IN THE MATTER OF	*	**BEFORE THE MARYLAND**
ASAD KHAN NIAZI, M.D.	*	**STATE BOARD OF**
RESPONDENT	*	**PHYSICIANS**
License Number: D0101198	*	**Case Number: 2226-0051**

* *

CONSENT ORDER

PROCEDURAL BACKGROUND

The Maryland Board of Physicians (the "Maryland Board") received information that Asad Khan Niazi, M.D., (the "Respondent") License Number D0101198, was disciplined by the Washington Medical Commission (the "Washington Board"). In a Stipulated Findings of Fact, Conclusions of Law, and Agreed Order (the "Washington Order") dated March 12, 2026, the Washington Board disciplined the Respondent by restricting the Respondent from practicing medicine with patients located in Washington, requiring the Respondent to complete "a fitness to practice evaluation, a "clinical competency assessment," an "ethics course," and author a paper on "the appropriate use of telemedicine ..." and pay a fine in the amount of $10,000.00.

Based on the above referenced Washington Board sanction, the Maryland Board has grounds to charge the Respondent with violating the following provisions of the Maryland Medical Practice Act (the "Act"), under H. O. § 14-404(a):

> (a) Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:
>
> > (21) Is disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any state or country or disciplined by any branch of

the United States uniformed services or the Veteran's Administration for an act that would be grounds for disciplinary action under this section,

Disciplinary Panel A ("Panel A") has determined that the acts for which the Respondent was disciplined in Washington would be grounds for disciplinary action under H.O. § 14-404(a). The grounds for disciplinary action under H.O. § 14-404(a) are as follows:

(3) Is guilty of:

(ii) Unprofessional conduct in the practice of medicine;

(43) Except for the licensure process described under Subtitle 3A of this title, violates any provision of this title, any rule or regulation adopted by the Board, or any State or federal law pertaining to the practice of medicine[.]

With respect to Health Occ. § 14-404(a)(43), the pertinent Washington Codes are the following:

Revised Code of Washington

....

RCW 18.130.180. Unprofessional conduct.

Except as provided in RCW 18.130.450, the following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;

(21) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;

RCW 69.51A.010. Definitions.

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1)

(a) "Authorization" means a form developed by the department that is completed and signed by a qualifying patient's health care professional and printed on tamper-resistant paper.

(23) "Tamper-resistant paper" means paper that meets one or more of the following industry-recognized features:

(a) One or more features designed to prevent copying of the paper;

(b) One or more features designed to prevent the erasure or modification of information on the paper; or

(c) One or more features designed to prevent the use of counterfeit authorization.

RCW 69.51A.030.

Acts not constituting crimes or unprofessional conduct—Health care professionals not subject to penalties or liabilities.

(1) The following acts do not constitute crimes under state law or unprofessional conduct under chapter 18.130 RCW, and a health care

professional may not be arrested, searched, prosecuted, disciplined, or subject to other criminal sanctions or civil consequences or liability under state law, or have real or personal property searched, seized, or forfeited pursuant to state law, notwithstanding any other provision of law as long as the health care professional complies with subsection (2) of this section:

(b) Providing a patient or designated provider meeting the criteria established under RCW 69.51A.010 with an authorization, based upon the health care professional's assessment of the patient's medical history and current medical condition, if the health care professional has complied with this chapter and he or she determines within a professional standard of care or in the individual health care professional's medical judgment the qualifying patient may benefit from the medical use of cannabis.

(2) ....

(a) A health care professional may provide a qualifying patient or that patient's designated provider with an authorization for the medical use of cannabis in accordance with this section.

(b) In order to authorize for the medical use of cannabis under (a) of this subsection, the health care professional must:

(i) Have a documented relationship with the patient, as a principal care provider or a specialist, relating to the diagnosis and ongoing treatment or monitoring of the patient's terminal or debilitating medical condition;

(ii) Complete an in-person physical examination of the patient or a remote physical examination of the patient if one is determined to be appropriate under (c)(iii) of this subsection;

(d) A health care professional shall not:

(iv) Have a business or practice which consists primarily of authorizing the medical use of cannabis or authorize the medical use of cannabis at any location other than his or her practice's permanent physical location;

Based on the action taken by the Washington Board, the Respondent agrees to enter into this Consent Order with Panel A, consisting of Procedural Background, Findings of Fact, Conclusions of Law, Order and Consent.

FINDINGS OF FACT

Panel A makes the following findings of fact:

1. At all times relevant hereto, the Respondent was a physician licensed to practice medicine in the State of Maryland. The Respondent was initially licensed in Maryland on or about July 16, 2024.

