

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

BEFORE THE STATE BOARD OF MEDICINE

**COMMONWEALTH OF PENNSYLVANIA, BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS V. AMY MAZZA MACINTYRE, M.D.
CASE NO. 21-49-012788**

FINAL ADJUDICATION AND ORDER

**ARION R. CLAGGETT
ACTING COMMISSIONER
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS**

**DONALD YEALY, M.D.
CHAIR
STATE BOARD OF MEDICINE**

**Post Office Box 69523
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DMA

Prothonotary Filed On:
May 28 2026 09:32 AM
Department of State

HISTORY

This matter arises from an Order to Show Cause (“OTSC”) issued on August 8, 2024, alleging six counts against Amy Mazza MacIntyre, M.D. (“Respondent”) under the Medical Practice Act of 1985, 63 P.S. §§ 422.1–422.53. Count One alleged immoral or unprofessional conduct involving patient J.K.; Count Two alleged fraudulent, reckless, or negligent practice; Count Three was later withdrawn by stipulation; Count Four alleged improper prescribing to J.K.; Count Five alleged failure to maintain complete medical records; and Count Six alleged sexual misconduct in violation of 49 Pa. Code § 16.110.

Respondent did not initially answer the OTSC, and on October 21, 2024, the Commonwealth filed a Motion to Deem Facts Admitted. Respondent filed an answer to that motion on November 7, 2024, and an Answer to the OTSC on December 2, 2024, rendering the motion moot. On December 12, 2024, the Prothonotary issued a Notice of Hearing for April 2025. On January 16, 2025, the Commonwealth filed a Motion for Virtual Witness Testimony, which the hearing examiner granted on January 31, 2025. On March 4, 2025, the Commonwealth filed a Motion for Prehearing Conference. The hearing examiner convened the conference on March 11, 2025, during which the parties discussed scheduling, anticipated witnesses, expert reports, and hearing format. The hearing examiner issued an order scheduling hearing dates and setting deadlines for exchanging witness lists and exhibits.

A scheduling error in the March 26, 2025 order resulted in dates that conflicted with the Commonwealth’s availability. The Commonwealth moved for a continuance on March 28, 2025. By order dated April 17, 2025, the hearing examiner vacated the prior scheduling order and, based on counsel’s stated availability, set May 30, 2025, as the in-person hearing date.

On May 2, 2025, the Commonwealth requested subpoenas for the May 30 hearing date, which the hearing examiner issued. On May 19, 2025, the Commonwealth filed a Motion in Limine to Preclude Respondent's Exhibits and Expert Report, asserting that Respondent had not complied with disclosure deadlines. Respondent filed a Motion for Continuance on May 22, 2025, citing a trial conflict. On May 25, 2025, the hearing examiner deferred ruling, noting the need for additional information. Respondent filed a response to the motion in limine on May 27, 2025.

On May 28, 2025, the hearing examiner continued the May 30 hearing, rescheduled Day 1 to June 27, 2025, and set a prehearing conference for June 10, 2025. On May 30, 2025, the hearing examiner vacated the portion of the May 28 order that set the June 10 conference and directed the parties to confer on the dates for Day 2.

On June 3, 2025, the Prothonotary issued a Notice of Virtual Hearing for June 27, 2025. Respondent requested a continuance on June 24, 2025, again citing a trial conflict; the Commonwealth objected. Respondent filed an amended continuance request on June 26, 2025, and the Commonwealth filed a status report. That morning, the hearing examiner received communication from the presiding judge in Respondent's other matter confirming that counsel was in trial. The hearing examiner granted a continuance.

The Prothonotary issued a Notice of Virtual Hearing setting the matter for August 18 and 19, 2025. The Commonwealth again requested subpoenas. On August 15, 2025, the parties advised the hearing examiner that they had reached a substantial stipulation. The stipulation was filed at the start of the hearing on August 18, 2025. It admitted the Commonwealth's exhibits, withdrew Count Three, and resolved Counts One, Two, Five, and Six, leaving Count Four for hearing. The stipulation further provided that the Commonwealth's witnesses would testify

consistent with the facts set forth in the OTSC and that the Commonwealth's expert would testify consistent with his reports, without stipulating to the veracity of such testimony. Pursuant to the stipulation, the hearing was limited to the Commonwealth's presentation of evidence on Count Four and Respondent's mitigation evidence, with any sanction left to the discretion of the hearing examiner and the Board. Accordingly, Count Four was the sole remaining contested liability issue before the Hearing Examiner.

The hearing proceeded on August 18–19, 2025. The Commonwealth presented two witnesses and six exhibits. Respondent presented two witnesses and no exhibits. The parties admitted one joint exhibit, the stipulation. The hearing included both evidence directed to Count Four and Respondent's mitigation evidence relevant to the sanction. At the close of testimony, the hearing examiner directed post-hearing briefing. The parties submitted post-hearing briefs, and the record closed on December 23, 2025.

On March 5, 2026, the hearing examiner issued a Proposed Adjudication and Order finding a violation of Count Four in addition to the stipulated violations at Counts One, Two, Five, and Six, and recommending revocation. On March 30, 2026, Respondent filed exceptions to the hearing examiner's proposed decision. Thereafter, on March 31, 2026, the Commonwealth filed a response thereto. The Board has considered the entire record in this matter, including Respondent's exceptions and the Commonwealth's response at its meeting on April 22, 2026. The Board concurs with the hearing examiner's findings and recommended sanction. The Board nevertheless issues its own Final Adjudication and Order to address the exceptions raised by Respondent and to provide the Board's independent analysis.

FINDINGS OF FACT

1. Respondent holds a license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania: license no. MD418660. Official notice- Board records.¹

2. Respondent's license was originally issued on March 13, 2002, and is current through December 31, 2026. Board records.

3. Absent further action by the Board, the Respondent's license may be continually renewed or reactivated upon the filing of the appropriate documentation and payment of the necessary fees. Board records; Admitted ¶ 3 Answer filed December 2, 2024.

4. Respondent held a license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania throughout the facts of this matter. Board records.

5. Respondent has no other disciplinary history. Board records.

6. Respondent's address on file with the Board is: 925 W Lancaster Ave, Ste 210, Bryn Mawr, Pennsylvania 19010. Board records.

7. Throughout the facts of this matter, Respondent was employed as a psychiatrist at Main Line Clinical Associates, or at her own practice. Exhibit J-1 admitting competent evidence to show OTSC ¶ 7.

8. On September 16, 2004, Respondent became J.K.'s treating psychiatrist. Admitted ¶ 8 Answer.

9. J.K. is a male who was born in 1986. Admitted ¶ 9 Answer.

¹ Official notice is taken of the Board's licensure records pertaining to Respondent; a licensing board may take official notice of its own records. 1 Pa. Code §35.173. All subsequent such references will be cited as "Board records."

10. J.K.'s mother was referred to the Respondent by the Children's Hospital of Philadelphia for treatment at that facility. Exhibit J-1 admitting competent evidence to show OTSC ¶ 10.

11. J.K. was 17 years old at the time of the initial intake session on September 16, 2004. Exhibit J-1 admitting competent evidence to show OTSC ¶ 11.

