# **October 2022 Public Board Actions List**

Georgia Composite Medical Board Attn: **Ms. Latisha Bias**, Public Records Unit 2 Peachtree Street, N.W., 6th Floor Atlanta, Georgia 30303-3465 PH: (404) 657-3194 FX: (404) 463-2539 Email: <u>latisha.bias@dch.ga.gov</u>

The Board issued **Seven** public orders in **October 2022**. To view each Board order, click on the licensee's name below.

Richard Kessler, PA
6364
Physician Assistant
Order Upon Remand from Superior Court

2. Susan Kolb, MD31272PhysicianFinal Decision

3. Catherine Lewis, MD73752PhysicianPublic Consent Order

4. Viralkumar Patel, MD62073PhysicianPublic Consent Order

5. Prakash Reddy, MD50329PhysicianVoluntary Cease and Desist Order

6. Mariah Van Horn276AcupuncturistConsent Agreement for Reinstatement

# 7. **Brent Harris, MD** 67226 Physician Public Consent Order

# **BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD** STATE OF GEORGIA

| GEORGIA COMPOSITE MEDICAL BOARD, | )                   |   |  |
|----------------------------------|---------------------|---|--|
| Petitioner,                      |                     | OSAH Docket No. 2107052<br>2107052-OSAH-GCMB-PA-60-Malihi |  |
| V.                               | )                   | 0   |  |
| RICHARD KESSLER, P.A.            | ) Board Docket No.: | GEORGIA COMPOSITE<br>MEDICAL BOARD                        |  |
| Respondent.                      | )                   | OCT 1 1 2022<br>DOCKET NUMBER:                            |  |
| ORDER UPON REMAND FRO            | OM SUPERIOR COURT   | - 20230022  |  |

## **ORDER UPON REMAND FROM SUPERIOR COURT**

The Georgia Composite Medical Board ("Board") hereby enters its Order Upon Remand from the Fulton County Superior Court in the above-referenced matter, which pertains to the license of Richard Kessler (the "Respondent") to practice as a physician assistant in the State of Georgia.

After administrative proceedings before the Office of State Administrative Hearings, on March 2, 2021, the administrative law judge issued an Initial Decision, upholding the Board's prior suspension order and indefinitely suspending Respondent Kessler's license to practice as a physician assistant, based on concerns that Respondent was unsafe to practice. After a review hearing before the Board on May 20, 2021, the Board docketed the Final Decision in this matter, in which the Board adopted the Initial Decision of the administrative law judge. Respondent, through the provisions of O.C.G.A § 50-13-19, petitioned for judicial review of the Board's Final Decision in Fulton County Superior Court, challenging the evidentiary basis for the Board's decision, on hearsay and reliability grounds. After briefing and a final hearing, on September 7, 2022, the superior court issued its order, noting:

The Court finds that these reports compound the issue of hearsay with direct statements contained within that misstate findings within the WDS that call into question the level of scrutiny that went into the creation of these reports. The

Court therefore finds that both the Talbott Report and Ridgeview Evaluation are inadmissible to prove that Petitioner was unsafe to practice.

The superior court concluded that "[b]ecause there is no conflicting evidence in the record that could sustain the Initial Decision, the Court finds that the ALJ's evidentiary rulings were 'clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record'" and granted the petition for judicial review, remanding the matter to the Board for further proceedings in line with its September 7, 2022 order.

Having reviewed the decision of the superior court, IT IS THEREFORE ORDERED that the previous Final Decision of the Board in this matter, is hereby VACATED and that Respondent Kessler's license be returned to Active Status. This Order Upon Remand from Superior Court, along with the order from the superior court (attached as an exhibit to this Order) shall be placed in Respondent Kessler's profile.

This day of October, 2022.



GEORGIA COMPOSITE MEDICAL BOARD

with

MATTHEW W. NORMAN Chairperson

DANIEL R. DORSEN Executive Director

## IN THE SUPERIOR COURT OF FULTON COUNTY STATE OF GEORGIA

RICHARD BLAKE KESSLER, P.A., Petitioner,

v.

Case No. 2021-CV-350870

# GEORGIA COMPOSITE MEDICAL BOARD, Respondent.

# **ORDER**

Before the Court is the Petitioner's Application for Judicial Review (the "Application")

raised pursuant to O.C.G.A. § 50-13-19. The Court received briefs and held an appeal hearing held

on August 26, 2022. The Application is GRANTED, as set forth below.

Petitioner's Application was raised pursuant to O.C.G.A. § 50-13-19(h), subsections (1),

(3) and (5), which provide:

The court may affirm the decision of the agency or remand the case for further proceedings. The court may reverse or modify the decision if substantial rights of the appellant have been prejudiced because the administrative findings, inferences, conclusions, or decisions are: (1) In violation of constitutional or statutory provisions; ... (3) Made upon unlawful procedure; ...or (5) Clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record[.]

Petitioner argues all three subsections were violated when the ALJ admitted several pieces of

evidence over Petitioner's hearsay and relevance objections.

### **Findings of Fact/Background**

Richard Kessler was a licensed physician assistant at all times relevant to this matter. R. at

31.<sup>1</sup> In August 2016, while employed at a surgery center in Atlanta, Petitioner was given a

<sup>&</sup>lt;sup>1</sup> All references to "R" are references to the record.

workplace drug screen (the "Workplace Drug Screen" or "WDS"). R. at 130. The WDS was clearly marked "For medical purposes only. Chain of custody not maintained." *Id*.

In October 2016, Petitioner entered into a contract (the "Agreement") with the Georgia Professional Health Program (the "PHP") for an evaluation. R. at 32. According to the Agreement, Petitioner would accept any recommended treatment, or else be reported to the Georgia Composite Medical Board (the "Respondent" or "Board"). The PHP directed the Petitioner to participate in an evaluation at the Talbott Recovery Center, which Petitioner did. R. at 33 *et seq*. In October 2016, Talbott released a report (the "Talbott Report"), which diagnosed Petitioner with an "opioid use disorder, moderate." R. at 38. Petitioner has argued that he did not have an opioid abuse problem and naturally refused to seek treatment for a condition contends he did not have. Moreover, Petitioner argued that he had cancer and no money to spend on extra, unnecessary medical treatments. R. at 41.

Subsequently, the PHP reported this breach of the Agreement to the Board, that ordered a second evaluation at a different facility. R. at 75-79. Petitioner obtained the second evaluation from Ridgeview Institute (which produced the "Ridgeview Report"). R. at 80-110. Petitioner argued that the results of all Ridgeview's own tests were favorable to him, specifically arguing that every drug test was negative for drugs, and every interview conducted gave positive feedback. R. at 104-108. Petitioner also identified numerous inconsistencies within the Ridgeview Report, raising questions about its reliability.