2. On or about June 9, 2024, the Respondent submitted an application for "a physician and surgeon license in the state of Washington," (the "Washington Application") and affirmed that he "answered all questions truthfully and completely." However, the Respondent did not disclose that his employment at a Texas hospital had been terminated in 2021 "for violating HIPAA and hospital policy," that he was issued "a public letter of reprimand from the Medical Board of California (the "California Board") in 2022, and that he was placed "on administrative leave" from his Internal Medicine Residency Program due to "unprofessional contact with colleagues."

3. With his Washington Application, the Respondent included his curriculum vitae ("CV"), in which he listed that he possessed a "full, unrestricted medical license" in Alaska. However, during that time, the Respondent had an application for licensure in Alaska pending and maintained only "an unrestricted temporary license."

4. On both his Washington Application and CV, the Respondent misrepresented the end date of his Internal Medicine Residency Program as June 2024; however, he had resigned from the program in January 2024.

5. The Respondent took and passed the American Board of Internal Medicine (the "ABIM") Internal Medicine Certification Examination in 2024 while being deficient

six (6) months of the required three (3) year internal medicine training. The ABIM subsequently rescinded the Respondent's Certification.

6. In response to the Washington Board's Statement of Charges and Amended Statement of Charges, the Respondent "answered 'Admit' to the allegations that he is board certified in internal medicine" despite his certification being rescinded.

7. On or about August 24, 2024, Patient A scheduled an online appointment with the Respondent through "NuggMD" to renew her medical marijuana authorization. On or about August 25, 2024, while Patient A was waiting for her virtual appointment, she received an email notifying her that "her 'medical marijuana evaluation for the state of Washington has been APPROVED.'" Patient A then received an electronic authorization form that was signed by the Respondent. Patient A alerted NuggMD that the Respondent had not appeared for her appointment, did not provide the authorization "on tamper-resistant paper as required by Washington law, and did not authorize her to grow up to fifteen (15) plants as indicated on her previous authorization." Patient A subsequently "received an updated authorization form" by email, allowing her to grow up to fifteen (15) plants. When she received the authorization in the mail, it was not on tamper-resistant paper.

8. The Respondent stated that he had "attempted to conduct the appointment via video," but technical difficulties led him to conduct the appointment over the phone, where he "reviewed [Patient A's] medical history, discussed the potential benefits and risks of medical cannabis, and addressed her questions." The Respondent provided Washington Board investigators with "a copy of his cell phone record," which displayed a seven-minute call with Patient A. However, when Washington Board investigators

requested a copy of the Respondent's call logs from his phone provider, this call did not appear on the record.

9. The Respondent falsified the phone records provided to investigators and had "never established a patient-provider relationship" with Patient A prior to completing her medical marijuana authorization.

10. On or about January 22, 2025, the Alaska State Medical Board (the "Alaska Board") denied the Respondent's application for medical licensure due to the Respondent's failure to report the above-mentioned 2021 employment termination from a Texas hospital, the 2022 letter of reprimand from the California Board, failure to report hospital privileges held within the last five (5) years, and failure to respond to the Alaska Board investigators regarding these discrepancies.

11. On or about August 27, 2025, the Washington Board summarily suspended the Respondent's Washington medical license pending further proceedings based on the Alaska Board denying the Respondent's medical licensure application.

12. By the Washington Order dated March 12, 2026, the Washington Board disciplined the Respondent by terminating the Respondent's August 27, 2025, summary suspension and imposing practice restrictions. The Respondent was restricted from practicing medicine with patients located in Washington, required to complete "a fitness to practice evaluation, a "clinical competency assessment," an "ethics course," and author a paper on "the appropriate use of telemedicine …" and pay a fine in the amount of $10,000.00.

A copy of the Washington Board Order is attached hereto.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, Panel A concludes as a matter of law that the Respondent is subject to discipline under Health Occ. § 14-404(a)(21) for the disciplinary action taken by the Washington Board against the Respondent for an act or acts that would be grounds for disciplinary action under Health Occ. §14-404(a)(3)(ii) and (43) in violation of the RCW 18.130.180(1), (2), (7), (13), and (21), RCW 69.51A.010(1)(a), (23), and RCW 69.51A.030(1)(b), (2)(a)(b)(i)(ii)(d)(iv).

