

ROBERT HARDI, M.D.



Harbhajan Ajrawat, M.D., Chair
Disciplinary Panel B
Maryland State Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, MD 21215-2299

Re: Permanent Surrender of License to Practice
Medicine
Robert Hardy, M.D.
License Number: D30771
Case Number: 2224-0165B

Dear Dr. Ajrawat and Members of the Disciplinary Panel B,

Please be advised that, pursuant to Md. Code Ann., Health Occ. § 14-403, I have decided to permanently **SURRENDER** my license to practice medicine in the State of Maryland, License Number D30771, 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 Medical Practice Act (the "Act"), Health Occ. §§ 14-101 *et seq.* and other applicable laws. In other words, as of the effective date of this permanent Letter of Surrender, I understand that the permanent 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 permanent Letter of Surrender is a **PUBLIC DOCUMENT**, and upon Disciplinary Panel B's ("Panel B") acceptance, becomes a **FINAL ORDER** of Panel B of the Maryland State Board of Physicians (the "Board").

I acknowledge that on or about April 24, 2024, the Board initiated an investigation of me after receiving information that I perjured myself by denying my romantic and sexual relationship with a former patient/employee¹ during a prior Board investigation that resulted in the Final Decision and Order dated March 23, 2020. The Board's investigation found that while I was the owner of a health care practice, I engaged in an inappropriate relationship with a patient/employee, including maintaining a romantic and sexual relationship while also functioning as her employer, treating physician, and prescriber. The investigation further concluded that I made false statements to the Board in an under-oath

¹ The patient/employee is referenced as "Individual 2" in the attached charges.

Harbhajan Ajrawat, M.D. and Members of Disciplinary Panel B

RE: Robert Hardi, M.D.

Permanent Letter of Surrender

Page 2

interview in 2018, and during my testimony at an evidentiary hearing in 2019, in which I denied having a sexual relationship with the patient/employee.

As a result, on February 18, 2025, Panel B issued disciplinary charges against me for grounds that included: engaging in immoral conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(i); engaging in unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii); making false statements to the Board in violation of Health Occ. § 14-603; willfully making or filing a false report or record in the practice of medicine, in violation of Health Occ. § 14-404(a)(11); selling, prescribing, giving away, or administering drugs for illegal or illegitimate medical purposes, in violation of Health Occ. § 14-404(a)(27); failing to cooperate with a lawful investigation conducted by a disciplinary panel, in violation of Health Occ. § 14-404(a)(33); violating any provision of Title 14, or any rule or regulation adopted by the board, in violation of Health Occ. § 14-404(a)(43), and violating the Board's sexual misconduct regulations under COMAR 10.32.17. **A copy of the disciplinary charges is attached hereto and incorporated herein.**

I have decided to permanently surrender my license to practice medicine in the State of Maryland to avoid prosecution of these allegations. I acknowledge that the allegations in the disciplinary charges are treated as proven.

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this permanent Letter of Surrender to avoid further investigation and prosecution of these disciplinary charges. I do not wish to contest these allegations. I understand that by executing this permanent Letter of Surrender I am waiving my right to contest the charging document in a formal hearing at which I would have had the right to counsel and all other substantive and procedural protections provided by law.

I understand that the Board will advise the Federation of State Medical Boards and the National Practitioner Data Bank of this permanent 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 permanent Letter of Surrender may be released or published by the Board to the same extent as a final order that would result from disciplinary action, pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.*, and that this permanent Letter of Surrender constitutes a disciplinary action by Panel B.

I affirm that I will provide access to and copies of patient 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 acknowledge that I may not rescind this permanent 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

Harbhajan Ajrawat, M.D. and Members of Disciplinary Panel B

RE: Robert Hardi, M.D.

Permanent Letter of Surrender

Page 3

before Panel B, including the right to consult with an attorney prior to signing this permanent Letter of Surrender. I understand both the nature of Panel B's actions and this permanent Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this permanent Letter of Surrender. I make this decision knowingly and voluntarily.

Sincerely,

Signature on file

Robert Hardi, M.D.