Ridgeview diagnosed Petitioner with a "history of opiate abuse disorder, moderate." R. at 84. On September 13, 2017, the Board suspended the Petitioner's license. R. at 111 (the "OSS").

On July 7, 2020, the Board produced a copy of the WDS upon which the evaluations are based, more than three years after the suspension. The WDS contains three parts. R. at 130-132.

There was an initial drug screen on August 11, 2016, which was positive for benzodiazepine and an opiate. *Id.* Then, the employer decided to break the chain of custody, a fact that the WDS plainly discloses: "For medical purposes only. Chain of custody not maintained." *Id.* Five days later, on August 16, 2016, the sample was retested at an external lab, which was positive for oxazepam (a benzodiazepine for which Petitioner has a prescription). *Id.* The next day, a third test was performed which came back positive for Fentanyl. *Id.* 

Petitioner argued that the WDS contradicted the allegations in the Talbott and Ridgeview Reports, as well as the allegations found in the OSS. *See generally* WDS, R. at 130-132. Petitioner has argued this evidence is unreliable on the basis of these inconsistencies.

On September 21, 2020, Petitioner sought a hearing, which was held before the Office of State Administrative Hearings on January 26, 2021 (the "OSAH Hearing" or the "ALJ"). *See GCMB v. Kessler*, OSAH Case No. 2107052-OSAH-GCMB-PA-60-Malihi. At the OSAH Hearing, the Board presented the testimony of its employee, Jonathan McGehee (the so-called "Investigator"). Through the Investigator, the Board presented the following evidence against Kessler:

(a) Testimony of the Board's Investigator as to the Employer's allegations;

(b) Talbott Evaluation Report;

(c) Ridgeview Evaluation Report; and a

(d) "breach" of the Agreement Not to Practice.

See R. at 153.<sup>2</sup>

<sup>&</sup>lt;sup>2</sup> The Petitioner objected to these pieces of "evidence" in a timely manner both before the ALJ and the Board. R. at 192 (Transcript of May 6, 2021 hearing) (these objections are the same ones discussed in arguments below). Petitioner also objected at the OSAH Hearing. R. at 130 (the Initial Decision describes objections made as "arguing inconsistencies").

On March 2, 2021, the ALJ issued a Initial Decision indefinitely suspending Kessler practicing as a licensed Physician's assistant and identified the basis of its decision as follows:

Despite Respondent's attempts at the hearing to argue certain inconsistencies in the various tests and assessments, these facts remain: over the course of several months in 2016 and 2017, the Board received a concerning report from Respondent's employer, a report that Respondent had failed to follow through with his PHP agreement and that the PHP was unable to contact him, confirmation that Respondent was working as a physician assistant without evidence that he had ever undergone the recommended treatment, and, significantly, two evaluations indicating that Respondent was not safe to practice.

R. at 153.

Petitioner appealed the Initial Decision to the Board. On May 7, 2021, as part of a regular Board meeting, the Board reviewed the Initial Decision. On May 20, 2021, the Board upheld the Initial Decision (the "Final Decision"). R. at 197. Petitioner filed this appeal in June 2021.

A few months later, minutes of the May Board meeting were publicly released:

Richard Blake, PA, requested a review hearing. Max Changus, Assistant Attorney General, appeared on behalf of the Board. Mr. Blake was represented by Attorney Matt Bass... Dr. Retterbush made a motion, seconded by Dr. Harbin, to uphold the Initial Decision of the Administrative Law Judge. Dr. Reisman and Dr. DeLoach both abstained.

### Ruling on Application Raised Under O.C.G.A. §50-13-19(h)(5)

O.C.G.A. § 50-13-19 (h) clearly authorizes appellate review of the sufficiency of the evidence to support the ALJ's decision on questions of law. *Stevens v. Board of Regents*, 129 Ga. App. 347 (1973). Moreover, the Court is empowered to decide whether the administrative court relied on admissible evidence. *See McEver v. Worrell Enterprises*, 223 Ga. App. 627 (1996).

Accordingly, the Court is empowered to consider whether the ALJ relied on admissible or inadmissible evidence in rendering the Initial Decision. Respondent argued and Petitioner does not contest that the Initial Decision was based on the following evidence: (a) the testimony of an

investigator as to the employer's allegations; (b) Talbott Evaluation Report; (c) Ridgeview Evaluation Report; and (d) Breach of the Agreement Not to Practice. *See* Respondent's Reply, dated November 2021.

Petitioner argues that the testimony of the Investigator as to the employer's allegations was inadmissible because it was hearsay within hearsay within hearsay ((i) board's investigator read the allegations in the report, (ii) the report was authored by people who heard the allegations from the Employer representative, (iii) the Employer representative repeated what yet another employee supposedly saw)). The Court finds that this objection was raised before the administrative law judge. The Court finds that the testimony of the Investigator as to the employer's allegations is inadmissible because it is hearsay. The testimony is hearsay because it was offered into the record for the truth of the matter asserted by someone other than the declarant. There being no hearsay exception applicable based upon the evidence presented, this evidence should not have been admitted into the record by the ALJ.

Petitioner argues that the Talbott and Ridgeview Evaluation Reports are also inadmissible because they are *hearsay within hearsay within hearsay* ((i) board investigator reported the allegations in the report as true, (ii) statement in report were authored by people who heard the allegations from the employer representative, (iii) the employer representative repeated statements supposedly made by some other, unidentified employee). Petitioner further argues that the Ridgeview Evaluation compounds the problem by adding yet another layer of hearsay because it reiterates the allegations of the Talbott Report, and is not based on independent information. Petitioner repeatedly argues that both reports had no indicia of reliability because they both misstate the contents of the drug screen they supposedly rely upon for diagnosis. The Court finds that these reports compound the issue of hearsay with direct statements contained within that misstate findings within the WDS that call into question the level of scrutiny that went into the creation of these reports. The Court therefore finds that both the Talbott Report and Ridgeview Evaluation are inadmissible to prove that Petitioner was unsafe to practice.

