

HEARING CONDUCTED BY THE
TEXAS STATE OFFICE OF ADMINISTRATIVE HEARINGS
SOAH DOCKET NO. 503-18-5383.MD
TEXAS MEDICAL LICENSE NO. G-3541

IN THE MATTER OF THE
COMPLAINT AGAINST
FRANK ELMER LANE, M.D.

BEFORE THE
TEXAS MEDICAL BOARD

BOARD STAFF'S THIRD AMENDED COMPLAINT

TO THE HONORABLE TEXAS MEDICAL BOARD AND THE HONORABLE
ADMINISTRATIVE LAW JUDGE HENRY D. CARD:

The Staff of the Texas Medical Board (Board) files this **Board Staff's Third Amended Complaint** against Frank Elmer Lane, M.D. (Respondent), for alleged violations of the Medical Practice Act (the Act), Title 3, Subtitle B, Texas Occupations Code and the Board's Rules, and would show the following:

I. SUMMARY OF FACTUAL ALLEGATIONS

Respondent violated the standard of care and failed to maintain adequate medical records for a patient and further failed to cooperate with the Board's investigation by choosing not to disclose all of his medical records during the investigation.

II. LEGAL AUTHORITY AND JURISDICTION

1. Respondent is a Texas physician and holds Texas Medical License No. G-3541, which was originally issued by the Board on February 27, 1983. Respondent's license was in full force and effect at all times material and relevant to this Complaint.
2. Respondent received notice of one or more Informal Settlement Conferences (ISC). The Board complied with all procedural rules, including but not limited to, Board Rules: 182 and 187, as applicable.
3. No agreement to settle this matter has been reached by the parties.
4. All jurisdictional requirements have been satisfied.

5. The filing of this Complaint and the relief requested are necessary to protect the health and public interest of the citizens of the State of Texas, as provided in Section 151.003 of the Act.

III. APPLICABLE STATUTES AND STATUTORY VIOLATIONS

The following Statutes, Rules, and Agency Policy are applicable to the procedures for conduct of the hearing in this matter:

A. General Statutes and Rules:

1. Section 164.007(a) of the Act requires that the Board adopt procedures governing formal disposition of a contested case before the State Office of Administrative Hearings.

2. 22 Tex. Admin. Code, Ch.187 sets forth the procedures adopted by the Board under the requirement of Section 164.007(a) of the Act.

3. 22 Tex. Admin. Code, Ch. 190 sets forth aggravating factors that warrant more severe or restrictive action by the Board.

4. 1 Tex. Admin. Code, Ch. 155 sets forth the rules of procedure adopted by SOAH for contested case proceeding.

5. 1 Tex. Admin. Code, Ch. 155.507, requires the issuance of a Proposal for Decision (PFD) containing Findings of Fact and Conclusions of Law.

6. Section 164.007(a) of the Act, Board Rule 187 *et seq.* and Board Rule 190 *et seq.*, provide the Board with the sole and exclusive authority to determine the charges on the merits, to impose sanctions for violation of the Act or a Board rule, and to issue a Final Order.

B. Specific Violations Cited:

Respondent has violated one or more of the following provisions of the Act:

1. Section 159.006(a), (d) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to release medical records pursuant to a written release within 15 business days following receipt of request.

2. Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

3. Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule; specifically Board Rules:

165.1, which requires the maintenance of adequate medical records; and, 200.3, failure to adhere to those established standards for physicians practicing complementary and alternative medicine.

4. Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to practice medicine in an acceptable professional manner consistent with public health and welfare, as further defined by Board Rules: 190.8(1)(A), failure to treat a patient according to the generally accepted standard of care; 190.8(1)(B), negligence in performing medical services; 190.8(1)(C), failure to use proper diligence in one's professional practice; 190.8(1)(D), failure to safeguard against potential complications; 190.8(1)(G), failure to disclose reasonably foreseeable side effects of a procedure or treatment; 190.8(1)(H), failure to disclose reasonable alternative treatments to a proposed procedure or treatment; and 190.8(1)(I), failure to obtain informed consent from the patient or other person authorized by law to consent to treatment on the patient's behalf before performing tests, treatments, or procedures.

5. Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based upon Respondent's unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public, as further defined by Board Rules: 187.15, failure to comply with reasonable request to produce records, documents, or other information requested by Board Staff; 190.8(2)(B), failure to comply with Board request for information; 190.8(2)(D), failure to cooperate with Board Staff; 190.8(2)(C), providing false information to the Board; 190.8(2)(J), providing medically unnecessary services to a patient or submitting a billing statement to a patient or a third party payer that the licensee knew or should have known was improper; 190.8(1)(K), prescription or administration of a drug in a manner that is not in compliance with Chapter 200 of this title (relating to Standards for Physicians Practicing Complementary and Alternative medicine.); and, 190.8(2)(L), failing to timely respond to communications from a patient.

6. Section 164.053(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing or administering a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is administered or prescribed.

7. Section 164.053(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing, administering, or dispensing in a manner

inconsistent with public health and welfare, dangerous drugs as defined by Chapter 483, Health and Safety Code; or controlled substances scheduled in Chapter 481 Health and Safety Code; or controlled substances scheduled in the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. § 801 et seq.).

8. Section 164.053(a)(7) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of Section 311.0025 of the Texas Health & Safety Code, which provides that a hospital, treatment facility, mental health facility, or health care professional may not submit to a patient or a third party payer a bill for a treatment that the hospital, facility, or professional knows was not provided or knows was improper, unreasonable, or medically or clinically unnecessary.

IV. FACTUAL ALLEGATIONS

Based on information and belief, Board Staff allege:

1. Patient is an elderly female.
2. In or around 1985, Patient was hospitalized due to a manic episode and was diagnosed with Bipolar Disorder, Type I.
3. Patient had a number of other physical ailments ranging from Hypertension to Asthma to Diabetes, Type II.
4. Between 1985 and, approximately, 2008, Patient took Lithium to treat her Bipolar Disorder.
5. However, in or around 2008, Patient developed Chronic Kidney Disease, which may have been caused by Diabetes, Hypertension, long-term Lithium use, or a combination thereof.
6. In or around 2009, Patient was transition from Lithium to Depakote.
7. Patient suffered a manic episode requiring hospitalization during the transition.
8. On or about November 19, 2011, laboratory testing showed Patient's Creatinine levels were 2.74 Mg/DL.
9. By 2012, Patient developed symptoms of Parkinson's Disease.
10. On or about April 5, 2012, Padraig O'Suilleabhain, M.D., a Neurologist at the University of Texas Southwestern Medical Center, evaluated Patient for her symptoms of Parkinson's Disease.

11. Patient presented at the visit in a wheelchair and had a rapid resting tremor in her arms and hands, her motor functions were slow, her gait was shuffling, and her posture was unstable.

12. Patient scored a 28 out of 30 on the Mini-Mental State Examination, indicating severe cognitive impairment.

13. Patient was taking 1,500 mg. of Depakote daily at the time.

14. Following a DaTscan, Dr. O'Suilleabhain determined that Patient's symptoms were likely caused by her long-term use of Depakote.

15. On or about May 29, 2012, Dr. O'Suilleabhain had a follow up visit with Patient where he recommended she transition to Lamictal and Celexa, and that she begin weaning off Depakote.

16. Patient responded that she did not want take Lamictal.

17. On or about May 30, 2012, Patient sent Dr. O'Suilleabhain a letter advising that she did not feel brave enough to transition from Depakote because of her prior hospitalization while transition from Lithium.

18. Dr. O'Suilleabhain referred Patient to a geriatric psychiatrist who agreed with is assessment and recommended Patient transition from Depakote to Lamictal.

19. Instead, Patient did not return to these providers and only reduced her Depakote to 1,250 mg. daily.

20. Alice Hsu, M.D., is Patient's Nephrologist.

21. On or about April 1, 2013, Dr. Hsu ordered laboratory testing that determined the Depakote concentration in Patient's blood was within therapeutic range (not toxic) and that her Creatinine level was 3.89 Mg/DL.