12. Following the initial intake, Respondent diagnosed J.K. with panic attacks with agoraphobia and anxiety disorder, not otherwise specified, with a rule out of Obsessive/Compulsive Disorder. Exhibit J-1 admitting competent evidence to show OTSC ¶ 13, Exhibit C-10.

13. Based on those diagnoses, Respondent recommended that J.K. obtain a therapist and begin a medication regimen. Exhibit J-1 admitting competent evidence to show OTSC ¶ 14, Exhibit C-10.

14. In 2010, J.K.'s treatment sessions with Respondent became focused on J.K.'s sexual activity. Exhibit C-7, Exhibit J-1 admitting competent evidence to show OTSC ¶ 17, Exhibit C-18.

15. Medical records establish that Respondent provided in-person treatment to J.K. in 2011: January 10, 2011, January 14, 2011, January 18, 2011, January 31, 2011, February 8, 2011, February 15, 2011, February 22, 2011, February 28, 2011, March 24, 2011, April 25, 2011, (illegible month) 13, 2011, September 19, 2011, October 11, 2011, October 19, 2011, October 25, 2011, November 1, 2011, November 7, 2011, November 15, 2011, December 12, 2011, and December 19, 2011. Exhibit C-10.

16. On January 6, 2011, J.K. sent an email to Respondent. Exhibit C-10, Exhibit J-1 admitting competent evidence to show OTSC ¶ 20.

17. The January 6, 2011 email contains a handwritten note from Respondent, which indicated:

- a. J.K. had been texting Respondent on and off over the prior week or two about feelings of transference towards Respondent; and,
- b. being ambivalent about returning to treatment.

Exhibit C-10, Exhibit J-1 admitting competent evidence to show OTSC ¶ 20.

18. Respondent replied to the January 6, 2011 email and confirmed receiving J.K.'s email; noted she had sent him a text; told him to let her know if he wanted to be back in touch; told him it was important he was working with someone; and stated she was sorry if he felt it was best not to meet. Exhibit C-10, Exhibit J-1 admitting competent evidence to show OTSC ¶ 21.

19. In or around the middle of January 2011, during a session, Respondent told J.K. she wanted to climb on top of him and subsequently did climb on top of J.K. and began to kiss him. Exhibit J-1 admitting competent evidence to show OTSC ¶ 22.

20. Respondent's therapeutic intervention notes from a January 14, 2011 office visit stated that she processed J.K.'s feelings around his ex-girlfriend and their breakup and whether there is a fault or if it did not work because they were incompatible; stated that J.K. kept boundaries with her as well; and stated that J.K. responded appropriately to these. Exhibit C-10, Exhibit J-1 admitting competent evidence to show OTSC ¶ 22.

21. The January 14, 2011 note further stated that Respondent spoke with Jeff Nasar ("Dr. Jeffrey Nasar") for supervision who supported work with patient and with boundaries but exploring relationship issues. Exhibit C-10, Exhibit J-1 admitting competent evidence to show OTSC ¶ 22.

22. A January 17, 2011 handwritten note, on the bottom of the January 14, 2011 treatment session notes, indicated that Respondent and J.K. texted late on January 14, 2011, into January 15, 2011; that J.K. went somewhere with classmates and was feeling isolated, left, drove recklessly, refused ER, and had no active suicidal ideation, and J.K. agreed to go home. Exhibit C-10, Exhibit J-1 admitting competent evidence to show OTSC ¶ 23.

23. The next day, J.K. was noted to be calmer; he refused a visit on January 15, 2011, and was scheduled to see Respondent on January 18, 2011, at 5:00 p.m. Exhibit C-10, Exhibit J-1 admitting competent evidence to show OTSC ¶ 23.

24. On February 4, 2011, Respondent and J.K. had sexual intercourse for the first time at J.K.'s father's house; J.K. was 24 years old. N.T. 308-11, 347; Exhibit J-1 admitting competent evidence to show OTSC ¶ 24.

25. Respondent and J.K. started a sexual relationship in 2011. Exhibit J-1 admitting competent evidence to show OTSC ¶ 18.

26. Thus, J.K. would have been about 24 years old at the beginning of the sexual relationship. F.F. 11, 25.

27. Following February 4, Respondent's prescribing practices with respect to J.K. failed to meet the applicable standard of care. Exhibit C-7 p. 11.

28. On February 18, 2011, Respondent added a handwritten note to the February 15, 2011 visit; the note indicated she received supervision from Dr. Nasar about managing symptoms and limits and boundaries. Exhibit C-10, Exhibit J-1 admitting competent evidence to show OTSC ¶ 25.

29. A February 22, 2011 office note indicated that J.K. had increased obsessions of sex and noted J.K. had not been intimate over the past 10-11 days; a handwritten note at the

bottom of the office note dated 2/23/11 indicated that J.K. texted Respondent the night before and that J.K. was “still resistant to help [illegible] despite efforts to engage.” Exhibit C-10.

30. On March 31, 2011, Respondent emailed Dr. Jill Ginsburg of the Center for Childhood Cancer Research indicating that she had been working with J.K. for six years and disclosed her concern that J.K. was having excessive daytime somnolence; personality changes; and episodes where he lost time for days; Respondent reported that J.K. was fairly non-compliant with medical follow-up and refused to have labs drawn; Respondent indicated this was “very unlike” the J.K. she had known and “worked closely with for many years now and awhile;” Respondent asked Dr. Ginsburg to potentially weigh in on any possible issues. Exhibit C-10, p. 170, Exhibit J-1 admitting competent evidence to show OTSC ¶ 26.

31. Respondent indicated in the March 31, 2011 email that she had consent from J.K. to reach out to the Center for Childhood Cancer Research; however, that consent is not documented in J.K.’s treatment notes. Exhibit C-10, p. 170, Exhibit J-1 admitting competent evidence to show OTSC ¶ 27.

32. Dr. Ginsburg’s nurse practitioner answered Respondent’s March 31, 2011, email and indicated that J.K. had not been seen at the Center for Childhood Cancer Research for a couple of years; suggested that J.K. be seen by his primary care provider; and indicated because J.K. was 24 years old, the center’s program would have either referred him to an adult care provider or to the Living Well After Cancer Program at the University of Pennsylvania Hospital. Exhibit C-10, Exhibit J-1 admitting competent evidence to show OTSC ¶ 28.

33. An April 25, 2011, office note indicated that Respondent met J.K. at a Panera Bread, where J.K. was studying and discussed J.K.’s increased anxiety, disordered sleep, and prescription medications. Exhibit C-10.

34. Respondent accompanied J.K. on trips: Puerto Rico in May 2011; and Tysons Corner Ritz-Carlton in McLean, VA, on multiple occasions. Exhibit J-1 admitting competent evidence to show OTSC ¶ 49, Exhibit C-16.

35. On June 7, 2011, Respondent wrote a recommendation letter for J.K. for medical school in which she identified herself as his “mentor” (rather than psychiatrist) of approximately 6.5 years. Exhibit C-11, Exhibit J-1 admitting competent evidence to show OTSC ¶ 29.

36. The last billing date with an actual balance was January 20, 2011, when \$280.00 was billed to and paid for by J.K.’s father. Exhibit C-10, p. 511.