As noted above, the ALJ relied only on this evidence as the basis of his decision. Respondent failed to produce any other evidence at the hearing. Accordingly, there is only the breach of the PHP in the record that supports the Respondent's case. The standard of review for issues raised under the "clearly erroneous" language in O.C.G.A. § 50-13-19(h)(5) is "any evidence." Under O.C.G.A. § 50-13-19(h)(5), the "any evidence" standard is the applicable touchstone and the presence of conflicting evidence is sufficient to satisfy that test. *Bowman v. Palmour*, 209 Ga. App. 270 (1993). As stated during an evidentiary hearing, however, the breach of the PHP did not create, in and of itself, any negative consequences besides the Petitioner being reported to the Board that they are not following through with the PHP. As such, this fact, by itself, cannot support a finding that the Petitioner was unsafe to practice, based on the record established below.

Because there is no conflicting evidence in the record that could sustain the Initial Decision, the Court finds that the ALJ's evidentiary rulings were "clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record." The Court therefore GRANTS the Petitioner's request for relief under O.C.G.A. §50-13-19(h)(5) and REMANDS FOR FURTHER PROCEEDINGS IN LINE WITH THIS ORDER.

SO ORDERED, this the *H* day of September 2022.

THOMAS A. COX, JR, JUDGE SUPERIOR COURT OF FULTON COUNTY ATLANTA JUDICIAL CIRCUIT

# BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD STATE OF GEORGIA

| GEORGIA COMPOSITE MEDICAL BOARD, | ) |
|----------------------------------|---|
| The state                        | ) |
| Petitioner,                      | ) |
| Malihi                           | ) |
| <b>v.</b>                        | ) |
| RICHARD KESSLER,                 | ) |
| Respondent                       | ) |

ODODOTI NO

OSAH Docket No. 2107052 2107052-OSAH-GCMB-PA-60-

> GEORGIA COMPOSITE MEDICAL BOARD

**Board Docket No.:** 

MAY 2 0 2021

DOCKET NUMBER:

10210070

## FINAL DECISION

An Initial Decision was issued by the Office of State Administrative Hearings in the above matter on March 2, 2021. The Respondent requested a review of the Initial Decision, and a review hearing was held before the Georgia Composite Medical Board ("Board") on May 6, 2021. Allen Meadors was the appointed hearing officer. At the review hearing, the Board was represented by Maximillian Changus, Assistant Attorney General, and the Respondent, Richard Kessler, was present and represented by James Matthew Bass, Esq. After hearing argument and testimony of the Appellant/Respondent, the Board, after deliberation, finds as follows and enters this Order in the above-styled case.

# FINDINGS OF FACT

The Findings of Fact entered by the Administrative Law Judge in the Initial Decision are adopted and incorporated by reference herein.

# **CONCLUSIONS OF LAW**

The Conclusions of Law entered by the Administrative Law Judge in the Initial Decision are adopted and incorporated by reference herein.

# DECISION AND ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Board upholds the Initial Decision of the Administrative Law Judge, Michael Malihi, and ORDERS that Respondent's license to practice as a physician assistant be INDEFINITELY SUSPENDED and that the Respondent shall be allowed to petition the Board for the lifting of such suspension of his license at any time following the effective date of this decision. Such petition shall include documentation of the results of a mental/physical examination in compliance with any requirements of the Board and documentation that he has been deemed safe to practice by a Board-certified physician.

day of May, 2021. SO ORDERED, this

(BOARD SEAL)

GEORGIA COMPOSITE MEDICAL BOARD

BARBY J. SIMMONS, DO Chairperson

LASHARN HUGHES, MBA Executive Director

Prepared and Submitted By:

Allen Meadors, Hearing Officer

# BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD

# STATE OF GEORGIA

)

)

)

)

IN THE MATTER OF:

SUSAN KOLB, MD, License No. 31272, Respondent. OSAH Docket No.: 2221950 2221950-OSAH-GCMB-PHY-60-Barnes

BOARD DOCKET NO: GEORGIA COMPOSITE MEDICAL BOARD

# FINAL DECISION

OCT 1 1 2022 DOCKET NUMBER:

1

An Initial Decision was issued by the Office of State Administrative Hearings in the above matter on August 1, 2022. The Executive Director was hand-served with the Initial Decision on August 31, 2022, after unsuccessful attempts to serve the Respondent. In the absence of an application to the agency for review of said Initial Decision, or an order by the Board to review said Initial Decision on its own motion, said Initial Decision becomes the Final Decision of the Board by operation of law, pursuant to O.C.G.A. § 50-13-17(a).

# FINDINGS OF FACT

The Findings of Fact entered by the Administrative Law Judge in the Initial Decision are adopted and incorporated by reference herein.

# CONCLUSIONS OF LAW

The Conclusions of Law entered by the Administrative Law Judge in the Initial Decision are adopted and incorporated by reference herein.

# DECISION AND ORDER

The recommendation of the Administrative Law Judge that Respondent's license to practice medicine in the State of Georgia be **REVOKED**, with the terms as set forth in the

Initial Decision, is adopted and incorporated by reference and, having become final on October 1, 2022, is hereby made the Final Decision of the Board, effective October 1, 2022.

SO ORDERED, this 11th day of October, 2022.

GEORGIA COMPOSITE MEDICAL BOARD

ano will

MATTHEW W. NORMAN, M.D. Chairperson

DANIEL DORSEY Executive Director



## BEFORE THE OFFICE OF STATE ADMINISTRATIVE HEARINGS STATE OF GEORGIA

GEORGIA COMPOSITE MEDICAL BOARD,

Petitioner,

v.

SUSAN KOLB MD, Respondent. Docket No.: 2221950 2221950-OSAH-GCMB-PHY-60-Barnes

Agency Reference No.: 31271



#### **INITIAL DECISION**

#### I. Introduction

Petitioner, the Georgia Composite Medical Board ("Board") brought this action seeking the imposition of sanctions against Respondent's license to practice medicine in Georgia. The Board also requested the imposition of costs it incurred through the investigation and administrative action. The evidentiary hearing took place before the undersigned administrative law judge. The Board was represented by Sandra Bailey, Esq., Assistant Attorney General. Respondent failed to appear at the hearing and is in default. Nevertheless, the Court held the hearing in Respondent's absence and developed the evidentiary record contained herein. After careful consideration of the evidence and arguments presented, and for the reasons stated below, the Board's decision is **AFFIRMED**.

#### **II. Findings of Fact**

1. Respondent is licensed to practice medicine in the State of Georgia and was licensed at all times relevant to this proceeding.

2. The Court finds that service in this matter on Respondent was proper.

3. The undersigned herein incorporates the Statement of Matters Asserted attached to the OSAH Form 1, as Respondent did not contest any of the factual assertions.

4. Dr. Carmen Kavali, M.D., a board-certified plastic surgeon, performed a peer review of Respondent's work at the request of the Board. Dr. Kavali was qualified as an expert and testified credibly at the hearing.

