

**Fahim Kashif, PA-C**

Date: \_\_\_\_\_

Harbhajan Ajrawat, Chair  
Disciplinary Panel B  
Maryland State Board of Physicians  
4201 Patterson Avenue, 4<sup>th</sup> Floor  
Baltimore, Maryland 21215-2299

RE: Surrender of License to Practice as a Physician Assistant  
Fahim Kashif, PA-C, License Number : C0003457  
Case Number: 2224-0133

Dear Dr. Ajrawat and Members of Disciplinary Panel B:

Please be advised that, pursuant to Md. Code Ann., Health Occ. (“Health Occ.”) § 15-312 (2013, 2021 Repl. Vol.), I have decided to **SURRENDER** my license to practice as a physician assistant in the State of Maryland, License Number C0003457, effective immediately. I understand that upon surrender of my license, I may not give medical advice or treatment to any individual, with or without compensation, and cannot prescribe medications or otherwise engage in the practice of medicine in the State of Maryland as it is defined in the Maryland Physician Assistant Practice Act (the “Act”), Health Occ. §§ 15-101 *et seq.* and other applicable laws. In other words, as of the effective date of this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual in the State of Maryland.

I understand that this Letter of Surrender is a **PUBLIC DOCUMENT**, and upon Disciplinary Panel B’s (“Panel B’s”) acceptance, becomes a **FINAL ORDER** of Panel B of the Maryland State Board of Physicians (the “Board”).

I acknowledge that the Board received a complaint from law enforcement relating to me prescribing controlled dangerous substances to patients with whom I engaged in personal relationships. During a Board interview under oath, I acknowledged that I had romantic or personal relationships with four patients, who were vulnerable. Two of the patients had documented mental health issues, and three of them had substance use disorders. I married one of the patients in a “religious ceremony” that was not a legal marriage. During my Board interview, I further acknowledged that I had legally married another former patient. I also prescribed amphetamines to two individuals that I did not examine (and one that I did not meet), as a courtesy to one of my patients who was related to the two individuals. On May 21, 2025, Panel B issued disciplinary charges against me under Health Occ. § 15-314(a)(3)(i), (ii), (42), and the sexual misconduct regulations under COMAR 10.32.17.03A, C(5), (6), (7), and D(1). The Agreed Statement of Facts is attached

as **EXHIBIT A**. I have decided to surrender my license to practice medicine in the State of Maryland to avoid further investigation and prosecution of these disciplinary charges.

I wish to make it clear that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender to avoid further investigation and prosecution of the disciplinary charges. I acknowledge that for all purposes related to medical licensure in Maryland, the charges will be treated as if proven.

I understand that by executing this Letter of Surrender, I am waiving my right to contest the disciplinary charges. In waiving my right to contest the charges, I am also waiving the right to be represented by counsel at the hearing, to confront witnesses, to give testimony, to call witnesses on my own behalf and all other substantive and procedural protections provided by law, including the right to appeal in circuit court.

I understand that the Board will advise the Federation of State Medical Boards and the National Practitioner Data Bank of this Letter of Surrender. I also understand that in the event I would apply for licensure in any form in any other state or jurisdiction that this Letter of Surrender may be released or published by the Board to the same extent as a final order that would result from a disciplinary action, pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2024 ), and that this Letter of Surrender constitutes a disciplinary action by Panel B.

I affirm that I will provide access to and copies of medical records to my patients in compliance with Title 4, subtitle 3 of the Health General Article. I also agree to surrender my Controlled Dangerous Substances Registration to the Office of Controlled Substances Administration.

I further recognize and agree that by submitting this Letter of Surrender, my license in Maryland will remain surrendered for a minimum of three years, and that I have no right to reapply and will not reapply for license to practice medicine in the State of Maryland, for a minimum of three years from the date of this Letter.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have been advised of my right to be represented by an attorney of my choice throughout proceedings before Panel B, including the right to consult with an attorney prior to signing this Letter of Surrender. I have consulted with and was represented by an attorney prior to signing this letter surrendering my license to practice medicine in Maryland. I understand both the nature of Panel B's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

Sincerely,

**Signature on file**

Fahim Kashif, PA-C

Reviewed and accepted by

Jamison G. White  
Jamison White, Esquire  
Waranch & Brown, LLC

**NOTARY**

STATE OF Maryland

CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 15<sup>th</sup> day of September, 2025, before me, a Notary Public of the City / County aforesaid, personally appeared Fahim Kashif, PA-C and declared and affirmed that under the penalties of perjury that the signing of this Letter of Surrender was a voluntary act and deed.