ORDER

It is, thus, by Panel A, hereby:

ORDERED that the Respondent's license to practice medicine in the State of Maryland be and is hereby **REPRIMANDED**; and it is further

ORDERED that the Respondent shall be placed on **PROBATION** until such time the Respondent fully complies with the terms and conditions imposed by the March 12, 2026, Washington Order, and it is further

ORDERED that this Consent Order shall not be amended or modified and future requests for modification will not be considered; and it is further,

ORDERED that, after the Respondent has complied with all terms and conditions of probation imposed by the Washington Order, the Respondent may submit to the Board a written petition for termination of probation. After consideration of the petition, the probation may be terminated administratively through an order of the disciplinary panel, if the Respondent has complied with all probationary terms and conditions; and it is further

ORDERED that a violation of probation constitutes a violation of this Consent Order; and it is further

ORDERED that, if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If the disciplinary panel determines there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if the disciplinary panel determines there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

ORDERED that, after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend Respondent's license with appropriate terms and conditions, or revoke the Respondent's license. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

ORDERED that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive Director or her designee signs the Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; and it is further

ORDERED that this Consent Order is a public document. *See* Health Occ. §§1-607, 14-411.1(b)(2) and Gen. Prov. §4-333(b)(6).

07/22/2026
Date

Signature on File

Christine A. Farrelly
Executive Director
Maryland Board of Physicians

CONSENT

I, Asad Niazi, acknowledge that I have consulted with legal counsel before signing this document.

[OR]

I, _____, acknowledge that I am aware of my right to consult with and be represented by counsel in considering this Consent Order. I have chosen to proceed without counsel and I acknowledge that the decision to proceed without counsel is freely and voluntarily made.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* concerning the pending charges. I waive this right and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understand the language and meaning of its terms.

Signature on File

JULY-15-2026
Date

Asad Khan Niazi, M.D.
Respondent

Margaret S. Hanagriff

MARGARET S. HANAGRIFF
NOTARY PUBLIC
STATE OF TEXAS
MY COMMISSION EXPIRES
SEPTEMBER 10, 2029
NOTARY ID: 1882788

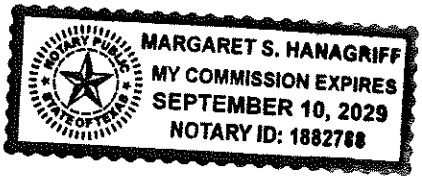
NOTARY

STATE OF TEXAS

CITY/COUNTY OF KATY/FORT BEND

I HEREBY CERTIFY that on this 15th day of JULY, 2026, before me, a Notary Public of the State and City/County aforesaid, personally Asad Khan Niazi, M.D., and made oath in due form of law that the foregoing Consent Order was his/her voluntary act and deed.

AS WITNESS my hand and notarial seal.



Margaret S. Hanagriff
Notary Public

My Commission expires: SEPTEMBER 10, 2029

Washington Order, dated March 12, 2026

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Olympia, Washington 98504

RE: Asad K. Niazi, MD
Master Case No.: M2025-712
Document: Stipulated Findings of Fact, Conclusions of Law, and Agreed Order

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk's Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Public Disclosure Office
PO Box 47808
Tumwater, WA 98504
Phone: (360)-236-4836

You may appeal the decision to withhold any information by writing to the Public Records Officer, Department of Health, P.O. Box 47808, Tumwater, WA 98504.

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **ASAD K. NIAZI, MD** License No. MD.MD.61574280 Respondent.	**No. M2025-712** **STIPULATED FINDINGS OF FACT, CONCLUSIONS OF LAW, AND AGREED ORDER**

The Washington Medical Commission (Commission), through Sara Kirschenman, Commission Staff Attorney, and Respondent, represented by counsel, Natalie Heineman, stipulate and agree to the following.

1. PROCEDURAL STIPULATIONS

1.1 On November 10, 2025, the Commission issued a Second Amended Statement of Charges against Respondent alleging a violation of RCW 18.130.180(1), (2), (7), (13), and (21); RCW 69.51A.010(1)(a), (23); and RCW 69.51A.030(1)(b), (2)(a)(b)(i)(ii)(d)(iv).

1.2 The Commission is prepared to proceed to a hearing on the allegations in the Second Amended Statement of Charges.

1.3 Respondent has the right to defend against the allegations in the Second Amended Statement of Charges by presenting evidence at a hearing.

1.4 The Commission has the authority to impose sanctions pursuant to RCW 18.130.160 if the allegations are proven at a hearing.

1.5 The parties agree to resolve this matter by means of this Stipulated Findings of Fact, Conclusions of Law, and Agreed Order (Agreed Order).