First Individual Session

22. On or about June 28, 2013, from 3:00-4:30 p.m., Respondent conducted an initial evaluation of Patient.

23. Patient reported that she wanted a second opinion.

24. Patient's chief complaints were kidney problems and Bipolar Disorder.

25. Patient was prescribed 1,500 mg. daily of Depakote at the time, but appeared to be taking approximately 1,250 mg.

26. Respondent reviewed Dr. O'Suilleabhain's findings and recommendations.
27. Patient was fully ambulatory during the visit with no motor function impairment.
28. Respondent began Patient on a Therapeutic Trial of Depakote 250 mg. daily and added prescription L-Methyl-MC-NAC (NAC), claiming that the dietary supplement could provide mood stabilization, reverse her kidney function decline, and prevent mania.
29. Respondent deviated from the standard of care by treating Patient's Chronic Kidney Disease with NAC.
30. Respondent failed to adequately consent Patient to NAC, a Complementary and/or Alternative medicine.
31. Respondent deviated from the standard of care by drastically reducing Patient's Depakote to 250 mg. per day.
32. Respondent deviated from the standard of care by continuing to treat Patient with Depakote when multiple providers, including a specialist, recommended that she transition to Lamictal.
33. Respondent's conduct violated the Act and Board Rules, specifically:

Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule; specifically Board Rules: 165.1, which requires the maintenance of adequate medical records; and, 200.3, failure to adhere to those established standards for physicians practicing complementary and alternative medicine.

Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to practice medicine in an acceptable professional manner consistent with public health and welfare, as further defined by Board Rules: 190.8(1)(A), failure to treat a patient according to the generally accepted standard of care; 190.8(1)(B), negligence in performing medical services; 190.8(1)(C), failure to use proper diligence in one's professional practice; 190.8(1)(D), failure to safeguard against potential complications; 190.8(1)(G), failure to disclose reasonably foreseeable side effects of a procedure or treatment; 190.8(1)(H), failure to disclose reasonable alternative treatments to a proposed procedure or treatment; and 190.8(1)(I), failure to obtain informed consent from the patient or other person authorized by law to consent to treatment on the patient's behalf before performing tests, treatments, or procedures.

Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based upon Respondent's unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public, as further defined by Board Rules: 190.8(2)(J), providing medically unnecessary services to a patient or submitting a billing statement to a patient or a third party payer that the licensee knew or should have known was improper; and, 190.8(1)(K), prescription or administration of a drug in a manner that is not in compliance with Chapter 200 of this title (relating to Standards for Physicians Practicing Complementary and Alternative medicine.).

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Section 164.053(a)(7) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of Section 311.0025 of the Texas Health & Safety Code, which provides that a hospital, treatment facility, mental health facility, or health care professional may not submit to a patient or a third party payer a bill for a treatment that the hospital, facility, or professional knows was not provided or knows was improper, unreasonable, or medically or clinically unnecessary.

34. On or about August 3, 2013, Dr. Hsu ordered laboratory testing showing Patient's Creatinine level was 2.09 mg/DL.

35. On or about August 25, 2013, Dr. Hsu ordered laboratory testing showing Patient's Creatinine level was 2.14 mg/DL.

Second Individual Session

36. On or about August 27, 2013, from 11:00 a.m.-12:00 p.m., Respondent had an individual treatment session with Patient.

37. Respondent reviewed Patient's laboratory results showing her Creatinine levels had decreased since April 2013, for which he took credit and attributed to the NAC.

38. Respondent noted that Patient showed dramatic improvement in her renal functions, but noted that there was “marked deterioration on her Mental Status Exam.”

39. Respondent noted Patient was Hypomanic or Manic.

40. The DSM-V describes Bipolar Disorder Manic Episodes as, among other things, periods of abnormal and persistent elevated moods and goal-directed activity or energy that is sufficiently severe to cause marked impairment in social or occupational functioning (or necessitating hospitalization), that lasts at least one week, is present for most of the day, and includes three or more of the following symptoms: (1) inflated self-esteem or grandiosity; (2) decreased need for sleep; (3) more talkative than usual; (4) flight of ideas or subjective experience that thoughts are racing; (5) distractibility; and (6) increase in goal-directed activity or psychomotor agitation.

41. The DSM-V describes Bipolar Disorder Hypomanic Episodes as, among other things, periods of abnormal and persistent elevated moods and goal-directed activity or energy that is *not* sufficiently severe to cause marked impairment in social or occupational functioning (or necessitating hospitalization), that lasts at least four days, is present for most of the day, and includes three or more of the following symptoms: (1) inflated self-esteem or grandiosity; (2) decreased need for sleep; (3) more talkative than usual; (4) flight of ideas or subjective experience that thoughts are racing; (5) distractibility; and (6) increase in goal-directed activity or psychomotor agitation.

42. Importantly, the DSM-V states that “mood in a manic [or hypomanic] episode is often described as euphoric, excessively cheerful, high, or ‘feeling on top of the world.’”

43. Patient’s Hypomanic or Manic state was a foreseeable consequence of drastically reducing her Depakote dosage.

44. Respondent continued Patient’s prescriptions and scheduled her for a follow up visit.

45. Respondent deviated from the standard of care by taking no action in response to Patient’s deteriorating mental status.

46. Respondent deviated from the standard of care by failing to increase Patient’s Depakote dosage and/or prescribing her Lamictal.

47. Respondent deviated from the standard of care by treating Patient’s Chronic Kidney Disease with NAC.

48. Respondent's conduct violated the Act and Board Rules, specifically:

Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule; specifically Board Rules: 165.1, which requires the maintenance of adequate medical records; and, 200.3, failure to adhere to those established standards for physicians practicing complementary and alternative medicine.

Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to practice medicine in an acceptable professional manner consistent with public health and welfare, as further defined by Board Rules: 190.8(1)(A), failure to treat a patient according to the generally accepted standard of care; 190.8(1)(B), negligence in performing medical services; 190.8(1)(C), failure to use proper diligence in one's professional practice; 190.8(1)(D), failure to safeguard against potential complications; 190.8(1)(G), failure to disclose reasonably foreseeable side effects of a procedure or treatment; 190.8(1)(H), failure to disclose reasonable alternative treatments to a proposed procedure or treatment; and 190.8(1)(I), failure to obtain informed consent from the patient or other person authorized by law to consent to treatment on the patient's behalf before performing tests, treatments, or procedures.

Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based upon Respondent's unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public, as further defined by Board Rules: 190.8(2)(J), providing medically unnecessary services to a patient or submitting a billing statement to a patient or a third party payer that the licensee knew or should have known was improper; and, 190.8(1)(K), prescription or administration of a drug in a manner that is not in compliance with Chapter 200 of this title (relating to Standards for Physicians Practicing Complementary and Alternative medicine.).

Section 164.053(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing or administering a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is administered or prescribed.

Section 164.053(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing, administering, or dispensing in a manner inconsistent with public health and welfare, dangerous drugs as defined by Chapter 483, Health and Safety Code; or controlled substances scheduled in Chapter 481 Health and Safety Code; or controlled substances scheduled in the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. § 801 et seq.).

Section 164.053(a)(7) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of Section 311.0025 of the Texas Health & Safety Code, which provides that a hospital, treatment facility, mental health facility, or health care professional may not submit to a patient or a third party payer a bill for a treatment that the hospital, facility, or professional knows was not provided or knows was improper, unreasonable, or medically or clinically unnecessary.

49. On September 5, 2013, Patient sent Respondent a letter detailing her goal-directed activities (including flag preservation).

50. Patient included in the letter a separate letter she wrote to Respondent's father encouraging him to wear a hearing aid, a fact she gleaned from Respondent during treatment.

51. Patient's letter thanked Respondent for spending 1 hour and 45 minutes with her during their previous session, which Respondent's records documented lasting only an hour.

52. The letter also contained property tax information about Respondent's home that Patient had obtained from the internet.