37. From January 20, 2011, through April 2, 2013, Respondent noted sessions with J.K. but billed \$0.00 for those sessions. Exhibit C-10, p. 511.

38. Respondent hired J.K. to work in her office as an assistant/office manager beginning in December 2011, and J.K. worked there off and on through August 2015, when he restarted medical school. Exhibit J-1 admitting competent evidence to show OTSC ¶ 48.

39. Respondent introduced her daughter to J.K. in 2011. Exhibit J-1 admitting competent evidence to show OTSC ¶ 47.

40. Medical records establish that Respondent provided in-person treatment to J.K. in 2012: January 3, 2012, January 11, 2012, February 2, 2012, April 2, 2012, April 11, 2012, April 30, 2012, May 7, 2012, May 15, 2012, May 24, 2012, August 8, 2012, October 29, 2012, November 12, 2012, and December 5, 2012. Exhibit C-10.

41. Respondent’s continued prescription of Abilify 15 mg, while she no longer considered bipolar disorder, failed to meet the standard of care for psychiatric-medical treatment. Exhibit C-7 p. 11.

42. Respondent accompanied J.K. on trips: Grand Cayman Island in January 2012; Naples, Florida, in May and June 2012; Boston, Massachusetts, in September 2012 and other occasions; New York City, New York, in October 2012; San Francisco, California, in late October 2012. Exhibit J-1 admitting competent evidence to show OTSC ¶ 49, Exhibit C-16.

43. A January 3, 2012 office note indicated that J.K. was feeling anxious about a trip he was planning on going on “w/someone” and noted Respondent and J.K. discussed whether J.K.’s fears were “really based in reality or typical pre-travel fears.” Exhibit C-10, Bates No. 000144.

44. Medical records establish that Respondent provided in-person treatment to J.K. in 2013: May 2, 2013 and June 17, 2013. Exhibit C-10.

45. Respondent last billed J.K. for a treatment session on April 2, 2013, for \$0.00. Exhibit C-10, Exhibit J-1 admitting competent evidence to show OTSC ¶ 32.

46. The last office note prepared by Respondent related to J.K. was dated June 17, 2013. Exhibit C-10, Exhibit J-1 admitting competent evidence to show OTSC ¶ 33.

47. Respondent kept a log of medications prescribed to J.K. through March 3, 2014. Exhibit C-9, Exhibit J-1 admitting competent evidence to show OTSC ¶ 33.

48. Respondent’s last written note related to prescriptions after 2013 is a one-page document that reflected February and March, 2014, dates which indicated that J.K. self-discharged Abilify and Wellbutrin XL in early January and had worsened mood; J.K. agreed to try Lamictal and Respondent told him to restart Abilify and set-up a time to meet; and from March, indicated that the Abilify should be increased since it was helping. Exhibit C-10, p. 543, Exhibit J-1 admitting competent evidence to show OTSC ¶ 35.

49. Respondent did not have any in-person formal evaluations of J.K. regarding prescription medications after June 2013. Exhibit J-1 admitting competent evidence to show OTSC ¶ 39.

50. Respondent and J.K.'s sexual relationship continued through 2017. Exhibits C-4 through C-6, Exhibits C-12 through Exhibit C-18, Exhibit J-1 admitting competent evidence to show OTSC ¶ 44.

51. From June, 2013, through 2017, Respondent continued providing treatment and prescribing to J.K. - while engaging in a sexual relationship with him - but failed to evaluate him at formal medical appointments and failed to keep records regarding prescribing. N.T. 193; Exhibit J-1 admitting competent evidence to show OTSC ¶ 38.

52. Respondent did not consult with J.K.'s other treating medical providers while continuing to prescribe him medications after June, 2013. Exhibit C-9; Exhibit J-1 admitting competent evidence to show OTSC ¶ 40.

53. Respondent did not periodically reassess J.K. after June 2013 to determine if he was having any side effects or decompensation from the prescribed medications. Exhibit C-10, Exhibit J-1 admitting competent evidence to show OTSC ¶ 41.

54. In 2013, Respondent began prescribing J.K. medications for depression, anxiety, and attention issues, including Abilify, Wellbutrin, Vyvanse, and Klonopin. Exhibit C-9, Exhibit C-10, Bates No. 000109; Exhibit J-1 admitting competent evidence to show OTSC ¶ 31.

55. Respondent continued to prescribe medications, including psychotropic medications, to J.K. between June 2013 and July 2017, while they were in a sexual relationship; specifically:

a. In or around 2014, Respondent prescribed J.K. Lamictal, Abilify, Klonopin, Wellbutrin, Dextroamphetamine (Adderall), and Cyclobenzaprine (Flexeril – non-psychotropic);

b. In or around 2015, Respondent prescribed J.K. Klonopin, Abilify, Vyvanse, Lexapro, Dextroamphetamine, Gabapentin (non-psychotropic) (the Gabapentin was prescribed for anxiety);

c. In or around 2016, Respondent prescribed J.K. Gabapentin, Abilify, Adderall, Klonopin, Brintellix (Trintellix); and

d. In or around 2017, Respondent prescribed J.K. Rexulti, Trintellix, and Klonopin. Exhibit C-9, Exhibit J-1 admitting competent evidence to show OTSC ¶ 42.

56. Regarding the prescriptions written from about June 2013 through 2017, after June 2013, Respondent did not conduct formal evaluations or maintain treatment records consistent with an ongoing physician-patient relationship. Exhibit J-1 admitting competent evidence to show OTSC ¶ 43.

57. Respondent accompanied J.K. on trips: Turks and Caicos in January 2013; Key Biscayne, Florida, in July 2013; Laguna Niguel, California, in mid-October 2013; Las Vegas, Nevada, in December 2013; Aruba in March 2014; Scottsdale, Arizona, in March 2016; and Marana, Arizona, in September 2016. Exhibit J-1 admitting competent evidence to show OTSC ¶ 49, Exhibit C-16.

58. Around mid-November 2016, Respondent told J.K. that her daughter had been in a serious car accident, at which time, J.K. flew back to Pennsylvania to be with Respondent and her daughter. Exhibit C-18 (52 – E.M. accident_redacted), Exhibit J-1 admitting competent evidence to show OTSC ¶ 52.

59. J.K. did not see Respondent's daughter after the purported accident. Exhibit J-1 admitting competent evidence to show OTSC ¶ 53.

60. In December 2016, Respondent told J.K. she would pay for him to ship his belongings from California so he could live in Philadelphia again. Exhibit C-18; Exhibit J-1 admitting competent evidence to show OTSC ¶ 54.

61. For the New Year's holiday in 2017, Respondent took J.K. on a trip to Disney World in Florida. Exhibit J-1 admitting competent evidence to show OTSC ¶ 55.

62. On or around April 9, 2017, Respondent told J.K. she miscarried his child. Exhibit C-12, Exhibit C-18 (56 - Miscarriage_Redacted), Exhibit J-1 admitting competent evidence to show OTSC ¶ 56.

63. On the evening of May 3, 2017, Respondent waited for J.K. at his father's house. Exhibit J-1 admitting competent evidence to show OTSC ¶ 57.

64. Respondent insisted that J.K. speak to her and started yelling things that had been discussed during J.K.'s treatment sessions. Exhibit J-1 admitting competent evidence to show OTSC ¶ 58.