5. The Board provided Dr. Kavali with medical records covering at least five of Respondent's patients. Dr. Kavali reviewed the medical records. In every case, the treatment Respondent provided fell below the standard of care.

6. Generally, patients reached out to Respondent based on her social media presence. Respondent diagnosed patients with Breast Implant Illness ("BII") based on two insufficient questionnaires that consisted of vague symptoms. In every instance, the patient ultrasounds stated that the patient's breast implant was leaking, although each pathology report concluded that the implants were fine or intact. Respondent removed patient lymph nodes when it was improper and dangerous to do so. In that case, the lymph node dissection resulted in lymphedema. Respondent prescribed a "detoxification" process to her patients, although such a process is "absolutely not" a treatment for BII. Respondent also performed a "complete capsulectomy", which is not an acceptable or appropriate treatment for BII. In multiple instances, Respondent told patients that she was "the only doctor in the world" who could help them. This was not true and was inappropriate behavior. In one case, a patient presented with numbness in the thumb. Respondent told the patient that a microchip had been placed in the patient's wrist and that Respondent needed to remove it. Respondent performed a surgery to remove the alleged microchip from the patient's wrist and warned the patient that multiple microchips remained in the patient's body, which Respondent would need to remove.

7. The evidence shows that Respondent operated her practice unethically. Respondent caused harm by performing unnecessary procedures.

8. The investigative costs incurred by the Board amount to one thousand two hundred dollars (\$1,200.00). This amount does not include legal costs incurred by the Board.

#### **III. Conclusions of Law**

1. Because this case concerns the proposed revocation of Petitioner's medical license, the Board bears the burden of proof. Ga. Comp. R. & Regs. 616-1-2-.07. The standard of proof is a preponderance of the evidence. Ga. Comp. R. & Regs. 616-1-2-.21.

2. The Board seeks to sanction Respondent's medical license pursuant to various statutes and rules.

3. O.C.G.A. § 43-34-8(a) states in part:

(a) The board shall have authority to refuse to grant a license, certificate, or permit to an applicant or to discipline a person regulated under this chapter or any antecedent law upon a finding by the board that the licensee, certificate holder, or permit holder or applicant has:

(2) Knowingly made misleading, deceptive, untrue, or fraudulent representations in the practice of a profession licensed, certified, or permitted under this chapter or in any document connected therewith; practiced fraud or deceit or intentionally made any false statement in obtaining a license, certificate, or permit under this chapter to practice pursuant to this chapter; or made a false statement or deceptive registration with the board;

(6) Advertised for or solicited patients; obtained a fee or other thing of value on the representation that a manifestly incurable disease can be permanently cured; or made untruthful or improbable statements, or flamboyant or extravagant claims concerning his or her professional excellence or treatment protocols; (7) Engaged in any unprofessional, unethical, deceptive, or deleterious conduct or practice harmful to the public, which need not have resulted in actual injury to any person. As used in this paragraph, the term "unprofessional conduct" shall include any departure from, or failure to conform to, the minimum standards of acceptable and prevailing medical practice and shall also include, but not be limited to, the prescribing or use of drugs, treatment, or diagnostic procedures which are detrimental to the patient as determined by the minimum standards of acceptable and prevailing medical practice or by rule of the board;

(11) Committed any act or omission which is indicative of bad moral character or untrustworthiness;

(17) Entered into conduct which discredits the profession;

(19) Failed to maintain appropriate medical or other records as required by board rule; [...]

The Court finds that Respondent has run afoul of each of these provisions.

4. O.C.G.A. § 43-1-19 states in part:

(a) A professional licensing board shall have the authority to refuse to grant a license to an applicant therefore or to revoke the license of a person licensed by that board or to discipline a person licensed by that board, upon a finding by a majority of the entire board that the licensee or applicant has:

(2) Knowingly made misleading, deceptive, untrue, or fraudulent representations in the practice of a business or profession licensed under this title or on any document connected therewith; practiced fraud or deceit or intentionally made any false statement in obtaining a license to practice the licensed business or profession; or made a false statement or deceptive registration with the board;

(6) Engaged in any unprofessional, immoral, unethical, deceptive, or deleterious conduct or practice harmful to the public that materially affects the fitness of the licensee or applicant to practice a business or profession licensed under this title or is of a nature likely to jeopardize the interest of the public; such conduct or practice need not have resulted in actual injury to any person or be directly related to the practice of the licensed business or profession but shows that the licensee or applicant has committed any act or omission which is indicative of bad moral character or untrustworthiness. Such conduct or practice shall also include any departure from, or the failure to conform to, the minimal reasonable standards of acceptable and prevailing practice of the business or profession licensed under this title;

(d) When a professional licensing board finds that any person is unqualified to be granted a license or finds that any person should be disciplined pursuant to subsection (a) of this Code section or the laws, rules, or regulations relating to the business or profession licensed by the board, the board may take any one or more of the following actions:

(5) Revoke any license;

•••

(8) Impose on a licensee or applicant fees or charges in an amount necessary to reimburse the professional licensing board for the administrative and legal costs incurred by the board in conducting an investigative or disciplinary proceeding.

5. Ga. Comp. R. & Regs. R. 360-3-.02 authorizes the Board to take disciplinary action

against licensees for "unprofessional conduct" which includes, in relevant part, but is not limited

to:

(9) Failing to comply with the provisions of O.C.G.A. § 31-9-6.1 and Chapter 30-14 of the Rules of Georgia Composite Medical Board relating to informed consent, which requires that certain information be disclosed and that consent be obtained regarding any surgical procedure performed under general anesthesia, spinal anesthesia, or major regional anesthesia or an amniocentesis procedure or a diagnostic procedure that involves the intravenous injection of a contrast material.

(14) Failing to use such means as history, physical examination, laboratory, or radiographic studies, when applicable, to diagnose a medical problem.

(15) Failing to use medications and other modalities based on generally accepted or approved indications, with proper precautions to avoid adverse physical reactions, habituation, or addiction in the treatment of patients. However, nothing herein shall be interpreted to prohibit investigations conducted under protocols approved by a state medical institution permitted by DHS and with human subject review under the guidelines of the United States Department of Health and Human Services.

(16) Failing to maintain patient records documenting the course of the patient's medical evaluation, treatment, and response.

(a) A physician shall be required to maintain a patient's complete medical record, which may include, but is not limited to, the following: history and physical, progress notes, Z-ray reports, photographs, laboratory reports, and other reports as may be required by provision of the law. A physician shall be required to maintain a patient's complete treatment records for a period of no less than 10 years from the patient's last office visit.