1.6 Respondent waives the opportunity for a hearing on the Second Amended Statement of Charges if the Commission accepts this Agreed Order.

1.7 This Agreed Order is not binding unless it is accepted and signed by the Commission.

1.8 If the Commission accepts this Agreed Order, it will be reported to the National Practitioner Data Bank (45 CFR Part 60), the Federation of State Medical Boards' Physician Data Center, and elsewhere as required by law.

1.9 This Agreed Order is a public document. It will be placed on the Department of Health's website, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). It may be disclosed to the public upon request pursuant to the Public Records Act (Chapter 42.56 RCW). It will remain part of Respondent's file according to the state's records retention law and cannot be expunged.

1.10 If the Commission rejects this Agreed Order, Respondent waives any objection to the participation at hearing of any Commission members who heard the Agreed Order presentation.

1.11 Respondent may benefit from completing a compliance orientation to discuss completing the sanctions in this Agreed Order. To arrange an orientation Respondent should contact the Compliance Unit at the Commission by calling (360) 236-2781, or by sending an email to: Medical.compliance@wmc.wa.gov.

2. FINDINGS OF FACT

Respondent does not admit to the following findings but is interested in resolving this matter expeditiously. Therefore, Respondent acknowledges, along with the Commission, that the evidence is sufficient to justify the following findings, and the Commission makes the following findings of fact:

2.1 On July 24, 2024, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently summarily suspended.

2.2 Respondent practiced as a telemedicine physician for NuggMD, a website providing medical marijuana authorizations.

2.3 On or about August 24, 2024, Person A made an appointment with Respondent via the NuggMD website for a medical marijuana authorization. Person A sought to renew an authorization received from another healthcare practitioner to use medical cannabis for treatment of post-traumatic stress disorder (PTSD). Person A completed an online medical intake form, provided a photo ID and her previous medical marijuana authorization, and made an appointment for the next day.

2.4 On or about August 25, 2024, Person A logged in to the NuggMD website for her appointment with Respondent, but he never appeared, and Person A says she

never spoke to him. While waiting for Respondent, Person A received an e-mail stating her "medical marijuana evaluation for the state of Washington has been APPROVED" and she would receive her signed medical marijuana authorization form in the mail in 5-10 business days. She also received the authorization form via e-mail signed electronically by Respondent.

2.5 Person A contacted NuggMD support personnel right away to report that she had not spoken to Respondent, she needed the authorization on tamper-resistant paper as required by Washington law, and the authorization did not authorize her to grow up to fifteen (15) plants as indicated on her previous authorization. Person A then received an updated authorization form via e-mail signed electronically by Respondent that authorized her to grow up to fifteen (15) plants as requested. When Person A received the authorization by mail, it was not on tamper-resistant paper.

2.6 Respondent attempted to conduct the appointment via video, but he experienced technical difficulties and says he switched to a phone consultation. Respondent provided the Commission investigator with a copy of his cell phone record showing a seven (7) minute call between himself and Person A. Respondent says that during this call, he reviewed her medical history, discussed the potential benefits and risks of medical cannabis, and addressed her questions. However, the Commission investigator obtained a copy of Respondent's cell phone record directly from his cell service provider that does not show this phone call. Respondent provided an altered cell phone record and never established a patient-provider relationship with Person A.

2.7 On or about June 9, 2024, Respondent submitted his application for a physician and surgeon license in the state of Washington. Respondent declared under penalty of perjury that he answered all questions truthfully and completely. On his application, Respondent misrepresented the following:

A. Respondent answered "no" to the following question: "Have you ever been the subject of any public or private action, disciplinary or not, related to the practice of medicine by a licensing board or other health care entity (hospital, professional society or similar)?"

1. Respondent failed to disclose that he had been terminated from employment at Methodist Dallas Medical Center in 2021 for violating HIPAA and hospital policy.

2. Respondent failed to disclose that he received a public letter of reprimand from the Medical Board of California in 2022.

3. Respondent failed to disclose that he was placed on administrative leave on January 26, 2024, from Huntington Health's Internal Medicine Residency Program based on concerns regarding his practice and professionalism, specifically concerns related to unprofessional contact with colleagues.

B Respondent submitted a copy of his curriculum vitae (CV) with his application stating that he held a "full, unrestricted medical license within the state of Alaska" when he held an unrestricted temporary license. Respondent did not disclose that he had a license application pending with the State of Alaska at the time of his application to Washington. On both his application and his CV, he listed the end date of his Internal Medicine Residency Program at Huntington Health as June 2024, which was misleading in that it made it appear that he had completed the second half of his PGY-3 residency program.

