to or comply with any treatment contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Consent Agreement.

#### **Required Reporting by Licensee**

10. Within thirty days of the effective date of this Consent Agreement, Dr. Bauschka shall provide a copy of this Consent Agreement to all employers or entities with which she is under contract to provide health care services (including but not limited to third party payors) or is receiving training, and the Chief of Staff at each hospital where she has privileges or appointments. Further, Dr. Bauschka shall promptly provide a copy of this Consent Agreement to all employers or entities with which she contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where she applies for or obtains privileges or appointments. In the event that Dr. Bauschka provides any health care services or health care direction or

medical oversight to any emergency medical services organization or emergency medical services provider, within thirty days of the effective date of this Consent Agreement Dr. Bauschka shall provide a copy of this Consent Agreement to the Ohio Department of Public Safety, Division of Emergency Medical Services. Further, Dr. Bauschka shall provide the Board with one of the following documents as proof of each required notification within thirty days of the date of each such notification: (1) the return receipt of certified mail within thirty days of receiving that return receipt, (2) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Consent Agreement was hand delivered, (3) the original facsimile-generated report confirming successful transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was faxed, or (4) an original computer-generated printout of electronic mail communication documenting the email transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was emailed.

11. Within thirty days of the effective date of this Consent Agreement, Dr. Bauschka shall provide a copy of this Consent Agreement to the proper licensing authority of any state or jurisdiction in which she currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Agency, through which she currently holds any license or certificate. Dr. Bauschka further agrees to provide a copy of this Consent Agreement at time of application to the proper licensing authority of any state in which she applies for any professional license or for reinstatement of any professional license. Further, Dr. Bauschka shall provide the Board with one of the following documents as proof of each required notification within thirty days of the date of each such notification: (1) the return receipt of certified mail within thirty days of receiving that return receipt, (2) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Consent Agreement was hand delivered, (3) the original facsimile-generated report confirming successful transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was faxed, or (4) an original computer-generated printout of electronic mail communication documenting the email transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was emailed.
12. Dr. Bauschka shall promptly provide a copy of this Consent Agreement to all persons and entities that provide Dr. Bauschka treatment or monitoring related to her eating disorder or any mental health conditions. Further, Dr. Bauschka shall provide the Board with one of the following documents as proof of each required notification within thirty days of the date of each such notification: (1) the return receipt of certified mail within thirty days of receiving that return receipt, (2) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Consent Agreement was hand delivered, (3) the original



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facsimile-generated report confirming successful transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was faxed, or (4) an original computer-generated printout of electronic mail communication documenting the email transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was emailed.

13. Dr. Bauschka shall notify the Board in writing of any change of principal practice address or residence address within thirty days of such change.

### **FAILURE TO COMPLY**

If, in the discretion of the Secretary and Supervising Member of the Board, Dr. Bauschka appears to have violated or breached any term or condition of this Consent Agreement, the Board reserves the right to institute formal disciplinary proceedings for any and all possible violations or breaches, including, but not limited to, alleged violations of the laws of Ohio occurring before the effective date of this Consent Agreement.

If the Secretary and Supervising Member of the Board determine that there is clear and convincing evidence that Dr. Bauschka has violated any term, condition or limitation of this Consent Agreement, Dr. Bauschka agrees that the violation, as alleged, also constitutes clear and convincing evidence that her continued practice presents a danger of immediate and serious harm to the public for purposes of initiating a summary suspension pursuant to Section 4731.22(G), Ohio Revised Code.

### **DURATION/MODIFICATION OF TERMS**

Dr. Bauschka shall not request termination of this Consent Agreement for a minimum of two years. In addition, Dr. Bauschka shall not request modification to the probationary terms, limitations, and conditions contained herein for at least one year, except that Dr. Bauschka may make such request with the mutual approval and joint recommendation of the Secretary and Supervising Member. Otherwise, the above-described terms, limitations and conditions may be amended or terminated in writing at any time upon the agreement of both parties.