(18) Any other practice determined to be below the minimal standards of acceptable and prevailing practice.

6. The Board's authority to discipline a physician is also set forth in Ga. Comp.

R. & Regs. R. 360-3-.01 which states:

The Georgia Composite Medical Board ("Board") is authorized to deny, revoke, suspend, fine, reprimand or otherwise limit the license of a physician or physician assistant for all the grounds set forth in O.C.G.A. § 43-34-8 and to deny, revoke, suspend, fine, reprimand or otherwise limit the license of a physician pursuant to O.C.G.A. § 43-34-8. In addition, the Board is authorized to terminate the approval of a physician's assistant and to revoke the license of a physician's assistant pursuant to O.C.G.A. § 43-34-8.

7. Based on the above-described actions of Respondent in her medical practice, the

Court concludes that the Board's proposed sanction of revocation is appropriate. Respondent violated numerous provisions of O.C.G.A. §§ 43-34-8(a) and 43-1-19. Her conduct was unprofessional. Further, by falling below the standard of care, Respondent has threatened the health, safety, and welfare of the public.

#### **IV. Decision**

In accordance with the foregoing Findings of Fact and Conclusions of Law, the Board's decision to revoke Petitioner's medical license is **AFFIRMED**. Additionally, Respondent shall pay to the Board the legal costs associated with the administrative proceeding, including but not

limited to, the costs recorded by the Court. Additionally, Respondent is ordered to pay the Board its investigative costs of \$1,200.00.

**SO ORDERED**, this  $1^{st}$  day of August, 2022.

DMIN

Shakara M. Barnes Administrative Law Judge



# NOTICE OF INITIAL DECISION

Attached is the Initial Decision of the administrative law judge. A party who disagrees with the Initial Decision may file a motion with the administrative law judge and/or an application for agency review.

# Filing a Motion with the Administrative Law Judge

A party who wishes to file a motion to vacate a default, a motion for reconsideration, or a motion for rehearing must do so within 10 days of the entry of the Initial Decision. Ga. Comp. R. & Regs. 616-1-2-.28, -.30(4). All motions must be made in writing and filed with the judge's assistant, with copies served simultaneously upon all parties of record. Ga. Comp. R. & Regs. 616-1-2-.04, -.11, -.16. The judge's assistant is Devin Hamilton - 404-657-3337; Email: devinh@osah.ga.gov; Fax: 404-657-3337; 225 Peachtree Street NE, Suite 400, South Tower, Atlanta, Georgia 30303.

# Filing an Application for Agency Review

A party who seeks review by the referring agency must file an application for agency review within 30 days after service of the Initial Decision. O.C.G.A. §§ 50-13-17(a), -41. In nearly all cases, agency review is a prerequisite for judicial review. O.C.G.A. § 50-13-19(a).

The application for agency review must be filed with: . Copies of the application for agency review must be served upon all parties of record and filed simultaneously with the OSAH Chief Clerk at 225 Peachtree Street NE, Suite 400, South Tower, Atlanta, Georgia 30303. If a timely application for agency review is not filed and the referring agency does not review the Initial Decision on its own motion, the Initial Decision will become the Final Decision of the referring agency by operation of law. O.C.G.A.  $\S$  50-13-17(a), -41.

Docket No.: 2221950-OSAH-GCMB-PHY-60-Barnes

#### BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD STATE OF GEORGIA

IN THE MATTER OF: \* GEORGIA COMPOSITE CATHERINE LEWIS, M.D., License No. 73752, \* DOCKET NO.: OCT 18 2022 Respondent. \* DOCKET NUMBER: 20230023

#### PUBLIC CONSENT ORDER

By agreement of the Georgia Composite Medical Board ("Board") and CATHERINE LEWIS, M.D. ("Respondent"), the following disposition of this disciplinary matter is entered pursuant to the provisions of the Georgia Administrative Procedure Act, O.C.G.A § 50-13-13 <u>as</u> amended.

#### FINDINGS OF FACT

1.

Respondent is licensed to practice medicine in the State of Georgia and was so licensed at all times relevant to the facts stated herein.

2.

On or about May 28, 2021, the New Mexico Medical Board issued an Amended Decision and Order Denying License, Case No. 2020-035. The New Mexico Medical Board denied Respondent's application for a license to practice as a medical doctor based in part on "Respondent's lack of competence."

3.

On or about May 6, 2022, the Missouri State Board of Registration for the Healing Arts denied Respondent's application for a physician and surgeon's license based on the New Mexico Medical Board's action set forth in paragraph 2.

Pursuant to O.C.G.A. §§ 43-1-19(a)(5) and 43-34-8(a)(5), the Georgia Board may discipline a licensee who was denied a license by any such lawful licensing authority other than the board.

5.

Respondent waives any further findings of facts with respect to this matter.

#### CONCLUSIONS OF LAW

Respondent's conduct constitutes sufficient grounds for the Board to exercise its disciplinary authority under O.C.G.A. Chs. 1 and 34, T. 43, <u>as amended</u>, and the Rules of the Georgia Composite Medical Board. Respondent waives any further conclusions of law with respect to the above-styled matter.

#### <u>ORDER</u>

The Board, having considered the particular facts and circumstances of this case, hereby orders, and Respondent hereby agrees, that the following sanctions shall be imposed upon Respondent's license to practice as a physician in the State of Georgia:

1.

Beginning on the effective date of this Order, and until further order of the Board, Respondent shall not perform any surgical procedures in the State of Georgia. For purposes of this Order, "surgical procedure" shall be defined as any type of outpatient, inpatient, laparoscopic and/or open surgical/operative procedures that require general or regional anesthesia. If Respondent performs any type of surgical procedure, Respondent's license shall be subject to further discipline up to and including revocation, upon substantiation thereof.

4.

2.

Respondent may petition the Board to lift the surgical restriction of this Consent Order. Upon submission of such petition to the Board, the Board or a subcommittee thereof may conduct a review of Respondent's current clinical/surgical competency. As part of such review the Board may require Respondent to provide any such information the Board deems necessary and relevant in considering Respondent's petition. The Board may also request that Respondent appear before the Board or a committee thereof concerning the Respondent's petition.

In considering Respondent's petition, the Board shall have sole discretion to deny the petition without a hearing, lift the restriction, and/or impose such additional conditions and/or limitations as the Board deems appropriate. Such additional conditions may include, but are not limited to, proctoring, reporting requirements, and additional training.