2.8 On his CVs submitted to the Commission during its investigations, Respondent listed "7/2022-6/2024," again misrepresenting the dates of his "Internal Medicine Residency at Huntington Health-Cedars-Sinai, Los Angeles, CA."

2.9 On or about January 22, 2025, the Alaska State Medical Board denied Respondent's application for medical licensure based on findings which included that Respondent failed to disclose on his March 2024 application that he was terminated from employment in 2021 from a Texas hospital for violating HIPAA and hospital policy; received a public letter of reprimand from the California Medical Board in 2022; and did not respond to an Alaska State Medical Board investigator's attempts to contact him regarding the complaint filed regarding these matters.

2.10 Respondent passed the American Board of Internal Medicine (ABIM) 2024 Internal Medicine Certification Examination. On February 14, 2025, Respondent was notified by the ABIM that his Board Certification was rescinded because he was six

months short of meeting the ABIM's training requirement for Internal Medicine certification when he sat for the exam and he had not since completed the requisite training.

2.11 Respondent resigned from his internal medicine residency program in January of his third (PGY-3) year having completed six months of training. Board certification in internal medicine requires successful completion of three years of residency in internal medicine. Respondent knew that he had not completed three full years of internal medicine training and was six months short of meeting ABIM's training requirement when he sat for ABIM certification.

2.12 In his Answers to the Statement of Charges and Amended Statement of Charges, dated September 4, 2025, and October 13, 2025, respectively, Respondent answered "Admit" to the allegation that he is board certified in internal medicine. Respondent concealed the fact that he was no longer board certified.

3. CONCLUSIONS OF LAW

The Commission and Respondent agree to the entry of the following Conclusions of Law:

3.1 The Commission has jurisdiction over Respondent and over the subject matter of this proceeding.

3.2 Respondent has committed unprofessional conduct in violation of RCW 18.130.180(1), (2), (7), (13), and (21); RCW 69.51A.010(1)(a), (23); and RCW 69.51A.030(1)(b), (2)(a)(b)(i)(ii)(d)(iv).

3.3 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

4. AGREED ORDER

Based on the Findings of Fact and Conclusions of Law, Respondent agrees to entry of the following Agreed Order:

4.1 **Suspension Lifted and Practice Restriction with Washington Patients Imposed.** Respondent's license suspension is **LIFTED** and Respondent's license status shall be changed to **ACTIVE WITH RESTRICTIONS.**

Respondent is **RESTRICTED** from practicing medicine with patients located in the state of Washington. Prior to any petition to modify this restriction, Respondent shall complete both a fitness to practice evaluation and a clinical competency assessment, as

outlined below, follow all recommendations, and be deemed clinically competent, safe, and fit to practice.

4.2 **Fitness to Practice Evaluation.** Respondent will undergo a fitness to practice evaluation, which shall be conducted by Acumen Assessments (https://www.acumenassessments.com/multidisciplinary-assessments), Pine Grove Behavioral Health and Addictions (https://www.pinegrovetreatment.com/mental-health-psychiatric-evaluation/), or another evaluation program approved by the Commission. Respondent will timely follow all recommendations of the evaluation.

In December 2025, Respondent chose to undergo a preliminary fitness to practice evaluation through Acumen prior to entry of this Agreed Order. The Commission will accept a final evaluation report from Acumen as evidence of compliance with this fitness to practice evaluation requirement so long as the following evaluation requirements are met.

A. To assist in the evaluation, Respondent shall provide the evaluator with a copy of this Agreed Order and any releases for information requested by the evaluator, including those needed for obtaining information from collateral sources. Respondent must unconditionally and timely cooperate with the evaluation. Respondent shall provide complete and accurate information to the evaluators. The evaluator shall obtain from the Commission in advance the investigation report and materials obtained during the investigation of this case, pleadings, and discovery deemed appropriate by the Commission.

B. Respondent agrees to sign a waiver of confidentiality to authorize exchange of information between the evaluator and the Commission. Respondent will authorize the evaluator to provide a comprehensive written report, including any third party evaluation reports, to the Commission.

C. The evaluator's assessment will include, but not necessarily be limited to, the following components:

1. A complete history of the Respondent, including social, developmental, medical, and psychological and/or psychiatric aspects.