65. When J.K. asked Respondent to leave, Respondent tried to pinch his arm and squeezed his testicles to try to get in J.K.'s father's house. Exhibit C-5; C-18 (60-Desk and AMM at J.K. father's house_redacted, Bates No. 000084-000085); Exhibit J-1 admitting competent evidence to show OTSC ¶ 60.

66. After J.K. went into the house, Respondent started banging on the door, which prompted J.K.'s father to call 911. Exhibit J-1 admitting competent evidence to show OTSC ¶ 61.

67. On May 12, 2017, Respondent asked J.K. to come to her office and then proposed marriage to him. Exhibit C-18 (62 – AMM marriage proposal to JK); Exhibit J-1 admitting competent evidence to show OTSC ¶ 62.

68. From April 2017 through July 2017, Respondent left J.K. numerous voicemail messages. Exhibit J-1 admitting competent evidence to show OTSC ¶ 63.

69. Prescription records show that Respondent prescribed Clonazepam, Rexulti, and Trintellix through July 7, 2017. Exhibit C-9; Exhibit J-1 admitting competent evidence to show OTSC ¶ 64.

70. On or about July 12, 2017, J.K. ended all communication with Respondent. Exhibit J-1 admitting competent evidence to show OTSC ¶ 65.

71. On November 16, 2017, J.K. filed a malpractice suit against Respondent in the Montgomery County Court of Common Pleas. Exhibit J-1 admitting competent evidence to show OTSC ¶ 66.

72. On October 15, 2019, Respondent gave sworn testimony during a deposition pursuant to the Montgomery County malpractice case and made the following admissions:

- a. J.K. “filled in” at her office;
- b. J.K. helped Respondent upload charts when she transferred to using electronic medical records;
- c. Respondent prescribed psychotropic medications for J.K. from the end of 2004 through the middle of 2017;
- d. Respondent consulted with psychiatrist, Dr. Jeff Nasar, twice for anonymous peer supervision regarding transference issues with J.K. and managing symptoms and limits and boundaries;

- e. Dr. Nasar told her to keep working with J.K. and keep reinforcing boundaries;
- f. Respondent continued to prescribe and make changes to J.K.'s medications while only "informally" assessing him;
- g. Respondent would not informally assess a former patient again about his medications and "ideally" would have documented sessions; and
- h. Respondent was aware J.K. was "drinking too much" per her conversation with him and "somebody else."

Exhibit J-1 admitting competent evidence to show OTSC ¶ 67.

73. Respondent's psychiatric treatment of J.K. continued after J.K. graduated high school, throughout the time he was in college, and after he applied for and subsequently left medical school. Exhibit C-10, *passim*, Exhibit J-1 admitting competent evidence to show OTSC ¶ 36.

74. Respondent engaged in an inappropriate relationship over the course of years including in summary:

- a. Documented Physician/patient relationship – 2004 – 2013
- b. Romantic/sexual relationship – 2011-2017
 - i. During part of these years, J.K. was living in California and the relationship was on and off in 2011 and 2012, until J.K. moved back to Philadelphia for school.
- c. Prescribing of medication without a formal physician-patient relationship or medical records being created after 2013. Exhibits C-4 through Exhibit C-18, Exhibit J-1 admitting competent evidence to show OTSC ¶ 12.

75. The medications prescribed by Respondent included Prozac and Klonopin for the anxiety. Exhibit J-1 admitting competent evidence to show OTSC ¶ 15, Exhibit C-9, Exhibit C-10.

76. J.K. had separate therapy with other providers at various times throughout the course of the last twenty-one years. N.T. 43, 48, 52, 139, 163.

77. Respondent provided supportive therapy in addition to J.K.'s outside therapist. Exhibit J-1 admitting competent evidence to show OTSC ¶ 16, Exhibit C-10.

78. Respondent never treated a patient like J.K. with the type of constellation of symptoms he had (obsessions and intrusive thoughts) and failed to refer J.K. to another provider and/or failed to seek assistance in treating J.K. Exhibit C-2, Exhibit C-10, Exhibit J-1.

79. Respondent prescribed medications to J.K.'s mother and father when they were not her patients. Exhibit J-1 admitting competent evidence to show OTSC ¶ 45.

80. Respondent referred to Klonopin as "cookies" in communications with J.K. Exhibit C-18 at 000001.

81. Respondent sent J.K. numerous photographs, including naked self-portraits ("selfies"), and greeting cards. C-4 through C-6, C-12 through Exhibit C-18, Exhibit J-1 admitting competent evidence to show OTSC ¶ 46.

82. Prescribing medications to a person while in a sexual relationship with that person is inconsistent with prevailing standards of medical practice. Exhibit C-7 pp. 2-3.

83. Respondent's polypharmacy of drugs - Klonopin and Xanax - was a breach of prevailing standards of medical practice. Exhibit C-7, p. 9-10.

84. Respondent bought J.K. expensive gifts, including a \$5,000.00 saxophone and a Cartier watch. Exhibit J-1 admitting competent evidence to show OTSC ¶ 50.

85. Respondent took J.K. to look for houses in several states for them to live in together. Exhibit J-1 admitting competent evidence to show OTSC ¶ 51.

86. Dr. Dale Panzer, M.D., testified as the Commonwealth's expert in psychiatry, including the standard of care applicable to prescribing medications in a psychiatric context. (N.T. 8/18/25, pp. 59-67)

87. Dr. Panzer reviewed treatment records, prescription records, and other documentary evidence in forming his opinions. (N.T. 8/18/25, p. 62)

88. Dr. Panzer's testimony addressed Respondent's prescribing practices, including evaluation, monitoring, and compliance with applicable standards of care. (N.T., 8/18/25, pp. 61-67)

89. Dr. Elliot Atkins, Ed.D., testified as an expert for the Respondent.² (N.T. 8/18/25, pp. 223-241)

90. Dr. Atkins is a psychologist who described his professional background during the hearing and was offered by the Respondent as an expert in psychology. (N.T. 8/18/25, pp. 218-221)

91. Dr. Atkins is not a medical doctor, is not licensed to prescribe medication, and does not have training in medical or psychiatric prescribing practices. (N.T., 8/18/25, p. 218)

92. Dr. Atkins did not interview J.K. in forming his opinions and relied primarily on information obtained from the Respondent and the documents she provided. (N.T., 8/18/25, pp. 242-243)

93. Dr. Atkins did not review all treatment records and materials relied upon by the Commonwealth's expert. (N.T. 8/18/25, pp. 242-243)

² The Board notes that Respondent raised as an exception the hearing examiner's failure to address the testimony of Respondent's expert, Dr. Atkins. This Final Adjudication and Order addresses said testimony.

94. Dr. Atkins' testimony addressed mitigation and Respondent's emotional state but did not address medical prescribing standards. (N.T., 8/18/25, pp. 245-246)

95. The Commonwealth has incurred \$11,357.17 in costs during the investigation of this matter. Exhibit J-1 admitting competent evidence to show OTSC ¶ 6.

96. Respondent received all filings, participated fully at the hearing by cross-examining witnesses and testifying in her own defense, and, after hearing of this matter, submitted a post-hearing brief. Docket; N.T. *passim*.