Should the Board determine that reasonable cause exists for imposing additional conditions and/or limitations on Respondent's medical license and right practice medicine in the State of Georgia, the Board shall notify Respondent in writing of its decision, including the reasons for its decision. Respondent may respond to such notification in writing or request an appearance before the Board or its representative. However, should Respondent request an appearance before the Board or its representative said appearance shall not be deemed a proceeding in contested case, nor shall Respondent be entitled to any hearing as in a "contested case," as term is defined in Chapter 13 of Title 50, the "Georgia Administrative Procedure Act." or as defined in O.C.G.A 43-34-9.

This Consent Order and the dissemination thereof shall constitute a public reprimand to the Respondent for her conduct.

4.

Respondent understands that pursuant to O.C.G.A. Title 43, Chapter 34A, the contents of this Consent Order shall be placed on Respondent's Physician Profile. Furthermore, by executing this Consent Order, Respondent hereby agrees to permit the Board to update the Physician's Profile reflecting this Consent Order.

5.

The effective date of this Consent Order is the date the Consent Order is docketed. Respondent should receive a docketed copy of the Consent Order form the Board at the Respondent's address of record within ten (10) business days of the docket date. If Respondent has not received a docketed copy of the Consent Order, it is Respondent's responsibility to obtain a docketed copy of the Consent Order from the Board. Respondent must comply with the terms and conditions of the Consent Order beginning on the effective date.

#### 6.

Approval of this Order by the Board shall in no way be construed as condoning Respondent's conduct and, except as provided herein, shall not be construed as a waiver of any of the lawful rights of the Board.

7.

Respondent acknowledges that she has read and understands the contents of this Consent Order. Respondent understands that she has the right to a hearing in this matter, and Respondent freely, knowingly and voluntarily waives such right by entering into this Consent Order. Respondent further understands and agrees that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order, once approved and docketed, shall constitute a public record and may be disseminated as such. However, if the Consent Order is not approved, it shall not constitute an admission against interest in the proceeding, or prejudice the right of the Board to adjudicate the matter. Respondent understands that this Consent Order will not become effective until approved and docketed by the Georgia Composite Medical Board. Respondent consents to the terms contained herein.

Approved, this\_\_\_\_\_ day of October\_\_\_\_\_



GEORGIA COMPOSITE MEDICAL BOARD

mo whe BY:

MATTHEW W. NORMAN, M.D. Chairperson

ATTEST:

DANIEL R. DORSEY Executive Director

CONSENTED TO: CATHERINE LEWIS, M.D.

Respondent

AS TO THE SIGNATURE OF CATHERINE LEWIS, M.D.: Sworn to and subscribed before guanting day of the lat this. NOTARY PUBLIC My Commission Expin WATY, GEOMM Page 5 of 5

# BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD STATE OF GEORGIA

| IN THE MATTER OF:                             | * |              |                                    |
|---|---|--------------|------------------------------------|
|   | * |              | GEORGIA COMPOSITE<br>MEDICAL BOARD |
| VIRALKUMAR PATEL, M.D.,<br>License No. 62073, | * |              | MEDICAL BOARD                      |
|   | * | DOCKET NO .: | OCT 1 8 2022                       |
|   | * |              |                                    |
| Respondent.                                   | • |              | DOCKET NUMBER:<br>20230025         |

#### PUBLIC CONSENT ORDER

By agreement of the Georgia Composite Medical Board ("Board") and VIRALKUMAR PATEL, M.D. ("Respondent"), the following disposition of this disciplinary matter is entered pursuant to the provisions of the Georgia Administrative Procedure Act, O.C.G.A § 50-13-13 as amended.

## FINDINGS OF FACT

#### 1.

Respondent is licensed to practice medicine in the State of Georgia and was so licensed at all times relevant to the facts stated herein.

2.

In the summer of 2018, the hospital where Respondent was employed as a physician initiated an investigation into a complaint that Respondent's login credentials were being used to inappropriately access electronic medical records.

3.

During the course of the aforementioned investigation Respondent admitted to sharing his login credentials with office staff. An audit of Respondent's credentials revealed numerous electronic medical records of patients were inappropriately accessed. 4.

Respondent denies inappropriately accessing any electronic medical record personally, nor did he authorize any staff to inappropriately access any electronic medical record.

5.

Respondent neither admits nor denies the above findings of fact, but waives further findings and agrees to the entry of this Order in order to resolve the pending allegations.

### CONCLUSIONS OF LAW

Respondent's conduct constitutes sufficient grounds for the Board to exercise disciplinary authority under O.C.G.A. Chs. 1 and 34, T. 43, <u>as amended</u>, and the Rules of the Georgia Composite Medical Board. Respondent waives any further conclusions of law with respect to the above-styled matter.

#### <u>ORDER</u>

The Board, having considered the particular facts and circumstances of this case, hereby ordered, and Respondent hereby agrees to the following:

1.

Within six months of the effective (docket) date of this Order, Respondent shall complete the Medical Ethics and Professionalism course offered by PBI or another equivalent course, as approved by the Board. These hours shall be in addition to CME requirements for license renewal and may not be used to fulfill any continuing education hours for license renewal. Respondent shall provide written evidence of successful completion of the fifteen (15) hours of CME to the Board within six (6) months of the effective date of this Order. Failure to complete the fifteen (15) hours of CME and provide evidence of completion to the Board shall constitute a violation of this Consent Order and may result in further disciplinary action. Within thirty (30) days of the effective date of this Consent Order, Respondent shall submit to the Board a fine in the amount of five thousand dollars (\$5,000.00) to be paid in full by cashier's check or money order payable to the Board. Said fine shall be submitted to the attention of the Executive Director, Georgia Composite Medical Board, 2 Peachtree Street, N.W., 6<sup>th</sup> Floor, Atlanta, Georgia, 30303. Failure to pay the entire amount of the fine by the 30<sup>th</sup> day shall be considered a violation of this Consent Order and shall result in further sanctioning of Respondent's license, including revocation, upon substantiation thereof.

3.

This Consent Order and the dissemination thereof shall constitute a public reprimand to the Respondent for his conduct.

#### 4.

Respondent understands that pursuant to O.C.G.A. Title 43, Chapter 34A, the contents of this Consent Order shall be placed on Respondent's Physician Profile. Furthermore, by executing this Consent Order, Respondent hereby agrees to permit the Board to update the Physician's Profile reflecting this Consent Order.

### 5.

Approval of this Order by the Board shall in no way be construed as condoning Respondent's conduct and, except as provided herein, shall not be construed as a waiver of any of the lawful rights of the Board.

6.