AS WITNESS my hand and Notarial seal.

Deborah A. Estes

**ACCEPTANCE**

On behalf of Disciplinary Panel B, on this 25<sup>th</sup> day of September, 2025, I, Christine A. Farrelly, accept the **PUBLIC SURRENDER** of Fahim Kashif, PA-C's license to practice as a physician assistant in the State of Maryland.



**Signature on file**

Christine A. Farrelly, Executive Director  
Maryland Board of Physicians

# **EXHIBIT A**

**IN THE MATTER OF**  
**FAHIM KASHIF, PA-C**

**Respondent**

**License Number: C0003457**

**\* BEFORE THE**  
**\* MARYLAND STATE**  
**\* BOARD OF PHYSICIANS**  
**\* Case Number: 2224-0133**

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### **AGREED STATEMENT OF FACTS**

#### **Background**

1. At all times relevant to these charges, the Respondent was and is licensed in the State of Maryland as a physician assistant. The Respondent was initially licensed as a physician assistant on November 29, 2006, and his license is scheduled to expire on June 30, 2025.

2. The Respondent was previously licensed as a physician assistant in Pennsylvania, the District of Columbia, Virginia, Arizona and New York, and allowed his licenses to expire. The District of Columbia, New York and Virginia took reciprocal actions based on Maryland's initial denial of the Respondent's physician assistant license, as set forth below.<sup>1</sup>

#### **Disciplinary History**

3. The Respondent's disciplinary history with the Board began when he initially applied for licensure in November 2004. The Board voted its intent to deny his application based on his criminal history (assault and a handgun violation) and numerous "misleading

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<sup>1</sup> The D.C. Medical Board revoked the Respondent's medical license in 2007 and reinstated his license in December 2008. Virginia placed the Respondent on indefinite probation and terminated the probation in May 2011. New York issued a censure, reprimand and a fine in 2011, and he completed the terms of his order effective June 6, 2012.

statements” made to the Board indicating he lacked good moral character as required for licensure. By Consent Order dated November 15, 2006, the Board voted to grant the Respondent a probationary license following a review of his qualifications. On May 5, 2011, the Board terminated the Respondent’s probation.

4. On September 3, 2013, and again on January 29, 2019, the Board suspended the Respondent’s license at the request of the Baltimore City Office of Child Support Enforcement Administration of the Maryland Department of Human Resources for delinquent child support payments. The Board reinstated the Respondent’s license without conditions on October 1, 2013, and February 14, 2019, respectively.

#### **Current complaint**

5. On or about February 29, 2024, the Board received police reports relating to the Respondent from the St. Mary’s County Sheriff’s Office alleging irregular controlled dangerous substance prescribing to patients with whom he engaged in personal relationships.

6. Shortly thereafter, the Board initiated an investigation.

7. By letter dated October 2, 2024, Board staff notified the Respondent of its investigation based on information received that he had engaged in unprofessional conduct with patients and subpoenaed nine patient records along with a signed response to the allegations.<sup>2</sup>

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<sup>2</sup> The Board charged the Respondent with violations relating to six of the nine patient records (Patients A-D and F, G). The additional patient charged (Patient E) arose from information Board staff obtained during the course of the investigation.

8. On or about October 24, 2024, the Respondent responded in writing to the Board's notice of investigation and acknowledged that he had romantic or personal relationships with four of the six patients (Patients A, B, F, G), although purported that with two of them (Patients A and B) it was "after our provider and patient relationship had ended."<sup>3</sup> He "married" Patient A in a religious ceremony.<sup>4</sup> Two of the patients were related to Patient B (Patients C and D); he relayed in his written response that he prescribed amphetamines as a "courtesy" to Patient B.

9. On January 27, 2025, Board staff interviewed the Respondent regarding allegations that he engaged in personal relationships with patients or former patients. During the interview, the Respondent confirmed that he had engaged in romantic / sexual relationships with patients with substance abuse or pain management issues; and he also testified that he legally married an additional former patient (Patient E). At the end of a lengthy interview, the Respondent testified:

Obviously, I acknowledge that I was wrong in my decision making. I let my heart get in the way of my brain, and here we are.