53. On or about September 17, 2013, Dr. Hsu ordered laboratory testing showing Patient's Creatinine level was 3.2 mg/DL.

Third Individual Session

54. On or about October 16, 2013, from 3:00 p.m. - 4:30 p.m., Respondent had an individual treatment session with Patient.

55. Respondent reviewed Patient's Creatinine results showing an increase to 3.2 mg/DL., while taking NAC.

56. Instead of addressing the adverse findings, Respondent put a question mark next to the results in his medical records.

57. Respondent conducted no further reviews of Patient's Creatinine levels following the laboratory results challenging his treatment plan.

58. Respondent noted that Patient was in a state of Hypomania, "**which is something we want to maintain as much as possible!**".

59. Respondent took no action to treat Patient's Hypomania.

60. Instead, Respondent continued Patient's medications and scheduled her for a follow up after the holidays.

61. Respondent deviated from the standard of care by failing to address Patient's adverse laboratory results in response to the NAC.

62. Respondent deviated from the standard of care by failing to treat Patient's Hypomania.

63. Respondent deviated from the standard of care by seeking to maintain Patient in a constant state of Hypomania.

64. Respondent deviated from the standard of care by failing to increase Patient's Depakote dosage and/or prescribing her Lamictal.

65. Respondent's conduct violated the Act and Board Rules, specifically:

Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule; specifically Board Rules: 165.1, which requires the maintenance of adequate medical records; and, 200.3, failure to adhere to those established standards for physicians practicing complementary and alternative medicine.

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Fourth Individual Session

66. On or about January 15, 2014, from 10:00 – 11:00 a.m., Respondent had an individual therapy session with Patient.

67. Respondent's records from the visit noted that Patient remained Hypomanic, but that she had not drifted into full blown Mania.

68. Patient reported feeling so euphoric (due to Hypomania) that she was considering ceasing to take Depakote altogether, which Respondent advised against.

69. Respondent took no action to treat Patient's Hypomania.

70. Instead, Respondent continued Patient's medications and scheduled her for a follow up.

71. Respondent deviated from the standard of care by failing to review or order laboratory testing to track Patient's Creatinine levels he was purportedly treating with NAC.

72. Respondent deviated from the standard of care by failing to treat Patient's Hypomania.

73. Respondent deviated from the standard of care by seeking to maintain Patient in a constant state of Hypomania.

74. Respondent deviated from the standard of care by failing to increase Patient's Depakote dosage and/or prescribing her Lamictal.

75. Respondent's conduct violated the Act and Board Rules, specifically:

Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule; specifically Board Rules: 165.1, which requires the maintenance of adequate medical records; and, 200.3, failure to adhere to those established standards for physicians practicing complementary and alternative medicine.

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Chapter 481 Health and Safety Code; or controlled substances scheduled in the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. § 801 et seq.).

Section 164.053(a)(7) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of Section 311.0025 of the Texas Health & Safety Code, which provides that a hospital, treatment facility, mental health facility, or health care professional may not submit to a patient or a third party payer a bill for a treatment that the hospital, facility, or professional knows was not provided or knows was improper, unreasonable, or medically or clinically unnecessary.

76. Later that night, at 11:19 p.m., Patient sent a facsimile to six of her treatment providers that included a handwritten form asking each of them to sign and date, confirming "100%" that she did not have appendix issues because she was experiencing pain.

77. The form stated that Patient would have an autopsy if she died and her heirs would sue her providers that responded if she died from an appendix issue.

78. Patient also asked on the form whether her pain could be the result of intentional poisoning from a member of her household.

79. On or about January 19, 2014, Patient sent Respondent a letter that begins, "Hi. If my prior fax scared you, that was not my intent."

80. The letter noted that she has begun taking Tramadol, Norco, Orphenadrine, Naproxen, and Prednisone for pain.

Fifth Individual Session

81. On or about January 28, 2014, from 10:00 – 11:00 a.m., Respondent had an individual treatment session with Patient.

82. Respondent concluded that Patient may have entered into a state of Mania, based on her facsimile from January 15, 2014.

83. Respondent took no action to treat or address Patient's Mania.

84. Respondent also noted that Patient may have a personality disorder.

85. Respondent conducted no tests to assess whether Patient has a personality disorder.

86. Respondent noted that Patient presented at the session in a Hypomanic state.

87. Respondent took no action to treat Patient's Hypomania.

88. Patient again suggested that she was considering discontinuing Depakote because she was feeling so good (in her Hypomanic/Manic state).

89. In response, Respondent purportedly explained to her that she may be in a Hypomanic state and recommended that she increase her Depakote to 500 – 1,000 mg. per day.

90. Patient refused to increase her Depakote because she was feeling “better than ever!” (Hypomania).

91. Respondent scheduled Patient for a follow up appointment.

92. Respondent deviated from the standard of care by failing to review or order laboratory testing to track Patient’s Creatinine levels he was purportedly treating with NAC.

93. Respondent deviated from the standard of care by failing to treat Patient’s Hypomania and/or Mania.

94. Respondent deviated from the standard of care by seeking to maintain Patient in a constant state of Hypomania.

95. Respondent deviated from the standard of care by failing to increase Patient’s Depakote dosage and/or prescribing her Lamictal.

96. Respondent’s conduct violated the Act and Board Rules, specifically:

Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent’s commission of an act prohibited under Section 164.052 of the Act.

Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent’s violation of a Board rule; specifically Board Rules: 165.1, which requires the maintenance of adequate medical records; and, 200.3, failure to adhere to those established standards for physicians practicing complementary and alternative medicine.

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Section 164.053(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing or administering a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is administered or prescribed.

Section 164.053(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing, administering, or dispensing in a manner inconsistent with public health and welfare, dangerous drugs as defined by Chapter 483, Health and Safety Code; or controlled substances scheduled in Chapter 481 Health and Safety Code; or controlled substances scheduled in the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. § 801 et seq.).

Section 164.053(a)(7) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of Section 311.0025 of the Texas Health & Safety Code, which provides that a hospital, treatment facility, mental health facility, or health care professional may not submit to a patient or a third party payer a bill for a treatment that the hospital, facility, or professional knows was not provided or knows was improper, unreasonable, or medically or clinically unnecessary.

Sixth Individual Session

97. On or about February 7, 2014, from 10:00 a.m. – 11:00 a.m., Respondent had an individual treatment session with Patient.

98. Respondent noted that Patient reported feeling better than ever (Hypomania).

99. Respondent noted that Patient has not lapsed into severe depression or drifted into full-blown Mania.

100. Instead of increasing Patient's Depakote or switching her to Lamictal, Respondent wrote that there was no need to "rock the boat", since she reported getting enough sleep.

101. Respondent again noted Patient's possible borderline personality disorder, but failed to conduct any testing or follow up.

102. Respondent continued Patient's 250 mg. of Depakote daily and scheduled her for a follow up visit.

103. Respondent's billing from the visit indicated it occurred on February 6, 2014, and not February 7, 2014, as documented in his medical records.

104. Respondent deviated from the standard of care by failing to review or order laboratory testing to track Patient's Creatinine levels he was purportedly treating with NAC.

105. Respondent deviated from the standard of care by failing to treat Patient's Hypomania and/or Mania.

106. Respondent deviated from the standard of care by seeking to maintain Patient in a constant state of Hypomania.

107. Respondent deviated from the standard of care by failing to increase Patient's Depakote dosage and/or prescribing her Lamictal.

108. Respondent's medical recordkeeping is inadequate where it identifies the wrong date of the visit.

109. Respondent's conduct violated the Act and Board Rules, specifically:

Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule; specifically Board Rules: 165.1, which requires the maintenance of adequate medical records; and, 200.3, failure to adhere to those established standards for physicians practicing complementary and alternative medicine.

Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to practice medicine in an acceptable professional manner consistent with public health and welfare, as further defined by Board Rules: 190.8(1)(A), failure to treat a patient according to the generally accepted standard of care; 190.8(1)(B), negligence in performing medical services; 190.8(1)(C), failure to use proper diligence in one's professional practice; 190.8(1)(D), failure to safeguard against potential complications; 190.8(1)(G), failure to disclose reasonably foreseeable side effects of a procedure or treatment; 190.8(1)(H), failure to disclose reasonable alternative treatments to a proposed procedure or treatment; and 190.8(1)(I), failure to obtain informed consent from the patient or other person authorized by law to consent to treatment on the patient's behalf before performing tests, treatments, or procedures.

Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based upon Respondent's unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public, as further defined by Board Rules: 190.8(2)(J), providing medically unnecessary services to a patient or submitting a billing statement to a patient or a third party payer that the licensee knew or should have known was improper; and, 190.8(1)(K), prescription or administration of a drug in a manner that is not in compliance with Chapter 200 of this title (relating to Standards for Physicians Practicing Complementary and Alternative medicine.).

Section 164.053(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing or administering a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is administered or prescribed.

Section 164.053(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing, administering, or dispensing in a manner inconsistent with public health and welfare, dangerous drugs as defined by Chapter 483, Health and Safety Code; or controlled substances scheduled in Chapter 481 Health and Safety Code; or controlled substances scheduled in the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. § 801 et seq.).

Section 164.053(a)(7) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of Section 311.0025 of the Texas Health & Safety Code, which provides that a hospital, treatment facility, mental health facility, or health care professional may not submit to a patient or a third party payer a bill for a treatment that the hospital, facility, or professional knows was not provided or knows was improper, unreasonable, or medically or clinically unnecessary.

Seventh Individual Session

110. On or about March 7, 2014, from 10:00 a.m. – 11:00 a.m., Respondent had an individual session with Patient.

111. Respondent noted Patient was Hypomanic.

112. Patient had painted her car in American and Texas flags and adorned a flamboyant costume.

113. Patient brought her dog to the visit and photographed Respondent holding it, which she later posted on Facebook.

114. Respondent noted Patient was in a state of "maximum positivity" (Hypomania).

115. Respondent made no changes to Patient's prescription and scheduled her to return in a month.

116. Respondent deviated from the standard of care by failing to review or order laboratory testing to track Patient's Creatinine levels he was purportedly treating with NAC.

117. Respondent deviated from the standard of care by failing to treat Patient's Hypomania and/or Mania.

118. Respondent deviated from the standard of care by seeking to maintain Patient in a constant state of Hypomania.

119. Respondent deviated from the standard of care by failing to increase Patient's Depakote dosage and/or prescribing her Lamictal.

120. Respondent's conduct violated the Act and Board Rules, specifically:

Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule; specifically Board Rules: 165.1, which requires the maintenance of adequate medical records; and, 200.3, failure to adhere to those established standards for physicians practicing complementary and alternative medicine.

Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to practice medicine in an acceptable professional manner consistent with public health and welfare, as further defined by Board Rules: 190.8(1)(A), failure to treat a patient according to the generally accepted standard of care; 190.8(1)(B), negligence in performing medical services; 190.8(1)(C), failure to use proper diligence in one's professional practice; 190.8(1)(D), failure to safeguard against potential complications; 190.8(1)(G), failure to disclose reasonably foreseeable side effects of a procedure or treatment; 190.8(1)(H), failure to disclose reasonable alternative treatments to a proposed procedure or treatment; and 190.8(1)(I), failure to obtain informed consent from the patient or other person authorized by law to consent to treatment on the patient's behalf before performing tests, treatments, or procedures.

Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based upon Respondent's unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public, as further defined by Board Rules:: 190.8(2)(J), providing medically unnecessary services to a patient or submitting a billing statement to a patient or a third party payer that the licensee knew or should have known was improper; and, 190.8(1)(K), prescription

or administration of a drug in a manner that is not in compliance with Chapter 200 of this title (relating to Standards for Physicians Practicing Complementary and Alternative medicine.).

Section 164.053(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing or administering a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is administered or prescribed.

Section 164.053(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing, administering, or dispensing in a manner inconsistent with public health and welfare, dangerous drugs as defined by Chapter 483, Health and Safety Code; or controlled substances scheduled in Chapter 481 Health and Safety Code; or controlled substances scheduled in the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. § 801 et seq.).

Section 164.053(a)(7) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of Section 311.0025 of the Texas Health & Safety Code, which provides that a hospital, treatment facility, mental health facility, or health care professional may not submit to a patient or a third party payer a bill for a treatment that the hospital, facility, or professional knows was not provided or knows was improper, unreasonable, or medically or clinically unnecessary.

121. On or about March 13, 2014, Patient sent Respondent a package containing rolls of toilet paper and the results of an internet search she did to see if Respondent had any unclaimed property held by the Texas Secretary of State.

Eighth Individual Session

122. On or about April 1, 2014, from 4:00 – 5:00 p.m., Respondent had an individual therapy session with Patient.

123. Patient brought a package of toilet paper to the visit.

124. Respondent documented that Patient was Hypomanic.

125. Respondent continued her treatment and scheduled her for a follow up visit.

126. That evening, Patient participated in Respondent's group therapy class, from which she derived no benefit.

127. On or about April 8, 2014, Patient participated in a group therapy session.

128. Respondent deviated from the standard of care by failing to review or order laboratory testing to track Patient's Creatinine levels he was purportedly treating with NAC.

129. Respondent deviated from the standard of care by failing to treat Patient's Hypomania and/or Mania.

130. Respondent deviated from the standard of care by seeking to maintain Patient in a constant state of Hypomania.

131. Respondent deviated from the standard of care by failing to increase Patient's Depakote dosage and/or prescribing her Lamictal.

132. Respondent deviated from the standard of care by placing Patient in group therapy without indication.

133. Respondent's conduct violated the Act and Board Rules, specifically:

Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule; specifically Board Rules: 165.1, which requires the maintenance of adequate medical records; and, 200.3, failure to adhere to those established standards for physicians practicing complementary and alternative medicine.

Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to practice medicine in an acceptable professional manner consistent with public health and welfare, as further defined by Board Rules: 190.8(1)(A), failure to treat a patient according to the generally accepted standard of care; 190.8(1)(B), negligence in performing medical services; 190.8(1)(C), failure to use proper diligence in one's professional practice; 190.8(1)(D), failure to safeguard against potential complications; 190.8(1)(G), failure to disclose reasonably foreseeable side effects of a procedure or treatment; 190.8(1)(H), failure to disclose reasonable alternative treatments to a proposed procedure or treatment; and 190.8(1)(I), failure to obtain informed consent from the patient or other person authorized by law to consent to treatment on the patient's behalf before performing tests, treatments, or procedures.

Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based upon Respondent's unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public, as further defined by Board Rules: 190.8(2)(J), providing medically unnecessary services to a patient or submitting a billing statement to a patient or a third party payer that the licensee knew or should have known was improper; and, 190.8(1)(K), prescription or administration of a drug in a manner that is not in compliance with Chapter 200 of this title (relating to Standards for Physicians Practicing Complementary and Alternative medicine.).

Section 164.053(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing or administering a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is administered or prescribed.

Section 164.053(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing, administering, or dispensing in a manner inconsistent with public health and welfare, dangerous drugs as defined by Chapter 483, Health and Safety Code; or controlled substances scheduled in Chapter 481 Health and Safety Code; or controlled substances scheduled in the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. § 801 et seq.).

Section 164.053(a)(7) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of Section 311.0025 of the Texas Health & Safety Code, which provides that a hospital, treatment facility, mental health facility, or health care professional may not submit to a patient or a third party payer a bill for a treatment that the hospital, facility, or professional knows was not provided or knows was improper, unreasonable, or medically or clinically unnecessary.

Ninth Individual Session

134. On or about April 10, 2014, from 4:00 – 5:00 a.m., Respondent had an individual therapy session with Patient.

135. Respondent noted that low-dose Depakote and NAC “seem to be working in that renal function is preserved and there has been no full-blown manic episodes and no serious depression.”

136. Respondent had no basis for such a conclusion, as he had not checked Patient’s Creatinine level since September 2013.