CONCLUSIONS OF LAW

1. The Board has jurisdiction in this matter. Findings of Fact (“F.F.”) 1-7.
2. Respondent has been afforded notice of the charges against her and an opportunity to be heard in this proceeding in accordance with Section 504 of the Administrative Agency Law, 2 Pa. C.S. §504. F.F. 96.
3. Count One – as stipulated, the Board is authorized to discipline Respondent’s license under sections 41 and 42 of the Act, 63 P.S. §§ 422.41 & 422.42; or impose a civil penalty under sections 39 through 42 of the Act, 63 P.S. §§ 422.39-422.42, and/or 63 Pa.C.S. § 3108(b)(4); and/or impose the costs of investigation under 63 Pa.C.S. § 3108(b)(5), because Respondent violated section 41(8) of the Act, 63 P.S. § 422.41(8), by being guilty of immoral or unprofessional conduct with regard to her treatment of and personal relationship with patient J.K. Stipulation dated August 18, 2025.
4. Count Two – as stipulated, the Board is authorized to discipline Respondent’s license under sections 41 and 42 of the Act, 63 P.S. §§ 422.41 & 422.42; or impose a civil penalty under sections 39 through 42 of the Act, 63 P.S. §§ 422.39-422.42, and/or 63 Pa.C.S. § 3108(b)(4); and/or impose the costs of investigation under 63 Pa.C.S. § 3108(b)(5), because Respondent violated section 41(6) of the Act, 63 P.S. § 422.41(6), through board regulation 49 Pa. Code § 16.61(a)(6) in that Respondent practiced the healing arts fraudulently, or with reckless indifference to the interests of a patient on a particular occasion, or with negligence on repeated occasions. Stipulation dated August 18, 2025.
5. Count Three – withdrawn. Stipulation dated August 18, 2025.
6. Count Four – the Commonwealth has shown by a preponderance of the evidence that the Board is authorized to discipline Respondent’s license under sections 41 and 42 of the

Act, 63 P.S. §§ 422.41 & 422.42; or impose a civil penalty under sections 39 through 42 of the Act, 63 P.S. §§ 422.39-422.42, and/or 63 Pa.C.S. § 3108(b)(4); and/or impose the costs of investigation under 63 Pa.C.S. § 3108(b)(5), because Respondent violated section 41(6) of the Act, 63 P.S. § 422.41(6), through board regulation 49 Pa. Code § 16.92, by engaging in improper prescribing, administering and dispensing of medications to J.K. F.F. 15, 41, 49, 50, 51, 53, 55, 82 and 83.

7. Count Five – as stipulated, the Board is authorized to discipline Respondent's license under sections 41 and 42 of the Act, 63 P.S. §§ 422.41 & 422.42; or impose a civil penalty under sections 39 through 42 of the Act, 63 P.S. §§ 422.39-422.42, and/or 63 Pa.C.S. § 3108(b)(4); and/or impose the costs of investigation under 63 Pa.C.S. § 3108(b)(5), because Respondent violated section 41(6) of the Act, 63 P.S. § 422.41(6), by and through a board regulation 49 Pa. Code § 16.95, by failing to maintain complete medical records regarding J.K.'s treatment.

8. Count Six – as stipulated, the Board is authorized to discipline Respondent's license under sections 41 and 42 of the Act, 63 P.S. §§ 422.41 & 422.42; or impose a civil penalty under sections 39 through 42 of the Act, 63 P.S. §§ 422.39-422.42, and/or 63 Pa.C.S. § 3108(b)(4); and/or impose the costs of investigation under 63 Pa.C.S. § 3108(b)(5), because Respondent violated section 41(6) of the Act, 63 P.S. § 422.41(6), by and through a board regulation 49 Pa. Code § 16.110 by engaging in sexual misconduct with J.K.

DISCUSSION

The sole contested violation before the Board is whether Respondent engaged in improper prescribing as set out in Count Four of the OTSC. The remaining violations, Counts One, Two, Five, and Six, were admitted by the parties' Joint Stipulation, and Count Three was withdrawn. Accordingly, the hearing focused on the evidence relevant to Count Four and on the appropriate sanction for both that count and the stipulated violations. Evidence relating to the parties' relationship is considered only insofar as it bears on Respondent's prescribing practices and mitigation.

Burden of Proof

As the moving party, the Commonwealth bears the burden of proving a violation of the Act by a preponderance of the evidence. See *Barran v. State Board of Medicine*, 670 A.2d 765 (Pa. Cmwlth. 1996). A preponderance of the evidence is generally understood to mean that the evidence demonstrates a fact is more likely to be true than not to be true, or if the burden were viewed as a balance scale, the evidence in support of the Commonwealth's case must weigh slightly more than the opposing evidence. *Se-Ling Hosiery, Inc. v. Margulies*, 70 A.2d 854, 856 (Pa. 1950).

Effect of the Stipulation

As noted above, the Findings of Fact incorporate the parties' Joint Stipulation of August 18, 2025. Immediately before the hearing, the parties stipulated that Respondent violated Counts One, Two, Five, and Six. Count Three was withdrawn. Count Four, improper prescribing, remained in dispute.

The parties also stipulated to the admissibility of the Commonwealth's proposed exhibits (C-1 through C-19), without the need for foundational testimony. They further stipulated that, if called, the Commonwealth's lay witnesses (J.K. and his mother) would testify consistently with the facts set forth in the OTSC, though Respondent did not stipulate the truth of that testimony.

During the hearing, Respondent's counsel clarified that the stipulation was intended to concede the violations in Counts One, Two, Five, and Six, while reserving Respondent's right to contest Count Four and to present mitigation. (N.T. 13–14, 30.)

The stipulation had meaningful consequences for both parties. The Commonwealth obtained findings on several counts without the need for additional proof, and Respondent correspondingly waived her ability to contest those counts. Conversely, the Commonwealth's evidentiary presentation was restricted to matters relevant to Count Four and to rebuttal of Respondent's mitigation evidence. Throughout the hearing, Respondent appropriately invoked the stipulation to limit the scope of evidence offered by the Commonwealth, and those limitations were enforced.

Credibility of Witnesses

In an administrative proceeding, the factfinder determines questions of the credibility of witnesses and of the weight of the evidence. *See e.g., Nepa v. Department of Public Welfare*, 551 A.2d 354, 357 (Pa. Cmwlth. 1988) (determination of credibility of witnesses in health care providers' appeal is the province of the fact finder). In weighing any evidence, a factfinder "may rely on his or her experience [and] common sense" to arrive at a proper conclusion. *Commonwealth v. Segida*, 985 A.2d 871, 879 (Pa. 2009). *See also, Summers v. CertainTeed*

Corp., 997 A.2d 1152, 1161 (Pa. 2010) ("The credibility of witnesses, professional or lay and the weight to be given their testimony is strictly within the proper province of the trier of fact.").