## **Board Investigation**

### **Employment**

10. At times relevant to these charges, during different periods, the Board approved five different supervisory physicians (Drs. A through E) for the Respondent in several different practice settings, some of whom overlapped. At all times relevant to these charges, but

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<sup>3</sup> The Respondent did not characterize either Patient F or G as being his patients.

<sup>4</sup> The Respondent explained during a Board interview this was not a legal marriage.

sometimes during different time periods, the Respondent treated patients for addiction, pain management and personal and work-related injuries at several different locations including but not limited to the following locations set forth below in ¶¶ 11 through 15.

11. From May 2018 through July 6, 2020, the Respondent was employed part-time as a physician assistant by Clinic A at the Towson and Dundalk locations to provide addiction services and prescribe buprenorphine. Dr. A was the Respondent's supervising physician.<sup>5</sup>

12. From August 2018 through September 8, 2024, the Respondent was employed part-time at Clinic B, an addiction treatment center located in Callaway.<sup>6</sup> The Respondent's supervising physician was Dr. B whose primary practice address was in the District of Columbia.

13. From 2019 through 2022 the Respondent was also employed by Clinic C , and Dr. B was his supervising physician. Clinic C provided addiction treatment.

14. In 2019, the Respondent started Clinic D in Dundalk, Elkridge and Towson with Dr. B as the supervising physician.<sup>7</sup> Clinic D provided addiction treatment services.

15. On or about August 7, 2024, the Respondent entered into a part-time employment agreement with Clinic E, located in Dundalk and Baltimore, which provided medical treatment and rehabilitation for patient injuries sustained in motor vehicle accidents and at workplaces. The Respondent's supervising physician was Dr. E.

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<sup>5</sup> The Board also approved Dr. A to supervise the Respondent at two additional locations, in Annapolis and Laurel; however, according to the Respondent he worked at the Towson and Dundalk locations.

<sup>6</sup> Dr. B also supervised the Respondent in a second substance abuse practice setting located in Prince Frederick.

<sup>7</sup> According to the Respondent's interview, he was a 50 percent owner with Dr. B. At the time of the Board's interview in January 2025, the Respondent remained a half owner and saw patients Monday through Thursday in person. The Board received the modification form for adding three additional practice locations for Dr. B's supervision of the Respondent on September 24, 2020.



## **Patient-related allegations**

### **Patient A**

16. On August 18, 2018, Patient A, a female in her 20s with a history of opioid abuse since she was 16, presented for treatment at Clinic A, and was seen by the Respondent who prescribed Subutex.<sup>8</sup>

17. Patient A saw several providers at Clinic A along with the Respondent. According to Clinic A's records, Patient A saw the Respondent on August 25, 2018, and received urine toxicology results for her on August 31, 2018.

18. On September 8, 2018, Clinic A discharged Patient A from its treatment program for non-compliance.

19. According to medical records provided by the Respondent, on November 9, 2020, Patient A, a female in her 20s, again presented for care with the Respondent at Clinic D in Dundalk, for treatment of opioid use.<sup>9</sup> According to the Respondent's note, Patient A was accompanied by her mother.<sup>10</sup>

20. Patient A had a long history of substance abuse, and past treatment for a substance abuse disorder. She reported she had used opioids since 2007 following a rape, had used cocaine and heroin three hours before her appointment, and had been prescribed oxycodone 5 mg, four times daily five days before the appointment, by another provider.

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<sup>8</sup> Subutex is a brand name for buprenorphine and is used in the treatment of opioid abuse.

<sup>9</sup> According to pharmacy records at Pharmacy A, the Respondent began prescribing to Patient A earlier than this date. Pharmacy A has a record of the Respondent prescribing buprenorphine to Patient A on August 18 and 25, 2018.

<sup>10</sup> The Respondent's testimony during his Board interview denied that Patient A's mother accompanied her during this visit, however, the Respondent documented that Patient A's mother was present during the visit.

21. Patient A had a history of mental health issues, at the time was a mother to three young children and her partner sold “drugs.”

22. The Respondent documented that Patient A was “not emotionally stable” at the time to be receptive to instructions. The Respondent provided instructions to Patient A’s mother on her daughter’s expected withdrawal, providing prescriptions for Elavil, Gabapentin, and clonidine.<sup>11</sup>

23. The Respondent admitted during his interview with Board staff that Patient A or her mother would telephone him to pick Patient A up from different locations. The Respondent described the reason for these contacts as “multiple instances” where Patient A had left home to “go use or whatever.” According to the Respondent, Patient A called him for “help.” When asked, the Respondent acknowledged that he was acting as both her physician and “friend.”