137. Respondent noted that Patient was Hypomanic.

138. Additionally, Patient exhibited paranoia, claiming a member of her household was hiding things from her.

139. Patient admitted that she was not getting very much sleep.

140. Respondent took no action; instead, continuing her treatment and scheduling her for a follow up appointment.

141. On or about April 15, 2014, Patient participated in a group therapy session from which she derived no benefit.

142. Respondent deviated from the standard of care by failing to review or order laboratory testing to track Patient's Creatinine levels he was purportedly treating with NAC.

143. Respondent deviated from the standard of care by failing to treat Patient's Hypomania and/or Mania.

144. Respondent deviated from the standard of care by seeking to maintain Patient in a constant state of Hypomania.

145. Respondent deviated from the standard of care by failing to increase Patient's Depakote dosage and/or prescribing her Lamictal.

146. Respondent deviated from the standard of care by placing Patient in group therapy without indication.

147. Respondent's conduct violated the Act and Board Rules, specifically:

Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule; specifically Board Rules: 165.1, which requires the maintenance of adequate medical records; and, 200.3, failure to adhere to those established standards for physicians practicing complementary and alternative medicine.

Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to practice medicine in an acceptable professional manner consistent with public health and welfare, as further defined by Board Rules: 190.8(1)(A), failure to treat a patient according to the generally accepted standard of care; 190.8(1)(B), negligence in performing medical services; 190.8(1)(C), failure to use proper diligence in one's professional practice; 190.8(1)(D), failure to safeguard against potential complications; 190.8(1)(G), failure to disclose reasonably foreseeable side effects of a procedure or treatment; 190.8(1)(H), failure to disclose reasonable alternative treatments to a proposed procedure or treatment; and 190.8(1)(I), failure to obtain informed consent from the patient or other person authorized by law to consent to treatment on the patient's behalf before performing tests, treatments, or procedures.

Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based upon Respondent's unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public, as further defined by Board Rules:: 190.8(2)(J), providing medically unnecessary services to a patient or submitting a billing statement to a patient or a third party payer that the licensee knew or should have known was improper; and, 190.8(1)(K), prescription

or administration of a drug in a manner that is not in compliance with Chapter 200 of this title (relating to Standards for Physicians Practicing Complementary and Alternative medicine.).

Section 164.053(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing or administering a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is administered or prescribed.

Section 164.053(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing, administering, or dispensing in a manner inconsistent with public health and welfare, dangerous drugs as defined by Chapter 483, Health and Safety Code; or controlled substances scheduled in Chapter 481 Health and Safety Code; or controlled substances scheduled in the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. § 801 et seq.).

Section 164.053(a)(7) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of Section 311.0025 of the Texas Health & Safety Code, which provides that a hospital, treatment facility, mental health facility, or health care professional may not submit to a patient or a third party payer a bill for a treatment that the hospital, facility, or professional knows was not provided or knows was improper, unreasonable, or medically or clinically unnecessary.

Tenth Individual Session

148. On or about April 18, 2014, from 3:30 – 5:00 p.m., Respondent had consecutive individual and family therapy sessions with Patient.

149. Respondent noted Patient was Hypomanic and possibly suffered from a Borderline Personality Disorder.

150. Respondent took no action and administered no tests to determine if Patient has a personality disorder.

151. During the family session, the household members complained that Patient was paranoid and her condition was deteriorating.

152. Respondent deviated from the standard of care by failing to review or order laboratory testing to track Patient's Creatinine levels he was purportedly treating with NAC.

153. Respondent deviated from the standard of care by failing to treat Patient's Hypomania and/or Mania.

154. Respondent deviated from the standard of care by seeking to maintain Patient in a constant state of Hypomania.

155. Respondent deviated from the standard of care by failing to increase Patient's Depakote dosage and/or prescribing her Lamictal.

156. Respondent's conduct violated the Act and Board Rules, specifically:

Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule; specifically Board Rules: 165.1, which requires the maintenance of adequate medical records; and, 200.3, failure to adhere to those established standards for physicians practicing complementary and alternative medicine.

Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to practice medicine in an acceptable professional manner consistent with public health and welfare, as further defined by Board Rules: 190.8(1)(A), failure to treat a patient according to the generally accepted standard of care; 190.8(1)(B), negligence in performing medical services; 190.8(1)(C), failure to use proper diligence in one's professional practice; 190.8(1)(D), failure to safeguard against potential complications; 190.8(1)(G), failure to disclose reasonably foreseeable side effects of a procedure or treatment; 190.8(1)(H), failure to disclose reasonable alternative treatments to a proposed procedure or treatment; and 190.8(1)(I), failure to obtain informed consent from the patient or other person authorized by law to consent to treatment on the patient's behalf before performing tests, treatments, or procedures.

Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based upon Respondent's unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public, as further defined by Board Rules: 190.8(2)(J), providing medically unnecessary services to a patient or submitting a billing statement to a patient or a third party payer that the licensee knew or should have known was improper; and, 190.8(1)(K), prescription or administration of a drug in a manner that is not in compliance with Chapter 200 of this title (relating to Standards for Physicians Practicing Complementary and Alternative medicine.).

Section 164.053(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing or administering a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is administered or prescribed.

Section 164.053(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing, administering, or dispensing in a manner inconsistent with public health and welfare, dangerous drugs as defined by Chapter 483, Health and Safety Code; or controlled substances scheduled in Chapter 481 Health and Safety Code; or controlled substances scheduled in the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. § 801 et seq.).

Section 164.053(a)(7) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of Section 311.0025 of the Texas Health & Safety Code, which provides that a hospital, treatment facility, mental health facility, or health care professional may not submit to a patient or a third party payer a bill for a treatment that the hospital, facility, or professional knows was not provided or knows was improper, unreasonable, or medically or clinically unnecessary.

Eleventh Individual Session

157. On or about April 22, 2014, from 1:00 – 2:00 p.m., Respondent had an individual therapy session with Patient.

158. Respondent noted that Patient was Hypomanic and continued to exhibit paranoia during the session.

159. Patient stated that she was “feeling better than she had at any point in her life” (Hypomania).

160. Respondent noted Patient's increasingly flamboyant dress and vehicle.

161. Respondent took no action; instead, continuing Patient's treatment and scheduling her for a follow up appointment.

162. Later that evening Patient participated in Respondent's group therapy session, from which she derived no benefit.

163. Respondent deviated from the standard of care by failing to review or order laboratory testing to track Patient's Creatinine levels he was purportedly treating with NAC.

164. Respondent deviated from the standard of care by failing to treat Patient's Hypomania and/or Mania.

165. Respondent deviated from the standard of care by seeking to maintain Patient in a constant state of Hypomania.

166. Respondent deviated from the standard of care by failing to increase Patient's Depakote dosage and/or prescribing her Lamictal.

167. Respondent deviated from the standard of care by placing Patient in group therapy without indication.

168. Respondent's conduct violated the Act and Board Rules, specifically:

Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule; specifically Board Rules: 165.1, which requires the maintenance of adequate medical records; and, 200.3, failure to adhere to those established standards for physicians practicing complementary and alternative medicine.

Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to practice medicine in an acceptable professional manner consistent with public health and welfare, as further defined by Board Rules: 190.8(1)(A), failure to treat a patient according to the generally accepted standard of care; 190.8(1)(B), negligence in performing medical services; 190.8(1)(C), failure to use proper diligence in one's professional practice; 190.8(1)(D), failure to safeguard against potential complications; 190.8(1)(G), failure to disclose reasonably foreseeable side effects of a procedure or treatment; 190.8(1)(H), failure to disclose reasonable alternative treatments to a proposed procedure or treatment; and 190.8(1)(I), failure to obtain informed consent from the patient or other person authorized by law to consent to treatment on the patient's behalf before performing tests, treatments, or procedures.

Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based upon Respondent's unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public, as further defined by Board Rules: 190.8(2)(J), providing medically unnecessary services to a patient or submitting a billing statement to a patient or a third party payer that the licensee knew or should have known was improper; and, 190.8(1)(K), prescription or administration of a drug in a manner that is not in compliance with Chapter 200 of this title (relating to Standards for Physicians Practicing Complementary and Alternative medicine.).