Further, all subsequent training certificates and/or any other certificate that may be granted by the Board to Dr. Bauschka shall be subject to the same probationary terms, limitations and conditions, unless otherwise determined by the Board, until Dr. Bauschka has completed at least a two year probationary period with the Board.

In the event that the Board initiates future formal proceedings against Dr. Bauschka, including but not limited to issuance of a Notice of Opportunity for Hearing, this Consent Agreement shall

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continue in full force and effect until such time that it is superseded by ratification by the Board of a subsequent Consent Agreement or issuance by the Board of a final Board Order.

In the event that any term, limitation, or condition contained in this Consent Agreement is determined to be invalid by a court of competent jurisdiction, Dr. Bauschka and the Board agree that all other terms, limitations, and conditions contained in this Consent Agreement shall be unaffected.

### ACKNOWLEDGMENTS/LIABILITY RELEASE

Dr. Bauschka acknowledges that she has had an opportunity to ask questions concerning the terms of this Consent Agreement and that all questions asked have been answered in a satisfactory manner.

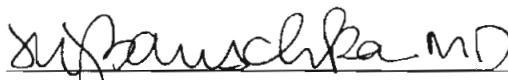
Any action initiated by the Board based on alleged violations of this Consent Agreement shall comply with the Administrative Procedure Act, Chapter 119., Ohio Revised Code.

Dr. Bauschka hereby releases the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This Consent Agreement shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies. Dr. Bauschka acknowledges that her social security number will be used if this information is so reported and agrees to provide her social security number to the Board for such purposes.

### EFFECTIVE DATE

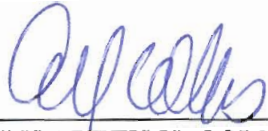
It is expressly understood that this Consent Agreement is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

  
\_\_\_\_\_  
MARYROSE P. BAUSCHKA, M.D.

  
\_\_\_\_\_  
J. CRAIG STRAFFORD, M.D., M.P.H.  
Secretary

10.4.12  
\_\_\_\_\_  
DATE

10 Oct 2012  
\_\_\_\_\_  
DATE



ELIZABETH Y. COLLIS  
Attorney for Dr. Bauschka

10.5.12

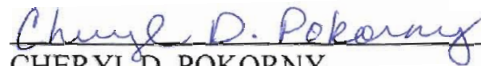
DATE



MARK A. BECHTEL, M.D.  
Supervising Member

10/10/2012

DATE



CHERYL D. POKORNY  
Enforcement Attorney

10-5-12

DATE

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**STATE OF OHIO  
THE STATE MEDICAL BOARD  
NON-PERMANENT SURRENDER OF  
TRAINING CERTIFICATE  
TO PRACTICE MEDICINE AND SURGERY**

**Case Record File No. 10-CRF-140**

**Do not sign this agreement without reading it. You are permitted to be accompanied, represented and advised by an attorney, at your own expense, before deciding to sign this voluntary agreement.**

I, Maryrose Patricia Bauschka, M.D., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, Maryrose Patricia Bauschka, M.D., do hereby voluntarily, knowingly, and intelligently surrender my training certificate, License # 57.012711, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to participate in a training program for medicine and surgery in Ohio.

I understand that as a result of the surrender herein I am no longer permitted to participate in a training program for medicine and surgery in any form or manner in the State of Ohio. I further acknowledge that I have not been legally authorized to participate in such a training program since on or about October 15, 2010, the date that I resigned from my prior residency at University Hospitals, which resulted in my training certificate becoming inactive on or about October 27, 2010, and subsequently expiring on or about January 14, 2011.

I stipulate and agree that I am taking the action described herein in lieu of further formal disciplinary proceedings pursuant to Section 4731.22(B)(19), Ohio Revised Code. I admit to the factual and legal allegations contained in the Notice of Opportunity for Hearing issued by the Board on November 10, 2010, a copy of which is attached hereto and incorporated herein as Exhibit "A".

I hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order revoking my training certificate, License # 57.012711, in conjunction with which I expressly waive the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board Members vote to revoke said certificate, and further expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, right to a hearing, right to present evidence, right to cross-examine witnesses, and right to appeal the Order of the Board revoking my training certificate.

I agree that I shall be ineligible for, and shall not apply for, reinstatement or restoration of my training certificate to practice medicine and surgery, License #57.012711, or issuance of any other certificate pursuant to the authority of the State Medical Board of Ohio, on or after the date of signing this Non-Permanent Surrender of Training Certificate unless and until I meet the conditions specified below. Further, I acknowledge and agree that any attempted reapplication not in conformance with said conditions shall be considered null and void and shall not be processed by the Board.

1. I will submit an application accompanied by appropriate fees, if any.
2. I will demonstrate to the satisfaction of the Board that I can resume practice in compliance with acceptable and prevailing standards of care. Such demonstration shall include but shall not be limited to the following:
  - a. I shall submit two written reports indicating that my ability to practice has been assessed and that I am capable of practicing according to acceptable and prevailing standards of care.
  - b. Each report shall be made by a psychiatrist, approved in advance by the Board, who shall conduct a psychiatric examination of me. Prior to the examination, I will provide the psychiatrist with copies of patient records from any prior evaluations and/or treatment that I have received, and a copy of this non-permanent surrender of training certificate. The report from the evaluating psychiatrist shall include the psychiatrist's diagnoses and conclusions; any recommendations for care, counseling and treatment for the psychiatric diagnoses; any conditions, restrictions, or limitations that should be imposed on my practice; and the basis for the psychiatrist's determinations.
  - c. All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for issuance, reinstatement, or restoration. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may request an updated assessment and report if the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.
3. I will enter into a written consent agreement including probationary terms, conditions and limitations as determined by the Board within 180 days of the date upon which all the above-specified conditions for issuance, reinstatement or restoration have been completed or, if the Board and I are unable to agree on the terms of a written Consent Agreement, then I further agree to abide by any terms, conditions and limitations imposed by Board Order after a hearing conducted pursuant to Chapter 119. of the Ohio Revised Code. The Board shall provide

notice to me that said hearing has been scheduled, advising me of my hearing rights, and stating the date, time, and location of the hearing at which the Board will present its evidence, after which the Board will make a determination of the matter by Board Order.

Further, I understand that, upon the granting or reinstatement of any certificate to me in this state, the Board shall require continued monitoring which shall include, but not be limited to, compliance with the written consent agreement entered into before issuance, reinstatement, or restoration with conditions imposed by Board Order after a hearing conducted pursuant to Chapter 119. of the Revised Code.

4. I understand that, if I have not engaged in the active training or practice of medicine and surgery for a period in excess of two years prior to applying for a certificate, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of my fitness to resume practice.
5. I further agree that, as part of any future application process, I will authorize release to the State Medical Board of Ohio of any and all documents or patient records related to my evaluation, treatment, compliance with and/or monitoring by any agency responsible for regulating the training and/or practice of medicine and surgery in any jurisdiction, a physicians health committee, any healthcare provider, or any treatment facility, including but not limited to, records of psychiatric treatment.
6. In addition, I agree that in the event that I again apply for a training certificate or any other certificate issued by the Board, the State Medical Board of Ohio shall have full authority to investigate any matters pertinent to my application, including but not limited to, my ability to train or practice medicine according to acceptable and prevailing standards of care and any criminal, civil, administrative, and/or disciplinary matters concerning me regardless of whether such investigation relates to the facts stipulated above or any of my other acts, conduct, and/or omissions, either presently known or unknown to the Board, and irrespective of whether such investigation concerns matters that have occurred in the past or arise in the future.