The Commonwealth's expert and J.K. were credible witnesses. Their testimony was consistent, aligned with the documentary evidence, and did not materially shift during examination. (See N.T. 8/19/25 at 287–289, 308–312.) Respondent's testimony, by contrast, contained several inconsistencies and shifting explanations, particularly when addressing events she raised in mitigation. (See N.T. 8/18/25 at 189–196; 182–216; N.T. 8/19/25 at 290–297.) These inconsistencies relate to central issues, including the continuation of prescribing without a formal evaluation, the nature of the relationship with J.K., and Respondent's inability to disengage from that relationship. These shifting statements appeared intended to downplay conduct she had already admitted by stipulation, thereby reducing the reliability of her testimony on contested points. Respondent also denied or minimized certain matters that were contradicted by other testimony. (See N.T. 8/18/25 at 136–137; 42–45)

Respondent also demonstrated a limited ability to recall significant events relevant to the issues in dispute. For example, on multiple occasions, she stated that she could not remember key interactions relating to the Protection from Abuse (PFA) or discussions with her supervisor, even when those matters were central to her account of fear and decision-making. (See N.T. 8/18/25 at 189–194) These memory lapses, particularly when contrasted with her detailed recollection of less consequential matters, further diminish the reliability of her testimony on contested points. Accordingly, where Respondent's testimony conflicts with that of the Commonwealth's expert or J.K., it is not credited.³

³ The Board notes that one of Respondent's exceptions to the proposed decision is that the hearing examiner refused to adopt Respondent's proposed findings of fact. However, it is well established that the Board is the ultimate fact

Analysis

Count One, being guilty of immoral or unprofessional conduct, is proven by stipulation. 63 P.S. § 422.41(8). Count Two, having practiced the healing arts fraudulently, or with reckless indifference to the interests of a patient on a particular occasion, or with negligence, is proven by stipulation. 63 P.S. § 422.41(6), through board regulation 49 Pa. Code § 16.61(a)(6). Count Five, failing to maintain complete medical records, is proven by stipulation. 63 P.S. § 422.41(6), through a board regulation found at 49 Pa. Code § 16.95. Count Six, engaging in sexual misconduct, is proven by stipulation. 63 P.S. § 422.41(6), through a board regulation 49 Pa. Code § 16.110.

To find a violation at Count Four, the Commonwealth must prove by a preponderance of the evidence that Respondent improperly prescribed medications to J.K. in violation of Section 41 of the Act, 63 P.S. § 422.41(6), which prohibits violating a Board regulation.

The Board's prescribing regulation sets forth detailed minimum standards.

Prescribing, administering and dispensing controlled substances.

(a) When prescribing, administering or dispensing controlled substances, a person licensed to practice medicine and surgery in this Commonwealth or otherwise licensed or regulated by the Board shall carry out, or cause to be carried out, the following minimum standards:

...

(2) *Reevaluations.* Reevaluations of the patient's condition and efficacy of the controlled substance shall be made consistent with the condition diagnosed, the controlled substance or substances involved, expected results and possible side effects.

(3) *Patient counseling.* The patient shall be counseled regarding the condition diagnosed and the controlled substance prescribed,

finder and may accept or reject the testimony of any witness in whole or in part. See *Gleeson v. State Bd. of Med.*, 900 A.2d 430, 435 (Pa. Cmwlth. 2006). Given the credibility determination made by the Board in this matter, the Board concludes that the proposed findings of fact outlined in Respondent's Brief on Exceptions are not adopted by the Board.

administered or dispensed. Unless the patient is in an inpatient care setting, the patient shall be specifically counseled about dosage levels, instructions for use, frequency and duration of use and possible side effects.

(4) *Medical records.* Accurate and complete medical records must document the evaluation and care received by patients. The following apply:

(i) On the initial occasion when a controlled substance is prescribed, administered or dispensed to a patient, the medical record must include the following:

(A) A specification of the symptoms observed by the licensed health care provider and reported by the patient.

(B) The diagnosis of the condition for which the controlled substance is being given.

(C) The directions given to the patient for the use of the controlled substance.

(D) The name, strength and quantity of the controlled substance and the date on which the controlled substance was prescribed, administered or dispensed.

(ii) After the initial occasion when a controlled substance is prescribed, administered or dispensed, the medical record must include the information required in subsection (a)(4)(i)(D) and changes or additions to the information recorded under subsection (a)(4)(i)(A)—(C).

...

(8) *Adherence to standards of practice.* Compliance with this section will not be treated as compliance with the standards of acceptable and prevailing medical practice when medical circumstances require that the licensed health care provider exceed the requirements of this section.

...

(b) The following words and terms, when used in this section, have the following meanings, unless the context clearly indicates otherwise:

Controlled substance—A drug, substance or immediate precursor included in Schedules I through V of The Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. §§ 780-101—780-144) or that are controlled substances under Federal law as set forth at 21 U.S.C. § 812 (relating to schedules of controlled substances).

...

49 Pa. Code §16.92.

Count Four is grounded in Respondent's prescribing of controlled substances to J.K., including Klonopin/clonazepam, Xanax, Adderall/dextroamphetamine, and Vyvanse, without the reevaluation, counseling, documentation, and professional safeguards required by 49 Pa. Code § 16.92. The Board also considers Respondent's prescribing of non-controlled psychotropic medications, including Abilify, Wellbutrin, Lexapro, Gabapentin, Trintellix, and Rexulti, as relevant context demonstrating the overall breakdown in Respondent's prescribing judgment, monitoring, and treatment boundaries. However, the violation of 49 Pa. Code § 16.92 is based on Respondent's prescribing of controlled substances without compliance with the minimum standards set forth in that regulation.

Respondent violated this regulation in the following ways.

Respondent violated the reevaluation requirement at 49 Pa. Code §16.92(a)(2) because Respondent did not have any in-person formal evaluations of J.K. regarding prescription medications after June 2013. F.F. 49; Exhibit C-10. From June, 2013 through 2017, Respondent continued providing treatment and prescribing to J.K. while engaging in a sexual relationship with him, but failed to evaluate him at formal medical appointments and did not conduct appropriate reassessments of his condition or medical needs. F.F. 51; Exhibit C-10. Respondent continued to prescribe medications, including controlled substances, to J.K. between June 2013 and July 2017 (while they were in a sexual relationship); specifically:

- In 2014, Respondent prescribed J.K. Lamictal, Abilify, Klonopin, Wellbutrin, Dextroamphetamine (Adderall), and Cyclobenzaprine (Flexeril – non-psychotropic).
- In 2015, Respondent prescribed J.K. Klonopin, Abilify, Vyvanse, Lexapro, Dextroamphetamine, and Gabapentin (non-psychotropic) (the Gabapentin was prescribed for anxiety).

- In 2016, Respondent prescribed J.K. Gabapentin, Abilify, Adderall, Klonopin, and Brintellix (Trintellix).
- In 2017, Respondent prescribed J.K. Rexulti, Trintellix, and Klonopin.

F.F. 55. The Board relies on the controlled substances identified above as the basis for the violation of 49 Pa. Code § 16.92. The remaining medications are considered as context for Respondent's overall prescribing judgment and the seriousness of the misconduct. Respondent's failure to appropriately re-evaluate J.K. while continuing to prescribe controlled substances demonstrates non-compliance with the minimum standards of 49 Pa. Code § 16.92.

Respondent's communications further demonstrate a lack of appropriate professional safeguards surrounding her prescribing for J.K. For example, Respondent referred to Klonopin as "cookies" in communications with J.K. F.F. 80. Respondent's broader prescribing practices also reflected deficient prescribing boundaries, including prescribing medications to J.K.'s mother and father when they were not patients. F.F. 79.