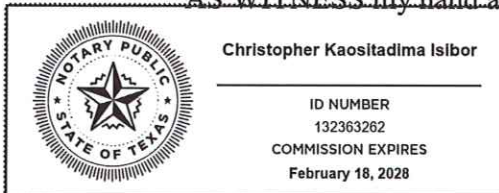
NOTARY

STATE OF Texas

CITY/COUNTY OF Williamson

I HEREBY CERTIFY that on this 19th day of October, 2025 before me, a Notary Public of the City/County aforesaid, personally appeared Robert Hardi, M.D., and declared and affirmed under the penalties of perjury that the signing of this permanent Letter of Surrender was voluntary.

AS WITNESS my hand and Notarial seal.



Christe

Notary Public

My commission expires: 02/18/2028

Electronically signed and notarized online using the Proof platform.

ACCEPTANCE

On behalf of Disciplinary Panel B, on this 21st day of October, 2025, I, Christine A. Farrelly, accept the Permanent **PUBLIC SURRENDER** of Robert Hardi, M.D.'s license to practice medicine in the State of Maryland.

Signature on file

Christine A. Farrelly, Executive Director
Maryland Board of Physicians

IN THE MATTER OF	*	BEFORE THE MARYLAND
ROBERT HARDI, M.D.	*	STATE BOARD OF
Respondent	*	PHYSICIANS
License Number: D30771	*	Case Number: 2224-0165 B

CHARGES UNDER THE MARYLAND MEDICAL PRACTICE ACT

Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) hereby charges **Robert Hardi, M.D.** (the “Respondent”), License Number **D30771**, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. (“Health Occ.”) §§ 14-101 *et seq.* (2021 Repl. Vol. & 2023 Supp.).

Panel B charges the Respondent under the following provisions of Health Occ. § 14-404:

- (a) *In general.* - 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 a licensee:
 - ...
 - (3) Is guilty of:
 - (i) Immoral conduct in the practice of medicine; or
 - (ii) Unprofessional conduct in the practice of medicine;
 - (11) Willfully makes or files a false report or record in the practice of medicine.
 - (27) Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes.

- (33) Fails to cooperate with a lawful investigation conducted by the Board or a disciplinary panel.
- (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.

Panel B further charges the Respondent under the following provisions of Health Occ.:

§14-603. False Statements to the Board

A person may not make any false statement, report, or represent to the Board.

§1-212. Sexual Misconduct Prohibited; regulations; discipline.

(a) *Adoption of Regulations.* - Each health occupations board authorized to issue a license or certificate under this article shall adopt regulations that:

1. Prohibit sexual misconduct; and
2. Provide for the discipline of a licensee or certificate holder found to be guilty of sexual misconduct.

...

(c) Violating Board Regulations – Subject to the provisions of the law governing contested cases, if an applicant, licensee, or certificate holder violates a regulation adopted under subsection (a) of this section a board may:

...

- (2) Reprimand the licensee or certificate holder;
- (3) Place the licensee or certificate holder on probation; or
- (4) Suspend or revoke the license or certificate.

The pertinent provisions of the Board's regulations, COMAR 10.32.17 provide:

.01 Scope

This chapter prohibits sexual misconduct against patients or key third parties by individuals licensed or certified under Health Occupations Article, titles 14 and 15, Annotated Code of Maryland.

.02 Definitions

B. Terms Defined

(2) Sexual Impropriety.

(a) “Sexual Impropriety” means behavior, gestures, or expressions that are seductive, sexually suggestive, or sexually demeaning to a patient or a key third party regardless of whether the sexual impropriety occurs inside or outside of a professional setting.

(b) “Sexual impropriety” includes, but is not limited to:
...

(iii) Using the health care practitioner-patient relationship to initiate or solicit a dating, romantic, or sexual relationship;

...

(3) “Sexual misconduct” means a health care practitioner’s behavior toward a patient, former patient, or key third party, which includes:

(a) Sexual impropriety;

(b) Sexual violation

(c) Engaging in a dating, romantic, or sexual relationship which violates the code of ethics of the American Medical Association, American Osteopathic Association, American Psychiatric Association, or other standard recognized professional code of ethics of the health care practitioner’s discipline or specialty.