Section 164.053(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing or administering a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is administered or prescribed.

Section 164.053(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing, administering, or dispensing in a manner inconsistent with public health and welfare, dangerous drugs as defined by Chapter 483, Health and Safety Code; or controlled substances scheduled in

Chapter 481 Health and Safety Code; or controlled substances scheduled in the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. § 801 et seq.).

Section 164.053(a)(7) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of Section 311.0025 of the Texas Health & Safety Code, which provides that a hospital, treatment facility, mental health facility, or health care professional may not submit to a patient or a third party payer a bill for a treatment that the hospital, facility, or professional knows was not provided or knows was improper, unreasonable, or medically or clinically unnecessary.

169. On or about April 28, 2014, Respondent receives a letter from a household member advising that Patient was only slept a maximum of four hours at night, behaved in an obsessive compulsive manner, and that her condition was deteriorating.

170. Specifically, it states, among other things, "I implore you to raise her medication, this talking out her problems is not working."

171. On or about April 29, 2014, Patient participated in Respondent's group therapy session, from which she derived no benefit.

Twelfth Individual Session

172. On or about May 5, 2014, from 3:00 – 4:00 p.m., Respondent had an individual therapy session with Patient.

173. Respondent noted that Patient was Hypomaniac.

174. Patient was wearing a flamboyant tie-dye outfit she made claiming with custom embroidery on the front stating that Respondent was the best psychiatrist in the world.

175. Respondent took pictures of Patient in the outfit.

176. Patient stated that she wanted to take a dietary supplement for weight loss that contained caffeine.

177. Respondent advised that caffeine could exacerbate her Hypomania.

178. Respondent purportedly recommended that Patient increase her Depakote dosage back up to 1,500 mg. per day and add a low-dose antipsychotic.

179. However, Respondent noted that Patient would not increase her Depakote because she felt so good in her Hypomaniac state.

180. Respondent took no action; instead, continuing Patient's treatment and scheduling her for a follow up appointment.

181. Respondent deviated from the standard of care by failing to review or order laboratory testing to track Patient's Creatinine levels he was purportedly treating with NAC.

182. Respondent deviated from the standard of care by failing to treat Patient's Hypomania and/or Mania.

183. Respondent deviated from the standard of care by seeking to maintain Patient in a constant state of Hypomania.

184. Respondent deviated from the standard of care by failing to increase Patient's Depakote dosage and/or prescribing her Lamictal.

185. Respondent's conduct violated the Act and Board Rules, specifically:

Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule; specifically Board Rules: 165.1, which requires the maintenance of adequate medical records; and, 200.3, failure to adhere to those established standards for physicians practicing complementary and alternative medicine.

Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to practice medicine in an acceptable professional manner consistent with public health and welfare, as further defined by Board Rules: 190.8(1)(A), failure to treat a patient according to the generally accepted standard of care; 190.8(1)(B), negligence in performing medical services; 190.8(1)(C), failure to use proper diligence in one's professional practice; 190.8(1)(D), failure to safeguard against potential complications; 190.8(1)(G), failure to disclose reasonably foreseeable side effects of a procedure or treatment; 190.8(1)(H), failure to disclose reasonable alternative treatments to a proposed procedure or treatment; and 190.8(1)(I), failure to obtain informed consent from the patient or other person authorized by law to consent to treatment on the patient's behalf before performing tests, treatments, or procedures.

Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based upon Respondent's unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public, as further defined by Board Rules:: 190.8(2)(J), providing medically unnecessary services to a patient or submitting a billing statement to a patient or a third party payer that the licensee knew or should have known was improper; and, 190.8(1)(K), prescription

or administration of a drug in a manner that is not in compliance with Chapter 200 of this title (relating to Standards for Physicians Practicing Complementary and Alternative medicine.).

Section 164.053(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing or administering a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is administered or prescribed.

Section 164.053(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing, administering, or dispensing in a manner inconsistent with public health and welfare, dangerous drugs as defined by Chapter 483, Health and Safety Code; or controlled substances scheduled in Chapter 481 Health and Safety Code; or controlled substances scheduled in the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. § 801 et seq.).

Section 164.053(a)(7) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of Section 311.0025 of the Texas Health & Safety Code, which provides that a hospital, treatment facility, mental health facility, or health care professional may not submit to a patient or a third party payer a bill for a treatment that the hospital, facility, or professional knows was not provided or knows was improper, unreasonable, or medically or clinically unnecessary.

186. On or about May 6, 2014, Patient participated in Respondent's group therapy session, from which she derived no benefit.

187. On or about May 15, 2014, Patient sent Respondent a lengthy letter, among other things, suggesting a desire to begin a romantic relationship.

188. On or about May 20, 2014, Patient participated in Respondent's group therapy session, from which she derived no benefit.

189. During this session, Respondent advised the group that they would take a two-month hiatus, beginning in June, while he was out-of-state for a clinical assignment.

190. On or about May 28, 2014, Patient participated in Respondent's group therapy session, from which she derived no benefit.

Thirteenth Individual Session

191. On or about May 30, 2014, from 4:00 – 5:00 p.m., Respondent had an individual treatment session with Patient.

192. Respondent noted Patient remained Hypomanic.
193. Patient brought the results of an internet search she did on Respondent to see if he had unclaimed property at the Texas Comptroller's Office.
194. Respondent noted that Patient's "treatment continues to be positive and renal function decline appears to be arrested or reversed."
195. However, Respondent hadn't checked Patient's Creatinine levels since September 2013, when the results showed a decline while on NAC.
196. On or about June 3, 2014, Patient participated in Respondent's group therapy session, from which she derived no benefit.
197. Respondent noted Patient was Hypomanic during the group therapy session.
198. Respondent deviated from the standard of care by failing to review or order laboratory testing to track Patient's Creatinine levels he was purportedly treating with NAC.
199. Respondent deviated from the standard of care by failing to treat Patient's Hypomania and/or Mania.
200. Respondent deviated from the standard of care by seeking to maintain Patient in a constant state of Hypomania.
201. Respondent deviated from the standard of care by failing to increase Patient's Depakote dosage and/or prescribing her Lamictal.
202. Respondent deviated from the standard of care by placing Patient in group therapy without indication.
203. Respondent's conduct violated the Act and Board Rules, specifically:

Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule; specifically Board Rules: 165.1, which requires the maintenance of adequate medical records; and, 200.3, failure to adhere to those established standards for physicians practicing complementary and alternative medicine.

Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to practice medicine in an acceptable professional manner consistent with public health and welfare, as further defined by Board Rules: 190.8(1)(A), failure to treat a patient according to the

generally accepted standard of care; 190.8(1)(B), negligence in performing medical services; 190.8(1)(C), failure to use proper diligence in one's professional practice; 190.8(1)(D), failure to safeguard against potential complications; 190.8(1)(G), failure to disclose reasonably foreseeable side effects of a procedure or treatment; 190.8(1)(H), failure to disclose reasonable alternative treatments to a proposed procedure or treatment; and 190.8(1)(I), failure to obtain informed consent from the patient or other person authorized by law to consent to treatment on the patient's behalf before performing tests, treatments, or procedures.

Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based upon Respondent's unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public, as further defined by Board Rules: 190.8(2)(J), providing medically unnecessary services to a patient or submitting a billing statement to a patient or a third party payer that the licensee knew or should have known was improper; and, 190.8(1)(K), prescription or administration of a drug in a manner that is not in compliance with Chapter 200 of this title (relating to Standards for Physicians Practicing Complementary and Alternative medicine.).

Section 164.053(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing or administering a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is administered or prescribed.

Section 164.053(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing, administering, or dispensing in a manner inconsistent with public health and welfare, dangerous drugs as defined by Chapter 483, Health and Safety Code; or controlled substances scheduled in Chapter 481 Health and Safety Code; or controlled substances scheduled in the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. § 801 et seq.).