24. The Respondent testified during his interview that he had driven Patient A home from appointments and specifically recalled driving her to a pharmacy for prescriptions. He also testified that he had driven other patients home. When asked by Board staff about this pattern, he said in the future he would not be doing that as “it’s not professional.”

25. On June 29, 2021, the Respondent documented that he recommended Patient A for inpatient care with a dual diagnosis enrollment. He further noted that the harm to Patient A by treating her for opioid use “greatly outweighs risk of prescribing buprenorphine with use of benzodiazepines.”<sup>12</sup>

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<sup>11</sup> Elavil is a tricyclic antidepressant, Gabapentin is used to treat seizures, nerve pain and restless leg syndrome and clonidine is used in the treatment of opioid withdrawal.

<sup>12</sup> Buprenorphine reduces opioid withdrawal symptoms.

26. On September 7, 2021, the Respondent documented that Patient A had bipolar disorder. He began adding Depakote, Tramadol and Toradol to her prescriptions.<sup>13</sup>

27. The Respondent continued to see Patient A through November 10, 2021, when he discharged her due to non-compliance with the continued use of cocaine and benzodiazepines and the “complexity” of her case. During this visit he prescribed her Suboxone film #28, twice daily.<sup>14</sup>

28. On May 26, 2022, the Respondent began seeing Patient A again in Clinic C, noting that “Patient is a new patient to office.”

29. On May 26 and June 2, 2022, the Respondent initiated pain management for Patient A including prescribing oxycodone 10 mg. three times daily for “chronic pain syndrome.”<sup>15</sup>

30. On June 12, 2022, Patient A was found on the ground in Baltimore by a bystander who contacted 911. Patient A was admitted to Hospital C with polysubstance abuse including cocaine and a possible drug overdose. On June 14, Patient A signed out against medical advice.

30. The Respondent acknowledged that on June 21, 2022, Patient A was at the Respondent’s home, and he contacted the Baltimore County Police (“BCP”) because according to him, she had slipped downstairs, fallen and hit her head.<sup>16</sup> The BCP took Patient A to the emergency room to be evaluated.

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<sup>13</sup> Depakote is used in the treatment of manic episodes related to bipolar disorder, Tramadol is a Schedule IV opioid agonist that may be used in the treatment of chronic pain and Toradol is a nonsteroidal anti-inflammatory medication.

<sup>14</sup> Suboxone contains buprenorphine and naloxone to treat opioid use disorder.

<sup>15</sup> Oxycodone is a Schedule II opioid analgesic.

<sup>16</sup> According to Patient A, the Respondent “bashed” her head against a concrete slab before calling 911. After that, according to Patient A she refused to return to the Respondent’s home, and instead they would meet in hotels.

31. According to the BCP report, Patient A had admitted to using cocaine. Additionally, according to the report, the Respondent told the police he was looking [Patient A] “over” and “attempting to get her over her “drug addiction.”

32. The Respondent acknowledged that Patient A had been to the Respondent’s home before June 21, 2022, with her children. He agreed with the Board investigator that he had blurred the lines between professional and personal and stated:

...I became close to [Patient A], but I also became close to the family...  
I do feel like that was definitely not the best thing to do. It was inappropriate.

33. In his written response to the Board, the Respondent acknowledged that he had treated Patient A at Clinic C for an opioid use disorder and chronic pain. The Respondent further testified that he married Patient A, but purportedly after their provider patient relationship “had ended.”

34. During the Respondent’s interview with Board staff he initially stated that “after [Patient A] was no longer a patient of ours” during the fall of 2022, he “married” her in a religious ceremony as “means to help her and give her stability.” Subsequently during the interview, however, the Respondent stated that they were not legally married. It was just the two of them he stated, in a Towson hotel room where we “made our conviction before God.” The Respondent later stated that they intended to legally marry; however, Patient A’s mother interfered by prohibiting contact between the two.

35. According to the Respondent, at the time of his Board interview in January 2025, Patient A was the mother of six children. The Respondent initially testified during the interview that they had a child together, however, testified “she” did not submit to DNA

testing so he was unsure. Patient A told him she was pregnant in April 2023, and a male child was born on November 29, 2023.

36. The Respondent testified during his interview that although some time had elapsed between the time Patient A was a patient and they became romantically involved, “in retrospect, looking back, it wasn’t enough time that had lapsed. So I do feel that, yes, it was a serious error in judgment on my part.”