(4) Sexual Violation

(a) “Sexual violation” means health care practitioner-patient or key third party sex, whether or not initiated by the patient or key third party, and engaging in any conduct with a patient or key third party that is sexual or may be reasonably interpreted as sexual, regardless of whether the sexual violation occurs inside or outside of a professional setting.

(b) “Sexual violation” includes, but is not limited to:

(i) Sexual intercourse, genital to genital contact;

...

(iv) Kissing in a romantic or sexual manner;

(v) Touching the patient's breasts, genitals, or any sexualized body part;

.03 Sexual Misconduct

A. Individuals licensed or certified under Health Occupations Article, Titles 14 and 15, Annotated Code of Maryland, may not engage in sexual misconduct.

B. Health Occupations Article §§ 14-404(a)(3) ...Annotated Code of Maryland, includes, but is not limited to, sexual misconduct.

ALLEGATIONS OF FACT¹

Panel B bases its charges on the following facts that it has reason to believe are true:

I. BACKGROUND

1. At all times relevant hereto, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on May 3, 1984, under License Number D30771. The Respondent's license expires on September 30, 2026, subject to renewal.

2. The Respondent is also licensed to practice medicine in the District of Columbia. The Respondent's District of Columbia medical license was granted on January 3, 2014, and is presently active. The Respondent also holds inactive medical licenses in inactive status in the States of New York, New Mexico and Virginia.

¹ The statements regarding the Respondent's conduct are intended to provide the Respondent with reasonable notice of the asserted facts. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent regarding this matter.

3. The Respondent is board-certified in Internal Medicine with a sub-certification in Gastroenterology.

4. The Respondent was a shareholder and partner of a health care facility that merged into another health care group (“Practice 1”)² in 2009. The Respondent practiced as a physician-owner at Practice 1 until approximately February 2018. The Respondent resigned from Practice 1 in or around February 2018 and is currently an independent contractor working under another health care practice (“Practice 2”) out of offices located in Montgomery County, Maryland.

II. PRIOR DISCIPLINARY HISTORY

5. On or about February 13, 2018, the Respondent through counsel, sent a letter informing the Board that he engaged in a personal/sexual relationship with a patient/practice administrator (“Individual 1”) at Practice 1. Based on this self-report the Board opened an investigation in Board Case Number 2218-0512A.

6. During an under-oath Board interview in Board Case Number 2218-0512A, the Respondent denied having romantic or sexual relationships with patients or employees other than Individual 1.

7. On or about March 5, 2019, Disciplinary Panel A issued an order summarily suspending the Respondent’s license. On or about March 19, 2019, Panel A charged the Respondent with immoral and unprofessional conduct in the practice of medicine and engaging in sexual misconduct.

² For confidentiality and privacy purposes, the names of individuals and facilities involved in this case are not disclosed in this document. The Respondent may obtain the names of all individuals and facilities referenced in this document by contacting the administrative prosecutor.

8. In August 2019, an Administrative Law Judge (“ALJ”) held a six-day evidentiary hearing at the Office of Administrative Hearings. On or about November 12, 2019, the ALJ issued a proposed decision recommending that the charges pertaining to Individual 1 be upheld. The ALJ recommended that the Respondent be suspended for one year, retroactive to the summary suspension issued on March 5, 2019.

9. On or about March 23, 2020, Disciplinary Panel A concluded as a matter of law that the Respondent, with respect to Individual 1, was guilty of immoral and unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(i) and (ii), and that he engaged in sexual misconduct, in violation of Health Occ. § 1-212 and COMAR 10.32.17. Panel A suspended the Respondent license to practice medicine in Maryland for a period of one year, retroactive to March 5, 2019.

III. PRESENT COMPLAINT

10. On or about April 23, 2024, the Board received a complaint from a family member (the “Complainant”) of another patient/employee (“Individual 2”) of the Respondent. The complaint alleged that the Respondent engaged in unprofessional conduct with Individual 2, including prescribing controlled substances irresponsibly, failing to monitor Individual 2’s mental health risks, and breaching professional boundaries by engaging in conduct that constitute sexual misconduct with Individual 2.