In the event that any term, limitation, or condition contained in this non-permanent surrender of training certificate is determined to be invalid by a court of competent jurisdiction, Dr. Bauschka and the Board agree that all other terms, limitations, and conditions contained in this non-permanent surrender of training certificate shall be unaffected.

I, Maryrose Patricia Bauschka, M.D., hereby release the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This Non-Permanent Surrender of Training Certificate shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies. I, Maryrose Patricia Bauschka, M.D., acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

**EFFECTIVE DATE**

It is expressly understood that this Non-Permanent Surrender of Training Certificate is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

Maryrose Bauschka  
MARYROSE PATRICIA BAUSCHKA, M.D.

Lance A. Talmage, M.D.  
LANCE A. TALMAGE, M.D.  
Secretary

4-11-11  
DATE

4-13-11  
DATE

KBYERS  
KEVIN BYERS  
Attorney for Dr. Bauschka

Raymond J. Albert  
RAYMOND J. ALBERT  
Supervising Member

4/9/11  
DATE

4/13/11  
DATE

Henry G. Appel  
HENRY G. APPEL  
Senior Assistant Attorney General

4/12/11  
DATE



# State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127



Richard A. Whitehouse, Esq.  
Executive Director

(614) 466-3934  
med.ohio.gov

November 10, 2010

Case number: 10-CRF- 140

Maryrose P. Bauschka, M.D.  
5474 Clinton Lane  
Highland Heights, Ohio 44143

Dear Doctor Bauschka:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your training certificate, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) You have been diagnosed with anorexia, for which you have been treated periodically for several years. While in residency, your anorexia, which previously had been controlled, became more severe, resulting in serious weight loss. On or about December 2009, you voluntarily entered Lindner Center of HOPE [Lindner] for inpatient treatment for anorexia. You also were diagnosed with depression and anxiety, for which you also received treatment at Lindner. You reported your health conditions to the Board on or about January 15, 2010.

You were discharged from inpatient treatment at Lindner on or about January 29, 2010, but you were readmitted to inpatient treatment at Lindner on or about February 1, 2010. You were discharged from inpatient treatment at Lindner on or about February 8, 2010, and you entered intensive outpatient treatment at Lindner immediately upon your discharge from inpatient treatment.

On or about April 15, 2010, you appeared for a Board-ordered examination with a psychiatrist appointed by the Board. Following the examination, the Board-appointed psychiatrist determined that, based on the information available at that time, you were capable of practicing according to acceptable and prevailing standards of care, so long as you continued with ongoing care and treatment from an eating disorders specialist.

*Mailed 11-12-10*

You continued with outpatient treatment through Lindner until you returned to work on or about May 1, 2010. Thereafter, you continued with outpatient treatment with Lindner and with a physician in the Cleveland area where you worked.

In or around early October 2010, your attorney reported to the Board that you had resigned from your residency program and had re-entered inpatient treatment for anorexia.

Your acts, conduct, and/or omissions as alleged in paragraph (1) above, individually and/or collectively, constitute “[i]nability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills,” as that clause is used in Section 4731.22(B)(19), Ohio Revised Code.

Pursuant to Rule 4731-28-01(B), Ohio Administrative Code, “Inability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills”, includes inability to practice in accordance with such standards without appropriate treatment, monitoring, or supervision.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your training certificate or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that “[w]hen the board refuses to grant a certificate to an applicant, revokes an individual’s certificate to practice, refuses to register an applicant, or refuses to reinstate an individual’s certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board

MARYROSE P. BAUSCHKA, M.D.

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is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate.”

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Lance A. Talmage, M.D.  
Secretary

LAT/CDP/flb

Enclosures

CERTIFIED MAIL #91 7108 2133 3938 3018 0480  
RETURN RECEIPT REQUESTED

cc: Kevin P. Byers  
Kevin P. Byers Co., LPA  
529 East Town Street  
Suite 200  
Columbus, Ohio 43215

CERTIFIED MAIL # 91 7108 2133 3938 3018 0473  
RETURN RECEIPT REQUESTED