37. On September 10, 2024, Board staff attempted to conduct a recorded interview with Patient A under oath; however, she expressed fear to the Board investigator that the Respondent would harm her if she testified. Patient A told Board staff that she began a sexual relationship with the Respondent right after her father passed away on June 14, 2020.

38. On February 4, 2025, Patient A contacted the Board investigator to let her know that the Respondent and his wife had been reaching out to her while Patient A was on vacation and stated that she had been receiving threats from the Respondent for complying with the Board’s investigation.<sup>17</sup>

## **Patient B**

39. In June 2017, Patient B, a pregnant female in her 30s with a reported history of bipolar disorder and opioid abuse, entered into an agreement to participate in an opioid treatment program with the Respondent’s supervisory physician, Dr. B, at Clinic B in Callaway. She reported illicit drug use since she was 26.

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<sup>17</sup> According to the Respondent, he denied reaching out to Patient A. He acknowledged however, that his wife, Patient E had reached out to Patient A, and alleged that Patient A had reached out to Patient E for money.

40. According to the medical records provided, the Respondent began providing care to Patient B in September 2018 when she entered into an additional agreement to participate in opioid treatment. Her substance abuse included opioids, heroin, methadone and benzodiazepines with numerous failed treatment attempts, and a history of incarceration.

41. The Respondent evaluated Patient B on March 11, 2019, and documented that Patient B had been ordered by “Adult Drug Court” to enroll in intensive outpatient therapy at Facility A.

42. According to Patient B, she and the Respondent were involved in a romantic relationship from approximately May 2021 through January 2022; part of that time, she was incarcerated.

43. In August 2021, the Respondent treated Patient B with methadone for voluntary detoxification. Patient B had undergone methadone detoxification on several occasions since 2014 through various providers, having received over 1000 doses through August 2021.

44. After August 2021, Patient B transferred her care to a “sister” clinic in Rosedale, Clinic F, owned by the same owner as Clinic B.

45. The Respondent purchased a 2017 Honda Accord (“Accord”), for Patient B’s use and it was titled in Patient B’s name and the Respondent’s name.<sup>18</sup>

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<sup>18</sup> St. Mary’s Police Department confirmed that the vehicle was jointly registered to Patient B and the Respondent.

46. Patient B's home address in October 2021 in her Clinic B record is documented as the Respondent's personal address. The Respondent testified during his interview that Patient B was staying with him and remained at his home for a "few" months.

47. On or about October 25, 2021, Patient B had a motor vehicle accident in the Accord while under the influence of Xanax, leading to a conviction.

48. Patient B was incarcerated at St. Mary's Detention Center during the end of October 2021 through March 2022. The St. Mary's Police Department staff conducted a record check and identified Patient B contacted the Respondent by telephone on 148 occasions during her incarceration.

49. Board staff reviewed four of the identified telephone calls initiated by Patient B to the Respondent dated November 15 and 22, 2021; and March 4 and 10, 2022. During the telephone calls Patient B discussed with the Respondent their Accord, referred to the Respondent as "babe," and accused the Respondent of acting like he did not want to be "together" with her and recommended a song to him, "I Need You to Stay."<sup>19</sup>

50. At the time of the Board interview in January 2025, the Respondent was still in contact with Patient B.

### **Patient C**

51. On August 12, 2021, the Respondent issued a prescription for Adderall 30 mg. (30 tablets) to Patient C.<sup>20</sup> Patient C is related to Patient B, a patient of the Respondent's seen at Clinic B.

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<sup>19</sup> The Respondent acknowledged a personal relationship with Patient B; however, his recollection was that it did not begin until late 2022, after their patient / provider relationship had ended.

<sup>20</sup> Adderall is a Schedule II CDS used in the treatment of narcolepsy and Attention Deficit Hyperactivity Disorder.

52. Patient C was not a patient of the Respondent, and no evidence was provided to the Board by the Respondent that Patient C was a patient of any of the Respondent's supervising physicians. Board staff issued a subpoena for Patient C's medical record; however, the Respondent was unable to produce a medical record.

53. The Respondent had never met Patient C. The Respondent testified that he learned Patient C's history of attention deficit disorder or attention deficit hyperactivity disorder "through his aunt and through his grandmother."

54. The Respondent did not provide evidence to the Board, nor did Board staff find evidence to support that the Respondent notified or conferred with any of his supervising physicians regarding the August 12, 2021, prescription issued to Patient C.