Section 164.053(a)(7) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of Section 311.0025 of the Texas Health & Safety Code, which provides that a hospital, treatment facility, mental health facility, or health care professional may not submit to a patient or a third party payer a bill for a treatment that the hospital, facility, or professional knows was not provided or knows was improper, unreasonable, or medically or clinically unnecessary.

Clinical Summary

204. On or about June 12, 2014, Patient requested copies of all of her medical records from Respondent.

205. Patient stated in the letter that she believed she was cured or has been misdiagnosed with Bipolar Disorder.

206. On or about June 13, 2014, Dr. O'Suilleabhain evaluated Patient for the first time in two years.

207. Patient stated that her son had recently insisted she increase her Depakote dosage, but she had experienced tremors and therefore decided to cease taking Depakote altogether.

208. Patient reported during the visit that she had a head injury the prior week that required a visit to an Operating Room and claimed a member of her household who she had previously accused of hiding things and poisoning her had caused the injury by pushing her.

209. Dr. O'Suilleabhain recommended Patient continue her treatment with Respondent and begin taking 1,000 mg. of Depakote daily.

210. On or about July 8, 2014, Patient emailed Respondent asking if she could take pictures of him to post at a grocery store and thanking him for prescribing her NAC, which she claimed had cured her of Bipolar Disorder and restored her kidney function.

211. On or about July 10, 2014, Respondent contacted Patient's other treatment providers to obtain laboratory results containing her Creatinine levels since September 2013.

212. Patient's Creatinine level was 2.73 mg/DL on February 18, 2014.

213. Patient's Creatinine level was 2.46 mg/DL on April 25, 2014

214. Respondent sent Patient a one-page Clinical Summary of her treatment in response to the records request.

215. The Clinical Summary claimed that the goals of treatment were to "preserve or improve kidney function while keeping symptoms of Bipolar Disorder [] under control."

216. However, Respondent was not tracking Patient's Creatinine levels during her treatment with NAC.

217. The Clinical Summary further stated that Patient's "mood would fluctuate from periods of mild depression to one of hypomania."

218. In fact, Respondent's medical records showed Patient in a constant and uninterrupted state of Hypomania caused by Respondent after he drastically reduced her Depakote dosage.

219. The Clinical Summary stated Patient experienced signs of paranoia, but that it had been addressed in Family Therapy.

220. In fact, Patient continued experiencing paranoia after the Family Therapy session.

221. Finally, the Clinical Summary recommended Patient increase her NAC dosage and begin a trial of Lamictal as an alternative to Depakote (something Respondent could have done at any point over the prior year).

222. Separately, Respondent sent Patient an email blaming Dr. O'Suilleabhain for her Hypomanic state.

223. Specifically, Respondent wrote that "it appears to me that the hypomania may have occurred after your Neurologist suggested decreasing your Depakote dose from 500 mg., three times a day, to just ½ tablet at bedtime, as he suspected pseudo-Parkinsonism, with increased tremor, from the Depakote."

224. Dr. O'Suilleabhain did not such thing.

225. Respondent caused Patient's Hypomania when he decreased her Depakote dosage to 250 mg. per day.

226. Respondent intentionally kept Patient in a Hypomanic state throughout her care and treatment.

227. Respondent was unable to increase Patient's Depakote after inducing her Hypomanic state because she felt so good and had delusions that the NAC had cured her.

228. Respondent deviated from the standard of care by failing to accurately summarize his care and treatment of Patient.

229. Respondent's conduct violated the Act and Board Rules, specifically:

Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule; specifically Board Rule 165.1, which requires the maintenance of adequate medical records.

Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to practice medicine in an acceptable professional manner consistent with public health and welfare, as further defined by Board Rules: 190.8(1)(A), failure to treat a patient according to the generally accepted standard of care; 190.8(1)(B), negligence in performing medical services; 190.8(1)(C), failure to use proper diligence in one's professional practice; 190.8(1)(D), failure to safeguard against potential complications.

230. On or about July 16, 2014, Patient fired Respondent.

Continued Treatment

231. On or about August 6, 2014, Patient sent Respondent a letter advising that she had ceased taking Depakote and believed she had been misdiagnosed with Bipolar Disorder.

232. On September 9, 2014, Respondent sent Patient a letter he did not record in his medical records.

233. The letter stated, "I know you fired me and I'm no longer your doctor. So I'm not supposed to be concerned, but it's my nature. You may control your Bipolar Disorder with NAC, a proper diet, and regular exercise, and 7-8 hours of good sleep. All you need is good company! Have Fun!".

234. On or about August 7, 2014, Respondent sent Patient an email that he failed to document in her medical records that stated, "although we may have hit on a particularly effective regimen, treating your disorder with NAC... it may be that the anti-oxidant effect may have gotten rid of toxins in the CNS that may play a role in Bipolar mood swings, it is not yet a recommended treatment by the FDA. It would be considered an "off-label" use of the [NAC]. As long as you are getting 7-8 hours of good, restorative sleep at night, eat a healthy diet and exercise daily... I can't fault your treatment plan... and I'm DELIGHTED that you continue to feel good and are active, and able to think clearly."

235. On or about September 14, 2014, Respondent violated physician-patient boundaries by sending Patient a letter, flyer, and article stating that 9/11 was an inside job.

236. Respondent's written statements to Patient that she no longer needed to take Depakote, which he intentionally failed to document in her medical records, is a radical departure from his visit with her only three months early where he documented that recommending she increase her Depakote to 1,500 mg. daily and start an anti-psychotic medication.

237. Nothing occurred during the interim that would give Respondent a basis for reaching such a conclusion.

238. Even Patient noted the change, responding that she had read Respondent's Clinical Summary and it sounded like he was covering his backside in the event she had a manic episode after ceasing to take Depakote.

239. Respondent deviated from the standard of care by advising Patient that she did not need to take Depakote to control her Bipolar Disorder.

240. Respondent's conduct violated the Act and Board Rules, specifically:

Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule; specifically Board Rules: 165.1, which requires the maintenance of adequate medical records; and, 200.3, failure to adhere to those established standards for physicians practicing complementary and alternative medicine.

Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to practice medicine in an acceptable professional manner consistent with public health and welfare, as further defined by Board Rules: 190.8(1)(A), failure to treat a patient according to the generally accepted standard of care; 190.8(1)(B), negligence in performing medical services; 190.8(1)(C), failure to use proper diligence in one's professional practice; 190.8(1)(D), failure to safeguard against potential complications; 190.8(1)(G), failure to disclose reasonably foreseeable side effects of a procedure or treatment; 190.8(1)(H), failure to disclose reasonable alternative treatments to a proposed procedure or treatment; and 190.8(1)(I), failure to obtain informed consent from the patient or other person authorized by law to consent to treatment on the patient's behalf before performing tests, treatments, or procedures.

Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based upon Respondent's unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public, as further defined by Board Rules:: 190.8(2)(J), providing medically unnecessary services to a patient or submitting a billing statement to a patient or a third party payer that the licensee knew or should have known was improper; and, 190.8(1)(K), prescription or administration of a drug in a manner that is not in compliance with Chapter 200 of this title (relating to Standards for Physicians Practicing Complementary and Alternative medicine.).

Section 164.053(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing or administering a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is administered or prescribed.

Section 164.053(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing, administering, or dispensing in a manner inconsistent with public health and welfare, dangerous drugs as defined by Chapter 483, Health and Safety Code; or controlled substances scheduled in

Chapter 481 Health and Safety Code; or controlled substances scheduled in the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. § 801 et seq.).

Failure to Release Medical Records

241. On or about March 28, 2017, Patient sent another request to Respondent asking for a copy of her complete medical records.
242. Patient sent the request by certified mail.
243. The request was delivered to Respondent on March 30, 2017.
244. On April 13, 2017, Patient sent a follow up letter to Respondent inquiring into her request for records.
245. The letter was sent by certified mail and delivered on April 15, 2017.
246. Respondent failed to timely respond to the request.
247. Respondent's conduct violated the Act and Board Rules, specifically:

Section 159.006(a), (d) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to release medical records pursuant to a written release 15 business days following receipt of request.

Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based upon Respondent's unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public, as further defined by Board Rule 190.8(2)(L), failing to timely respond to communications from a patient.

Failure to Cooperate

1. On or about September 11, 2017, Board Investigators sent Respondent a Subpoena Duces Tecum requesting that within 14 days he "provide a complete and accurate copy of the medical and billing records" for Patient.
2. Respondent failed to timely provide the requested records.
3. On or about September 27, 2017, a Board Investigator called Respondent and left him a voicemail following up on the Subpoena Duces Tecum.

4. On or about October 6, 2017, a Board Investigator called Respondent and left a voicemail following up on the Subpoena Duces Tecum.

5. Respondent returned the call the same day and Respondent assured the Board Investigator that he would get the records to her within the week.

6. Instead, on or about October 12, 2017, Respondent sent Board Investigators an email advising that he mailed the medical records with a three-page cover letter "stacked upon the voluminous medical record of [Patient]"

7. Respondent's email further stated that included in the packet was a Clinical Summary, which he produces in all his cases, and that "I rarely ever turn over the complete medical record (which I've provided to you)."

8. On or about October 17, 2017, Board Investigators received a packet from Respondent consisting of 87 pages of records, but no business records affidavits.

9. The cover letter contained pictures of Patient in her tie-dyed outfit and a statement from Respondent that the Board should dismiss their investigation because "a picture is worth a thousand words."

10. On or about October 18, 2017, Board Investigators emailed Respondent following up on the Subpoena Duces Tecum and asking him to produce the records with a business records affidavit.

11. On or about October 24, 2017, Respondent sent Board Investigators a letter containing a business records affidavit for 147 pages of medical records, which had purportedly previously been sent, and Patient's billing records with a business records affidavit.

12. Respondent included a bill for \$36 for compiling the records.

13. On or about November 14, 2017, Board Investigators contacted Respondent to advise that the business records affidavit provided for Patient stated that there were 147 pages of records, but that only 87 pages had been provided.

14. On or about November 27, 2017, Respondent emailed Board Investigators and advised that he would produce the records and a corrected business records affidavit shortly.

15. On the same day, Respondent provided 148-pages of medical records along with a business records affidavit.

16. On February 9, 2018, in response to Board Staff's Request for Production, Respondent admitted that he has 30 pages of psychotherapy notes for Patient that were not provided to Board Investigators.

17. Respondent asserted a psychotherapy notes privilege and withheld the records until the week before trial.

18. The records withheld by Respondent were not psychotherapy notes, but instead traditional medical records interspersed with psychotherapy notes.

19. Respondent falsely represented to the Board and the Court that the entirety of these records were psychotherapy notes.

20. Respondent's failure to timely provide records to the Board and failure to provide complete copies of all of Patient's medical and billing records violates the Act and Board Rules, specifically:

Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to practice medicine in an acceptable professional manner consistent with public health and welfare, as further defined by Board Rule 190.8(1)(C), failure to use proper diligence in one's professional practice.

Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based upon Respondent's unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public, as further defined by Board Rules: 187.15, failure to comply with reasonable request to produce records, documents, or other information requested by Board Staff; 190.8(2)(B), failure to comply with Board request for information; 190.8(2)(D), failure to cooperate with Board Staff; and, 190.8(2)(C), providing false information to the Board.

Medical Records

Board Staff allege the following, in the alternative:

21. Respondent kept no contemporaneous medical records for Patient during their 20 visits, save for a single paragraph of handwritten notes that were undated and unsigned.

22. Respondent's recent production of medical records for Patient on the eve of trial, two years after the Board's investigation, calls into question the veracity of these records.

23. Respondent's conduct violates the Act and Board Rules, specifically:

Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule; specifically Board Rule 165.1, which requires the maintenance of adequate medical records.

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Section 164.053(a)(7) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of Section 311.0025 of the Texas Health & Safety Code, which provides that a hospital, treatment facility, mental health facility, or health care professional may not submit to a patient or a third party payer a bill for a treatment that the hospital, facility, or professional knows was not provided or knows was improper, unreasonable, or medically or clinically unnecessary.

V. AGGRAVATING FACTORS

On August 13, 2004, the Board entered into an Agreed Order requiring Respondent to pay a \$500 administrative penalty for failing to timely release patient records pursuant to a written request.

On or about August 19, 2015, Respondent received an Advisory Letter from the Arizona Medical Board for prescribing Naltrexone to a patient who was already taking an ongoing prescription for Opioids.

Board Rule 190.14(1) provides that the Board may impose more restrictive sanctions when there are multiple violations of the Act.

Board Rule 190.15 provides that the Board may consider aggravating factors that warrant more severe or restrictive disciplinary action. This case includes the following aggravating factors: (4) economic harm to any individual or entity and the severity of such harm; (5) increased potential for harm to the public; (6) attempted concealment of the act constituting a violation; (7) intentional, premeditated, knowing, or grossly negligent act constituting a violation; (8) prior similar violations; (9) previous disciplinary action by the board, any government agency, peer review organization, or health care entity; and, (11) other relevant circumstances increasing the seriousness of the misconduct.

Board Staff are aware of no mitigating factors that apply and demand that Respondent submit proof to substantiate any alleged mitigating factors.

VI. PRAYER

Board Staff requests that an administrative law judge employed by the State Office of Administrative Hearings conduct a contested case hearing on the merits of the Complaint, and issue a Proposal for Decision containing Findings of Fact and Conclusions of Law necessary to support a determination that Respondent violated the Act as set forth in this Complaint.

Respectfully Submitted,

TEXAS MEDICAL BOARD

CHRISTOPHER PALAZOLA
Litigation Manager

SUSAN RODRIGUEZ
Supervising Attorney

A handwritten signature in black ink, appearing to read "Johnathan Stone", is written over a horizontal line.

JOHNATHAN STONE
Senior Staff Attorney
Lead Counsel
State Bar No. 24071779

JARED BREHMER
Staff Attorney
State Bar No. 24092168

Texas Medical Board
P.O. Box 2018, MC-264
Austin, TX 78768-2018
Telephone: (512) 305-7079
Facsimile: (512) 305-7007

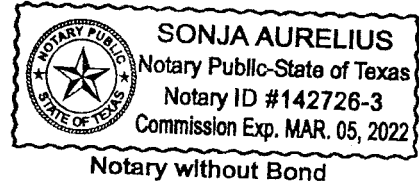
ATTORNEYS FOR THE BOARD

THE STATE OF TEXAS

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COUNTY OF TRAVIS

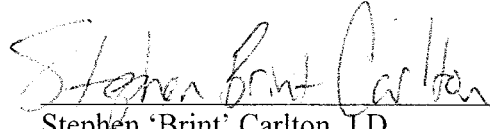
SUBSCRIBED AND SWORN to before me by the said Johnathan Stone on June 24, 2019.



Sonja Aurelius

Notary Public, State of Texas

Filed with the Texas Medical Board on June 24, 2019.

Handwritten signature of Stephen Brint Carlton in cursive script, written over a horizontal line.

Stephen 'Brint' Carlton, J.D.
Executive Director
Texas Medical Board

CERTIFICATE OF SERVICE

I certify that on June 24, 2019, a true and correct copy of the foregoing document has been served as follows:

By Electronic Upload:

Docket Clerk

State Office of Administrative Hearings
William P. Clements Bldg.
300 W. 15th Street, Suite 504
Austin, TX 78701-1649
docketing@soah.texas.gov

By Email:

Frank Elmer Lane, M.D.
C/o David J. Tuckfield

The AL Law Group, PLLC
12400 Highway 71 West
Suite 350-150
Austin TX 78738
Telephone: (512) 576-2481
Facsimile: (512) 366-9949
david@allawgp.com
Respondent's Attorney

By Hand Delivery:

Robin Etheridge
Hearings Coordinator

Texas Medical Board
333 Guadalupe, Tower 3, Suite 610
Austin, TX 78701

/s/ Johnathan Stone
JOHNATHAN STONE
Senior Staff Attorney
Lead Counsel