Respondent acknowledges that he has read and understands the contents of this Consent Order. Respondent understands that he has the right to a hearing in this matter, and Respondent freely, knowingly and voluntarily waives such right by entering into this Consent Order. Respondent further understands and agrees that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order, once approved and docketed, shall constitute a public record and may be disseminated as such. However, if the Consent Order is not approved, it shall not constitute an admission against interest in the proceeding, or prejudice the right of the Board to adjudicate the matter. Respondent understands that this Consent Order will not become effective until approved and docketed by the Georgia Composite Medical Board. Respondent consents to the terms contained herein.

Approved, this <u>18th</u> day of <u>October</u>, 2022.



GEORGIA COMPOSITE MEDICAL BOARD

ano willing

MATTHEW W. NORMAN, M.D. Chairperson

ATTEST:

BY:

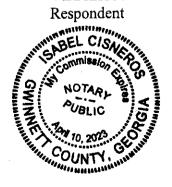
VIRALKUMAR PATEL, M.D.

DANIEL R. DORSEY Executive Director

- CONSENTED TO:

AS TO THE SIGNATURE OF VIRALKUMAR PATEL, M.D.: Sworn to and subscribed before me this, <u>3</u> day of <u>Devol</u>, 2022.

NOTARY PUBLIC My Commission Expires: 410123



Page 4 of 4

## **BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD**

# **STATE OF GEORGIA**

\*

\*

IN THE MATTER OF:

PRAKASH REDDY, M.D.,

Respondent.

set forth in Paragraph 3.

# \*

DOCKET NO.

GEORGIA COMPOSITE MEDICAL BOARD OCT 18 2022 DOCKET NUMBER:

## VOLUNTARY CEASE AND DESIST ORDER

### FINDINGS OF FACT

1.

Prakash Reddy, M.D. ("Respondent") does not possess a license to practice as medicine as a physician in the State of Georgia, pursuant to O.C.G.A. Ch. 34, T. 43, as amended.

2.

On or about February 17, 2021, The Georgia Composite Medical Board ("Board")

received information that Respondent is practicing medicine in Georgia without a license.

Specifically, Respondent is reading and diagnosing in-home sleep studies for Georgia patients as

3.

- On or about August 31, 2020, Respondent read and diagnosed a sleep study for Patient DS.
- On or about February 18, 2021, Respondent read and diagnosed a sleep study for Patient BA.
- On or about February 21, 2021, Respondent read and diagnosed a sleep study for Patient NG.
- On or about February 24, 2021, Respondent read and diagnosed a sleep study for Patient SM.
- On or about February 27, 2021, Respondent read and diagnosed a sleep study for Patient KB.
- On or about February 26, 2021, Respondent read and diagnosed a sleep study for Patient CT.
- On or about February 26, 2021, Respondent read and diagnosed a sleep study for Patient AD.

- On or about February 26, 2021, Respondent read and diagnosed a sleep study for Patient ET.
- On or about February 26, 2021, Respondent read and diagnosed a sleep study for Patient PC.
- On or about February 26, 2021, Respondent read and diagnosed a sleep study for Patient RB.
- On or about March 2, 2021, Respondent read and diagnosed a sleep study for Patient GW.
- On or about March 4, 2021, Respondent read and diagnosed a sleep study for Patient DM.
- On or about March 8, 2021, Respondent read and diagnosed a sleep study for Patient LB.
- On or about March 18, 2021, Respondent read and diagnosed a sleep study for Patient LW.

#### 4.

Respondent maintains that he interpreted at home sleep study data submitted to him by his employer, had no direct contact with patients, and was unaware of the patients' physical location. He further maintains that he has never evaluated or treated any patient while he was physically in the State of Georgia. Respondent submits a letter in mitigation/explanation as to the aforementioned conduct. It is attached as exhibit "R-1" and hereby incorporated by reference and made part of this order as if fully set forth herein.

5.

Pursuant to O.C.G.A. § 43-34-22 (a), If any person shall hold himself or herself out to the public as being engaged in the diagnosis or treatment of disease or injuries of human beings, or shall suggest, recommend, or prescribe any form of treatment for the palliation, relief, or cure of any physical or mental ailment of any person, with the intention of receiving therefor, either directly or indirectly, any fee, gift, or compensation whatsoever, or shall maintain an office for the reception, examination, or treatment of diseased or injured human beings, or shall attach the title "M.D.," "Oph.," "D.," "Dop.," "Surgeon," "Doctor," "D.O.," "Doctor of Osteopathy,"

other word or abbreviation to his or her name indicative that he or she is engaged in the treatment of diseased, defective, or injured human beings, and shall not in any of these cases then possess a valid license to practice medicine under the laws of this state, he or she shall be deemed to be practicing medicine without complying with this article and shall be deemed in violation of this article.

#### CONCLUSIONS OF LAW

Respondent's conduct outlined above constitutes sufficient grounds to issue an order prohibiting Respondent from violating O.C.G.A. § 43-34-22 and issue other sanctions as set out below in this Order. Respondent hereby waives any further conclusions of law with respect to the above-styled matter.

#### <u>ORDER</u>

### 1.

Respondent hereby agrees to voluntarily cease and desist from any practice that would require Respondent to possess a license to practice medicine as a physician as required under O.C.G.A. Ch. 34, T. 43, as amended, until such time as Respondent is licensed by the Board.

### 2.

Respondent understands that Respondent has a right to a hearing in this matter, and hereby freely, knowingly, and voluntarily waives such right. Respondent also understands that should Respondent apply for licensure with the Board, the board shall have access to this Order and to the entire investigative file in this matter.

3.

This Order shall become effective immediately upon approval thereof by the Board and shall remain in effect until such time as Respondent becomes licensed with the Board or until

further order. Respondent understands that this document will be considered to be a public record entered as the final disposition of any proceedings presently pending or which could be brought against Respondent by the Board and that this action shall be considered to be and may be recorded as a final order of the Board.

4.

This order shall not be considered formal discipline under Georgia law.

5.

Any violation of this Order shall subject Respondent to a fine not to exceed \$500.00 for each transaction constituting a violation thereof, pursuant to O.C.G.A. § 43-1-20.1, and any remedy contained herein shall NOT preclude the Board from seeking remedies otherwise available by statute, including criminal prosecution or injunctive relief.

Ctuber This \5 day of . 2022.



BY:

ATTEST:

GEORGIA COMPOSITE MEDICAL BOARD

mas hul

MATTHEW W. NORMAN, M.D. Chairperson

DANIEL R. DORSEY Executive Director

CONSENTED TO: Sworn to and Subscribed this  $\frac{JL}{H}$  day

Seme.