55. The Respondent testified during a Board interview that he issued the prescription as "a courtesy." He acknowledged that he was "friends" with Patient C's relative, Patient B.

56. The Respondent acknowledged during his testimony that in retrospect, "not keeping a chart of family members of a former patient was not a good idea."

#### **Patient D**

57. On July 22, 2021, and again on August 27, 2021, the Respondent prescribed to Patient D, a female in her 60s, Vyvanse, 30 tablets, a Schedule II controlled dangerous substance.<sup>21</sup> Patient D is also related to Patient B, a patient of the Respondent's seen at Clinic B.

58. The Respondent testified he had been invited to Patient D's home.<sup>22</sup>

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<sup>21</sup> Vyvanse is a stimulant medication used in the treatment of ADHD.

<sup>22</sup> No date was provided.



59. Patient D was not a patient of the Respondent, and no evidence was provided to the Board by the Respondent that Patient D was a patient of any of the Respondent's supervising physicians. Board staff issued a subpoena for Patient D's medical record; however, the Respondent was unable to produce a medical record.

60. The Respondent acknowledged that he did not review any medical records for Patient D, nor did he evaluate her through a physical examination.

61. The Respondent acknowledged prescribing a "refill" of Patient D's amphetamine / dextroamphetamine "as a courtesy" on two occasions. According to the Respondent, the courtesy was based on his friendship with Patient B.

#### **Patient E**

62. The Respondent testified during his January 2025 Board interview that he was married to Patient E, a female whom he had treated while working at Clinic G in Baltimore in 2017.

63. A review of pharmacy records identified several prescriptions that he had issued to Patient E including oxycodone in 2016, on November 14 and December 14; in 2017, on January 25, May 4 and November 21; and a cough medicine with codeine (Guaifenesin AC 100) on December 9, 2017.

64. The Respondent said that he and Patient E began dating back in 2017 or 2018 "after" he treated her. At some point they "separated" and subsequently reunited and were married in February 2024.<sup>23</sup>

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<sup>23</sup> The Respondent filed for divorce on March 24, 2025.

## **Patient F**

65. Prescription records showed that the Respondent prescribed diazepam to a female in her 40s, Patient F, on three occasions in 2017: June 18, June 30 and July 17.

66. During his Board interview, when asked about the diazepam prescriptions issued to Patient F, the Respondent testified the indication was for alcohol withdrawal, and he issued the prescriptions to her as a friend (as in a personal relationship).

67. The Respondent further testified that he met Patient F in “Rosedale” around 2017 or 2018 and he befriended her. The Respondent acknowledged initially they dated “for a little bit.” Later during the interview, he testified that he had a sexual relationship with her. According to the Respondent, he found out after he had met Patient F that she had an alcohol problem and he attempted to get her into treatment.

68. The Respondent described Patient F’s alcohol abuse as “... so bad, [Patient F] would drink mouthwash. [Patient F] would drink hand sanitizer if she could.”

69. The Respondent was unable to provide any medical records for Patient F in response to a Board subpoena.

70. The Respondent testified at his Board interview that he was not aware at the time he wrote the prescriptions for Patient F, that anytime you write a prescription for a patient, that person becomes your patient. He further stated, “I’ve since become aware of that.”

71. On or about March 11, 2018, police were called to the Respondent’s residence for Patient F. A St. Mary’s Police Report indicated Patient F was “suffering from suspected alcohol withdraws [*sic*].”

## **Patient G**

72. On July 19, 2022, the Respondent prescribed clonazepam 14 tablets to Patient G, a female in her 20s.<sup>24</sup>

73. The Respondent acknowledged in his Board response that he was romantically involved with Patient G, and subsequently she requested his assistance with “getting treatment for alcohol abuse.”

74. According to the Respondent, Patient G lived with him on and off until the beginning of 2023. The Respondent acknowledged that on July 19, 2022, he issued Patient G a prescription for clonazepam for a “seizure disorder” due to benzodiazepine withdrawal. Additionally, he testified that he prescribed Valtrex to her for a herpetic lesion on her finger.

75. The Respondent testified that he did not document care rendered to Patient G because he provided the clonazepam prescription as a “courtesy” to preclude her from seizing.

76. On December 3, 2022, the BCP were called to the Respondent’s home to investigate an alleged assault of Patient G by the Respondent.

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<sup>24</sup> Clonazepam is a Schedule IV benzodiazepine used in the treatment of seizure disorders and panic attacks.