2. Appropriate and sufficient testing to fully evaluate the mental and behavioral status of the Respondent.

3. A review of this Agreed Order and materials supplied by the Commission.

4. A review of any other physical, psychiatric, psychological, sociological, or other relevant information provided by the Respondent.

5. Contact and information from collateral sources as identified by the evaluator to confirm and supplement information provided by Respondent.

6. A review of any other factors and information that the evaluator deems appropriate.

7. Appropriate referrals for attendant issues that may be identified.

8. A written report on the evaluator's assessments, conclusions, and any recommendations for practice conditions, practice restrictions, and/or treatment. The report shall include a full and detailed discussion of any diagnosis of the Respondent, and full assessment of all relevant mental, emotional, and behavioral conditions. The report shall describe the evaluation process and Respondent's level of cooperation in that process. The report shall address whether Respondent can practice as a physician and surgeon without posing an unreasonable risk of harm to patients. The report shall address Respondent's capacity to participate in treatment if treatment is indicated. The report shall be provided to the Commission and to Respondent's attorney.

9. If the evaluator is concerned that Respondent has violated the conditions of this Agreed Order or has engaged in any behavior, beyond that already mentioned in this Agreed Order, which may place patients or the public at risk, the evaluator will immediately report such concerns to the Commission.

4.3 **Clinical Competency Assessment.** Respondent will engage in an in-person or virtual assessment of their clinical skills, focusing on physical examinations, the physician-patient relationship, and medical record-keeping, with the Center for Personalized Education for Physicians (CPEP) (https://www.cpepdoc.org/assessment-

reentry-and-education-plans-2-2/clinical-competence-assessments-2/), at the University of California San Diego's Physician Assessment and Clinical Education Program (PACE) (https://www.paceprogram.ucsd.edu/Assessment), or with another evaluator pre-approved by the Commission. (CPEP, PACE, and any other approved evaluator are collectively referred to as the PROGRAM.)

A. Respondent will fully cooperate with the evaluation process and provide the PROGRAM with any information, documents, or releases that are requested. Respondent shall provide complete and accurate information to the evaluators.

B. Respondent will provide the PROGRAM with a copy of this Agreed Order. If Respondent provides the PROGRAM with other written material, Respondent will send a copy of the material to the Commission. The Commission may provide the PROGRAM with materials from its investigative files.

C. The PROGRAM will provide an assessment report to the Commission. The report may include recommendations to ensure that Respondent has the knowledge and skills to practice with reasonable skill and safety. The recommendations may include the scope and length of any additional evaluation or clinical training, medical records review or other practice monitoring, treatment for medical or psychological conditions, restriction of practice, or other recommendations to improve Respondent's practice of medicine. Respondent must comply with and complete all recommendations in the assessment report. Respondent will contract with the PROGRAM to monitor Respondent's satisfactory compliance with the recommendations. The Commission may take additional action based on the evaluation report.

D. Respondent authorizes the PROGRAM and third-party evaluators to discuss with the Commission any matters relating to Respondent's assessment and compliance with recommendations. Respondent waives any privileges or privacy rights under federal and state law regarding disclosures by the PROGRAM and third-party evaluators to the Commission.

E. The PROGRAM and third-party evaluators shall provide a copy of all assessments and written reports to the Commission and will communicate as

necessary to keep the Commission informed of Respondent's progress. The Commission will provide a copy of all assessments and written reports received from the PROGRAM or third-party evaluators to Respondent in the event that the PROGRAM does not do so. Respondent will provide the Commission with copies of assessments and written reports if the PROGRAM or third-party evaluators fail to do so.

F. Respondent acknowledges that Respondent will not be allowed to dispute the reports or recommendations by the PROGRAM or third-party evaluators to the Commission.

4.4 **Additional Practice Restrictions.** Upon modification allowing Respondent to practice medicine with patients located in the state of Washington, at a minimum, the following terms and conditions shall apply to Respondent's practice. Any modification order shall also include terms and conditions recommended by Respondent's fitness to practice evaluation and clinical competency assessment.

A. **Telemedicine Restriction.** Respondent is restricted from practicing telemedicine with patients located in the state of Washington until he has completed the ethics course with follow-up program described in paragraph 4.5, completed the paper described in paragraph 4.6, been deemed reasonably fit and clinically competent to safely practice telemedicine, participated in a personal appearance before a panel of the Commission described in paragraph 4.7, and had his employment approved by the Commission.