The Commonwealth's expert provided clear and persuasive testimony regarding the prescribing deficiencies in this matter. The Board credits Dr. Panzer's testimony as persuasive and reliable on the issue of psychiatric prescribing standards, as it was grounded in the treatment records, prescription history, and applicable professional standards. He opined that prescribing controlled substances to J.K. while simultaneously maintaining a sexual relationship constituted a significant breach of professional standards. F.F. 24–27, 51, 55, 74, 82. He also identified improper polypharmacy, including the concurrent use of Klonopin and Xanax. F.F. 83. In addition, he concluded that Respondent's continued prescription of Abilify 15 mg, despite no longer considering bipolar disorder in the differential diagnosis, fell below acceptable medical practice. F.F. 41.

Respondent's expert, Dr. Atkins, did not offer testimony regarding medical prescribing standards, pharmacology, or compliance with 49 Pa. Code §16.92. He expressly disclaimed expertise in these areas. Accordingly, Dr. Atkins's testimony does not undermine the Commonwealth's proof of improper prescribing and is considered only in mitigation.

Accordingly, the Board concludes that the Commonwealth has met its burden of proof by a preponderance of the evidence as to Count Four.

Respondent's Mitigation⁴

Respondent offered several arguments in mitigation for all counts. She testified extensively about her perception of fear, coercion, and threats from J.K. during the period of the boundary violations. Respondent stated that she felt "trapped," feared for her safety and the safety of her family, and believed she faced consequences if she did not comply with J.K.'s demands. (N.T., 8/18/25, 146–152, 157–159). She described multiple episodes in which she perceived J.K. as threatening, including statements that he would harm her or her family, incidents involving her car, property in her office, and aggressive behavior while driving. (N.T., 8/18/25, 147–152). Respondent further testified that she viewed several sexual encounters as non-consensual,⁵ and that these events contributed to her belief that she could not safely end the relationship. (N.T., 8/18/25, 155–160). She also stated she attempted to obtain a PFA order on multiple occasions but was advised she did not qualify under the statutory criteria. (N.T., 8/18/25, 188–190).

⁴ The Board notes that Respondent's second exception raised is that the hearing examiner failed to acknowledge Respondent's mitigation efforts. This Final Adjudication fully addresses Respondent's mitigation testimony.

⁵ The Board makes no finding as to whether any alleged conduct by J.K. constituted criminal behavior, including assault or rape. Matters involving potential criminal liability fall outside the Board's jurisdiction. Respondent's testimony regarding fear, coercion, or perceived threats is considered solely for purposes of mitigation and not as a factual determination regarding criminal conduct.

Respondent described substantial personal stressors occurring during the same period, including significant family losses, the birth of a child, and her mother's decline due to early dementia. (N.T., 8/18/25, 134–135, 147–148). She testified that these circumstances reduced her emotional resources and contributed to her difficulty managing the escalating dynamics with J.K.

Even accepting, *arguendo*, Respondent's testimony regarding fear, coercion, and personal stressors as true, those circumstances do not excuse or materially diminish her professional obligations as a physician. A physician remains responsible for maintaining appropriate boundaries, discontinuing treatment where necessary, documenting concerns, and seeking supervision or assistance when a patient relationship becomes compromised. Respondent's failure to take these steps over an extended period constitutes a serious breach of professional duty.

Respondent also offered evidence of remedial steps taken after the relationship ended. She testified that she engaged in approximately a year and a half of psychological treatment with a licensed psychologist, during which she addressed her emotional response to the violations, her vulnerabilities during the relevant period, and her understanding of appropriate boundaries. (N.T., 8/18/25, 174–175). She further testified that she has modified her practice structure by operating within a group setting, collaborating daily or weekly with a nurse practitioner and physician assistant, and limiting her work primarily to medication management rather than psychotherapy. (N.T., 8/18/25, 122–128, 178–179). Respondent emphasized that she has practiced without any further boundary concerns in the more than ten years since contact with J.K. ended and has had no other disciplinary issues in her career. (N.T., 8/18/25, 129–131, 176–177).

Respondent also asserted that she accepts responsibility for the violations. She expressed regret for what occurred and acknowledged that the relationship with J.K. and the associated recordkeeping failures were improper. (N.T., 8/18/25, 176–177, 183–184). However, her expressions of regret did not clearly identify the specific professional obligations she breached, and her testimony often placed primary emphasis on J.K.’s conduct, her fear of him, and her personal circumstances, rather than on her own responsibility as the treating psychiatrist. (N.T., 8/18/25, 183–196).

The record lacks corroborating evidence supporting Respondent’s claims of coercion or inability to disengage, and her conduct, including continued prescribing and extensive personal interactions over several years, is inconsistent with an inability to terminate the relationship. Accordingly, the Board assigns limited weight to these mitigation arguments.

Respondent presented expert testimony from Dr. Elliot Atkins, a forensic psychologist. Dr. Atkins testified that Respondent does not suffer from any clinical or personality disorder, that psychological testing revealed no psychopathology, and that she now demonstrates insight into the risks and pitfalls of treating patients with borderline personality features. (N.T., 8/18/25, 226–229). Dr. Atkins opined that J.K. likely exhibited traits consistent with borderline personality disorder, including emotional instability, hypersensitivity, impulsivity, dependency, and intense anger, all of which can make boundary maintenance challenging for clinicians. (N.T., 8/18/25, 228–232). He testified that Respondent was inexperienced with this type of dynamic, lacked early supervision during critical points, and became increasingly fearful, which impaired her judgment. (N.T., 8/18/25, 231–237). Dr. Atkins concluded that Respondent has learned from the experience, has practiced safely for many years since, and does not pose a risk to patients if allowed to continue practicing without restriction. (N.T., 8/18/25, 237–241).

While the Board has considered Dr. Atkins's testimony, it is afforded limited weight. His evaluation relied heavily on Respondent's self-reported history, he did not interview J.K. or other collateral sources, and he did not address the medical standards governing prescribing practices. Accordingly, his testimony does not outweigh the Commonwealth's evidence or materially alter the Board's assessment of Respondent's conduct⁶

Sanction

In determining the appropriate sanction, the Board considers the violations established through the parties' Joint Stipulation (Counts One, Two, Five, and Six) and the proven violation of Count Four. Under section 42(a) of the Medical Practice Act, the Board may issue a public reprimand, place a license on probation, suspend or revoke a license, require education or treatment, or impose civil penalties. 63 P.S. § 422.42(a). The Board may also impose monetary penalties under 63 P.S. § 422.39(b) and 63 Pa.C.S. § 3108(b)(4) and assess investigative costs under 63 Pa.C.S. § 3108(b)(5).

In imposing discipline, the Board's primary responsibility is protecting the public. *Barran v. State Bd. of Medicine*, 670 A.2d 765, 767 (Pa. Cmwlth. 1996). Disciplinary action is meant to safeguard the public, preserve the integrity of the profession, and deter future violations. See *Sweeny v. State Bd. of Funeral Directors*, 666 A.2d 1137, 1139 (Pa. Cmwlth. 1995); *Nicoletti v. State Bd. of Vehicle Mfrs., Dealers & Salespersons*, 706 A.2d 891, 894–95 (Pa. Cmwlth. 1998). Licensure exists to protect the public, not to reward the licensee. *Sklar v. Dep't of Health*, 798 A.2d 268, 275 (Pa. Cmwlth. 2002).