STEPHANIE RERE VONDRAN

Notary Public - State of Fiorida Commission // HH 087320 My Commi Expires Jan 31, 2025 Bonded through Hatlonal Notary Assn.

> PRAKASH REDDY, M.D. Respondent



Bruce D. Lamb, Esquire (813) 222-6605 blamb@gunster.com

October 17, 2022

Sent Via Electronic Mail shailev a law ga.gov

Georgia Composite Medical Board c/o Sandra J. Bailey, Asst. Atty. General Office of the Attorney General Chris Carr Regulated Industries & Professions Georgia Department of Law 40 Capitol Square SW Atlanta, Georgia 30334

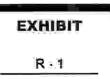
> Re: Prakash Reddy, M.D. Our File No. 00057438.00001

Greetings:

This law firm represents Prakash Reddy, M.D. Dr. Reddy has entered into a Voluntary Cease and Desist Order ("Order") presented by the Georgia Composite Medical Board ("Board"). The Order is to resolve an allegation that Dr. Reddy practiced medicine in the State of Georgia without a license by reading and diagnosing in-home sleep studies for Georgia patients. Dr. Reddy would like the Board to be aware of the following mitigating circumstances.

Dr. Reddy has never evaluated or treated any patient, while he was physically in the State of Georgia. Dr. Reddy was employed to interpret in-home sleep studies. His employer would provide the data from these studies for his interpretation via a remote computer connection. The information provided to Dr. Reddy regarding these studies contained no demographic information regarding the patients and specifically did not contain any address information regarding the patients. Dr. Reddy would interpret the study data and provide a report to his employer, which he believes was then transmitted to the patient's referring physician and/or the patient. Dr. Reddy never had any direct contact with any of the patients. It is Dr. Reddy's understanding that his employer now assigns the interpretation of sleep studies to physicians who are licensed in the jurisdiction in which the patient resides.

Dr. Reddy never had any intention to violate any Georgia statute or rule. Nevertheless, Dr. Reddy is willing to agree to the Voluntary Cease and Desist Agreement as he has no intention to evaluate or treat any Georgia patients until and unless he is properly licensed in the State of Georgia. We have requested that this correspondence be made an attachment to the Voluntary Cease and Desist Order so that the circumstances are made a part of the record of the disposition of this matter.



Page 2

Thank you for your consideration.

Very truly yours.

Bruce D. Lamb

BDL/keb

ce: Prakash Reddy. M.D.

ACTIVE 16220014-3

# BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD STATE OF GEORGIA

)

)

)

)

)

)

IN THE MATTER OF:

MARIAH VAN HORN,

**Previous Acupuncturist License No. 276** 

Applicant.

DOCKET NO:

GEORGIA COMPOSITE MEDICAL BOARD OCT 20 2022 DOCKET NUMBER:

#### CONSENT AGREEMENT FOR REINSTATEMENT

Pursuant to O.C.G.A. Title 43, Chapters 1 and 34, the Georgia Composite Medical Board ("Board"), in its discretion, has considered the application for reinstatement of Mariah Van Horn ("Applicant") to practice as an acupuncturist in the State of Georgia. In conjunction therewith, the Board hereby enters its Findings of Fact and Conclusions of Law as follows:

### FINDINGS OF FACT

1.

Applicant was previously licensed as an acupuncturist by the Board. Applicant's license lapsed on or around February 28, 2020. On or about September 6, 2022, Applicant submitted an application for reinstatement of Applicant's license to practice as an acupuncturist in the State of Georgia.

2.

On Applicant's application for reinstatement, she disclosed she "practiced briefly" after her license expired.

3.

Applicant waives any further findings of fact with respect to this matter.

1

#### CONCLUSIONS OF LAW

The unlicensed practice disclosed by Applicant is grounds for denial of her reinstatement application or reinstatement with discipline under O.C.G.A. Ch. 34, T. 43, <u>as amended</u>. Applicant hereby waives any further conclusions of law with respect to the above-styled matter.

# <u>ORDER</u>

Beginning on the effective date of this Consent Agreement, Applicant's license to practice as an Acupuncturist in the State of Georgia shall be reinstated, subject to the following terms:

1.

Applicant shall submit to the Board a fine of one thousand dollars (\$1,000.00) to be paid in full by cashier's check or money order <u>made payable to the Georgia Composite Medical Board</u> within ninety (90) days of the effective date of this Consent Agreement. Said fine shall be sent to Georgia Composite Medical Board, 2 Peachtree Street, NW, 6th Floor, Atlanta, Georgia 30303, to the attention of the Executive Director. Failure to pay the entire amount by the 90th day shall be considered a violation of this Agreement and shall result in further sanctioning of Applicant's license, including revocation, upon substantiation thereof.

2.

In addition to, and in conjunction with any other sanction contained herein, this Consent Agreement and dissemination thereof, shall serve as a public reprimand of Applicant by the Board.

3.

The effective date of this Consent Agreement is the date the Consent Agreement is

2

-----

docketed. Applicant should receive a docketed copy of the Consent Agreement from the Board at Applicant's address of record within 10 business days of the docket date. If Applicant has not received a docketed copy of the Consent Agreement, it is Applicant's responsibility to obtain a docketed copy of the Consent Agreement from the Board. Applicant must comply with the terms of the Consent Agreement beginning on the effective date.

4.

Applicant acknowledges that Applicant has read this Consent Agreement and understands its contents. Applicant understands that Applicant has the right to a hearing in this matter, and freely, knowingly and voluntarily waives such right by entering into this Consent Agreement. Applicant understands that this Consent Agreement will not become effective until approved and docketed by the Board. Applicant further understands and agrees that a representative of the Department of Law may be present during presentation of this Consent Agreement to the Board and that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Agreement. Applicant further understands that this Consent Agreement, once approved, shall constitute a public record that may be disseminated as a disciplinary action of the Board and will be reportable to the National Practitioner Data Bank. However, if the Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the right of the Board to adjudicate this matter. Applicant consents to the terms and conditions contained herein.

(signatures on following page)

3

Approved this 20 day of October

, 2022.

and



GEORGIA COMPOSITE MEDICAL BOARD

NUE

BY:-

ATTEST:

MATTHEW W. NORMAN, M.D. Charperson

DANIEL R. DORSE

Executive Director

CONSENTED TO.

marial Vin Him

MARIAH VAN HORN Applicant

[As to Applicant's signature]) Sworn to and subarribed before rue This <u>20<sup>44</sup></u> day of <u>Oxforb.ey</u> 2022.

NOTARY PUBLIC

My Commission Expires: 3/22/26