Upon such time as Respondent is approved by the Commission to practice telemedicine with patients located in the state of Washington, Respondent shall also comply with audits as described in paragraph 4.9. Additionally, Respondent shall not be in solo practice and may not serve as a chief medical officer, medical director, or in any other managerial or supervisory role. Respondent must also provide a copy of this Agreed Order to the medical staff director or Chief Executive Officer of each hospital, clinic, telemedicine company, or other telemedicine provider where he practices medicine.

B. **In-Person Practice.** Until such time as Respondent is approved by the Commission to practice telemedicine with patients located in the state of

Washington, Respondent may only prescribe medication or provide care to patients located in the state of Washington if the prescribing and medical care is done in-person and Respondent has informed the Commission in advance of the physical Washington address where he intends to practice and obtained the Commission's pre-approval. If practicing in the state of Washington, Respondent shall not be in solo practice and may not serve as a chief medical officer, medical director, or in any other managerial or supervisory role. Respondent must also provide a copy of this Agreed Order or modification order to the medical staff director or Chief Executive Officer of each hospital or clinic where he practices medicine.

C. Medical Marijuana Restriction. Respondent is permanently restricted from authorizing medical marijuana (also known as cannabis) to patients located in the state of Washington.

4.5 Ethics Course. Respondent will attend and successfully complete an ethics course with follow-up program approved by the Commission. The Commission approves the following courses with follow-up programs:

A. Medical Ethics and Professionalism Extended (ME-22EX) course (https://pbieducation.com/courses/me-22/ and https://pbieducation.com/courses/mas-12/) offered by Professional Boundaries, Inc. (PBI).

B. Ethics for Medical Professionals course (https://www.paceprogram.ucsd.edu/CME/Ethics) and PACE PLUS Program (http://www.paceprogram.ucsd.edu/CME/PlusProgram), offered by the University of California San Diego's Physician Assessment and Clinical Education Program (PACE).

The course must be completed within **six (6) months** of the effective date of any modification order, and the follow-up program must be completed within **twelve (12) months** of the effective date of any modification order. Respondent will provide the course instructors with a copy of this Agreed Order or modification order and any other required information prior to the course. Respondent will sign all necessary waivers allowing the Commission staff to communicate with the course and follow-up program instructors as needed. Respondent will provide the Commission a copy of all written materials produced

for the course and follow-up program. If the course or follow-up program requires Respondent to complete a written report, Respondent will assure that the Commission receives a copy of Respondent's written report. Within one (1) month of completion of the course and follow-up program, Respondent will submit proof of satisfactory completion to the Commission at Medical.compliance@wmc.wa.gov. If Respondent fails to satisfactorily complete the course and follow-up program, the Commission may require Respondent to retake one or both.

4.6 Paper. Respondent shall review Washington State's Uniform Telehealth Act, Chapter 18.134 RCW, and the Federation of State Medical Boards (FSMB) report titled "The Appropriate Use of Telemedicine Technologies in the Practice of Medicine" (https://www.fsmb.org/siteassets/advocacy/policies/fsmb-workgroup-on-telemedicineapril-2022-final.pdf). Respondent shall then write a paper on the appropriate use of telemedicine and ethical concerns in telemedicine and how Respondent intends to apply what he learned in his practice. The paper must be a minimum of one thousand (1,000) words, typewritten in Respondent's original words and sentence structure, contain a bibliography, and refer to the ethics course completed in paragraph 4.5 and the telemedicine resources cited above. Respondent may not use artificial intelligence or web-based writing improvement services to generate any content for the paper. The paper must be submitted within two (2) months after completing the ethics course in paragraph 4.5. Respondent should be prepared to discuss the subject matter of the written paper with the Commission at the initial personal appearance. The paper must be submitted to the Commission in electronic format to the following email address: Medical.compliance@wmc.wa.gov

4.7 Personal Appearances. Respondent must personally appear either in person or virtually before a panel of the Commission at a date and location determined by the Commission in approximately twelve (12) months after the effective date of any modification order, or as soon thereafter as the Commission's schedule permits.

4.8 Personal Reports. Respondent must submit written personal reports directly to the Commission. Respondent must submit the first report within thirty (30) days from the effective of any modification order and must submit a report every six (6) months thereafter unless the Commission determines that they should be submitted

less frequently and Respondent is notified in writing. Personal reports must include a declaration attesting that Respondent is in compliance with all terms and conditions of any modification order, a status report regarding any terms and conditions not yet completed, current professional responsibilities and activities, personal activities as they relate to practice as a physician, and any ongoing efforts to implement improvements into Respondent's practice that may be relevant to the findings of fact outlined in this Agreed Order or any modification order.