⁶ On January 23, 2026, following the hearing in this matter, Respondent's counsel emailed a request to supplement the record to both the hearing examiner and the prosecuting attorney. The purpose of the email was to update the parties on a civil matter between Respondent and J.K. However, the email was not filed through the Prothonotary, was not submitted pursuant to a petition to reopen the record and therefore was not part of the evidentiary record under 1 Pa. Code § 35.231(a). Accordingly, the Board did not consider the document as part of the evidentiary record in reaching its decision.

Respondent's violations are serious. She admitted to immoral or unprofessional conduct, negligence, failure to maintain proper medical records, and engaging in sexual misconduct with a patient. The evidence also showed improper prescribing during the years she maintained a personal and sexual relationship with that same patient. These are fundamental departures from the standards expected of physicians and represent significant breaches of patient trust.

Respondent's conduct demonstrates a breakdown in professional judgment in circumstances requiring the highest degree of care. By engaging in a sexual relationship with a patient while continuing to prescribe medications without appropriate evaluation or oversight, Respondent compromised the safeguards that protect patients from harm and undermined confidence in the medical profession.

The Board has also considered the mitigation that Respondent offered. She testified that she felt afraid of J.K., that she believed he might harm her or her family, and that personal stressors during the same period made it harder for her to manage the situation. She described efforts to obtain a PFA, said she attempted to set limits, and testified that she later sought therapy and restructured her practice. The Board acknowledges these claims and the personal difficulties she described. Even accepting, *arguendo*, Respondent's account of fear and personal pressures as true, those circumstances do not excuse or materially diminish her professional obligations or the seriousness of the violations.

The Board also considered the testimony of Dr. Atkins. While he explained Respondent's stressors and offered a generally positive outlook, his evaluation relied heavily on Respondent's own narrative. He did not interview collateral witnesses, review additional independent sources, or squarely address a physician's duties when boundaries are crossed. These limitations reduce the weight of his conclusions. (N.T., 8/18/25, 223–228, 241–257).

For these reasons, although the Board has taken Respondent's mitigation into account, including her account of fear, her personal stressors, her subsequent therapy, her claimed practice changes, and Dr. Atkins's opinions, the Board finds that this mitigation is limited and does not meaningfully reduce the seriousness of the violations or the need for discipline.

The Board has also considered the passage of time since the conduct occurred. However, the passage of time, standing alone, does not eliminate the seriousness of established misconduct or relieve the Board of its responsibility to impose discipline necessary to protect the public. See *Tumpati v. State Board of Medicine*, 2024 WL 4664093 (Pa. Cmwlth. 2024) (unreported). Although Respondent argues that the passage of time, together with her explanation that she acted out of fear, should lessen the sanction, the Board does not find those circumstances sufficient to warrant lesser discipline. This is particularly true where, as here, the misconduct was not a single isolated event, but conduct that continued over several years and involved repeated failures of professional judgment, boundaries, prescribing practices, and documentation.

The Board concludes that revocation is necessary because the misconduct was not isolated or momentary. Respondent's violations occurred over a period of years and involved the same patient to whom she owed heightened professional obligations as the treating psychiatrist. During that period, Respondent crossed fundamental professional boundaries, engaged in a sexual relationship with J.K., continued prescribing medications to him, failed to maintain appropriate treatment records, and failed to ensure that prescribing decisions were made within a properly documented and clinically appropriate physician-patient relationship. These failures were especially serious because they occurred in the

context of psychiatric treatment, where patient vulnerability, transference, and boundary maintenance are central professional concerns.

The Board has considered Respondent's lack of prior discipline, her testimony regarding fear and personal stressors, her claimed remedial efforts, Dr. Atkins's opinions, and the availability of lesser sanctions such as probation, monitoring, remedial education, or other conditions. However, given the seriousness, duration, and nature of the misconduct, including the sustained breach of professional boundaries, the continuation of prescribing without appropriate safeguards, and the deficient medical records, the Board concludes that lesser discipline would not adequately protect the public, deter similar misconduct, or preserve confidence in the medical profession.

The Board also concludes that assessment of the Commonwealth's investigative costs is appropriate, necessary, and consistent with the Board's authority under 63 Pa.C.S. § 3108(b)(5). However, in light of the revocation imposed, the Board declines to impose an additional civil penalty.

Accordingly, the Board concludes that no sanction short of revocation would adequately protect the public or maintain confidence in the medical profession. Revocation is therefore appropriate.

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE**

**Commonwealth of Pennsylvania,
Bureau of Professional and
Occupational Affairs**

:
:
:
:
:
:
:

Case No.: 21-49-012788

v.

**Amy Mazza MacIntyre, M.D.,
Respondent**

FINAL ORDER

AND NOW this 28th day of May 2026, upon consideration of the foregoing Findings of Fact, Conclusions of Law, and Discussion, the license to practice medicine of Amy Mazza MacIntyre, MD, license no. MD418660 is hereby **REVOKED**.

IT IS FURTHER ORDERED that Respondent pay the Commonwealth's investigation costs of \$11,357.17. 63 Pa.C.S. § 3108(b)(5). Respondent shall pay the costs of investigation by cashier's check or money order made payable to the "Commonwealth of Pennsylvania," to the Board Counsel, State Board of Medicine, P.O. Box 69523, Harrisburg, PA 17106-9523, within thirty (30) days of the date of mailing.

Respondent shall immediately cease practicing medicine and, if she has not done so, shall, within ten (10) days from the effective date of this Order, surrender all licensure documentation, including her wall certificate, registration certificate, wallet card and other licensure documents by forwarding them to the following address: Board Counsel, State Board of Medicine, P.O. Box 69523, Harrisburg, PA 17106-9523.

This order is effective immediately. The sanction shall take effect in thirty (30) days from the date of mailing indicated below.

**BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS**



**ARION R. CLAGGETT
ACTING COMMISSIONER**

For Respondent:
9489.0090.0027.6743.1365.76

For the Commonwealth:

Board Counsel:

Date of Mailing:

BY ORDER:

STATE BOARD OF MEDICINE



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Dana M. Archer, Esquire

May 28, 2026

NOTICE

The attached Final Order represents the final agency decision in this matter. It may be appealed to the Commonwealth Court of Pennsylvania by the filing of a Petition for Review with that Court within thirty (30) days after the entry of the order in accordance with the Pennsylvania Rules of Appellate Procedure. See Chapter 15 of the Pennsylvania Rules of Appellate Procedure entitled "Judicial Review of Governmental Determinations," Pa. R.A.P 1501 – 1561. Please note: An order is entered on the date it is mailed. If you take an appeal to the Commonwealth Court, you must serve the Board with a copy of your Petition for Review. The agency contact for receiving service of such an appeal is:

Board Counsel
P.O. Box 69523
Harrisburg, PA 17106-9523

The name of the individual Board Counsel is identified on the Final Order.