4.9 Compliance Audits. Upon such time as Respondent is approved by the Commission to practice telemedicine with patients located in the state of Washington, Respondent must permit a representative of the Commission, or a pre-approved designee, to audit Respondent's practice every six (6) months for compliance with this Agreed Order or any modification order. As part of the audit, Respondent must provide the representative with a list of all Respondent's patients located in the state of Washington for the previous six (6) months. The compliance audit will include a review of a random selection of these patient records and a review of Respondent's prescribing by checking the Prescription Monitoring Program (PMP). The compliance audits may also include interviews of Respondent and other staff. Any costs associated with these compliance audits will be borne by Respondent. Respondent will fully cooperate with the representative during the compliance audit.

4.10 Fine. Within **one (1) year** of the effective date of this Agreed Order, Respondent must pay **ten thousand dollars ($10,000)** to the Commission. The fine will be paid by certified check or money order, made payable to the Department of Health, and mailed to: Washington Medical Commission, Department of Health, P.O. Box 1099, Olympia, Washington, 98507-1099.

4.11 Demographic Census. Washington law requires physicians and physician assistants to complete a demographic census with their license renewal. RCW 18.71.080(1)(b) and 18.71A.020(4)(b). Respondent must submit a completed demographic census to the Commission within **thirty (30) days** of the effective date of this Agreed Order, or at the time of renewal, whichever comes first. The demographic census can be found here: https://wmc.wa.gov/licensing/renewals/demographic-census.

4.12 Self-Reporting. Respondent shall report in writing, by email to medical.compliance@wmc.wa.gov, within thirty (30) days of the occurrence of any of the following events:

A. Entry into any formal or informal agreement or order or issuance of any order, letter of concern, or reprimand with or by any healthcare-related license for the Respondent in another state;

B. Denial, restriction, suspension, surrender, or revocation of privileges for the Respondent in any healthcare facility;

C. Any felony or gross misdemeanor charge against the Respondent; and

D. The filing of a complaint in superior court or federal district court against Respondent alleging negligence or request for mediation pursuant to chapter 7.70 RCW.

This requirement supplements and does not supersede the reporting obligations imposed by WAC 246-16-230.

4.13 Obey Laws. Respondent must obey all federal, state and local laws and all administrative rules governing the practice of the profession in Washington.

4.14 Costs. Respondent must assume all costs of complying with this Agreed Order.

4.15 Violations. If Respondent violates any provision of this Agreed Order in any respect, the Commission may initiate further action against Respondent's license.

4.16 Change of Address or Name. Respondent must inform the Commission and Adjudicative Clerk Office in writing of changes in his residential and/or business address and/or his name within thirty (30) days of such change.

4.17 Effective Date. The effective date of this Agreed Order is the date the Adjudicative Clerk Office places the signed Agreed Order into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective of this Agreed Order.

5. COMPLIANCE WITH SANCTION RULES

The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions. Respondent's conduct in this case is not described in a sanction schedule.

Therefore, under WAC 246-16-800(2)(d), the Commission uses its judgment to determine appropriate sanctions. Based on the findings of fact and conclusion of law, the Commission determined that the most appropriate course of action is a practice restriction prohibiting him from seeing Washington patients until Respondent is evaluated as described in paragraphs 4.2 and 4.3. When this practice restriction is modified, then additional sanctions will apply as outlined above. At a minimum, the Commission has determined that fitness to practice and clinical competency evaluations, telemedicine and medical marijuana restrictions, an ethics course, paper on telemedicine practices, personal reports, and compliance audits are necessary to ensure that Respondent is safe to practice medicine with patients located in the state of Washington.

6. RESPONDENT'S ACCEPTANCE

I, ASAD K. NIAZI, MD, Respondent, certify that I have read this Agreed Order in its entirety; that my counsel of record, NATALIE HEINEMAN, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Agreed Order, I understand that I will receive a signed copy.

Signature on File

ASAD K. NIAZI, MD
RESPONDENT

03/06/2026
DATE

Signature on File

NATALIE HEINEMAN, WSBA NO. 50157
ATTORNEY FOR RESPONDENT

03/06/2026
DATE

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7. COMMISSION'S ACCEPTANCE AND ORDER

The Commission accepts and enters this Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

DATED: 3/12/2026.

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

Signature on File

PANEL CHAIR

PRESENTED BY:

Signature on File

SARA KIRSCHENMAN, WSBA NO. 35571
COMMISSION STAFF ATTORNEY