11. Based on the complaint, the Board initiated an investigation of the Respondent under Board Case Number 2224-0165B.

IV. BOARD INVESTIGATION

12. The Board's investigation revealed that Individual 2 was a patient and employee of the Respondent and was seen on multiple occasions between July 2016 and December 2021 for various medical conditions, including pain management and gastrointestinal issues. The Respondent prescribed her various medications, including controlled dangerous substances such as alprazolam, hydromorphone, and oxycodone.

13. During the investigation in Board Case Number 2218-0152A, the Respondent, under oath, denied having romantic or sexual relationships with other patients or employees, including Individual 2.

14. On or about December 3, 2021, the Respondent prescribed 90 oxycodone 10 mg tablets to Individual 2 for pain management related to hip dysplasia and an upcoming root canal. Individual 2 had a documented medical history of mental health issues, including prior suicide attempts, which were or should have been known to the Respondent based on her medical records and prior treatment.

15. On or about December 6, 2021, Individual A was found deceased in her home. The Maryland Chief Medical Examiner ruled her death an accidental overdose caused by oxycodone intoxication.

16. The Board's investigation revealed that between July 2016 and December 3, 2021, the Respondent prescribed Individual 2 significant quantities of controlled dangerous substances, including the following examples:

- a. On or about April 6, 2017, the Respondent prescribed and Individual 2 filled a prescription for 224 tablets of morphine sulfate (8 mg tablets).

- b. On or about June 2, 2017, the Respondent prescribed and Individual 2 filled a prescription for 40 tablets of hydromorphone HCl (20 mg tablets).
- c. On or about August 10, 2017, the Respondent prescribed and Individual 2 filled a prescription for 300 mL of paregoric (an opioid-based liquid medication).
- d. On or about October 12, 2017, the Respondent prescribed and Individual 2 filled a prescription for 120 tablets of hydrocodone-chlorpheniramine (12 mg tablets).
- e. On or about October 27, 2017, the Respondent prescribed and Individual 2 filled a prescription for 20 tablets of alprazolam (7 mg tablets).
- f. On or about November 17, 2017, the Respondent prescribed, and Individual 2 filled 10 tablets of zolpidem tartrate (10 mg tablets) and 40 tablets of lorazepam (20 mg tablets).
- g. On or about January 23, 2018, the Respondent prescribed and Individual 2 filled a prescription for 270 tablets of alprazolam (90-day supply).
- h. On or about April 12, 2018, the Respondent prescribed and Individual 2 filled a prescription for 270 tablets of alprazolam (90-day supply).
- i. On or about June 16, 2021, the Respondent prescribed, and Individual 2 filled, a prescription for oxycodone.
- j. On or about June 26, 2021, the Respondent prescribed and Individual 2 filled a prescription for 90 tablets of alprazolam.
- k. On or about August 13, 2021, the Respondent prescribed butalbital-acetaminophen-caffeine.
- l. On or about August 20, 2021, the Respondent prescribed and Individual 2 filled a prescription for 90 tablets of alprazolam.
- m. On or about September 14, 2021, the Respondent prescribed and Individual 2 filled a prescription for 15 tablets of hydromorphone.
- n. On or about October 9, 2021, the Respondent prescribed and Individual 2 filled a prescription for 90 tablets of alprazolam.

- o.** On or about October 29, 2021, the Respondent prescribed and Individual 2 filled a prescription for 90 tablets of alprazolam.
- p.** On or about November 16, 2021, the Respondent prescribed butalbital-acetaminophen-caffeine.
- q.** On or about November 22, 2021, the Respondent prescribed and Individual 2 filled a prescription for 90 tablets of alprazolam.
- r.** On or about December 3, 2021, the Respondent prescribed and Individual 2 filled a prescription for 90 tablets of oxycodone.

17. On or about June 6, 2024, Board staff interviewed the Complainant who testified to the following information under oath:

- a.** Individual 2 began working for the Respondent in 2016 and later became his patient. They collaborated on multiple businesses, including a limited liability company (from 2018–2021) and a second limited liability company (from 2020–2021).
- b.** He stated Individual 2 received prescriptions for oxycodone, alprazolam, and other controlled dangerous substances, often without proper documentation or referrals to appropriate specialists.
- c.** He stated that the Respondent failed to consider Individual 2’s history of substance dependency and mental health challenges when prescribing high doses of opioids, despite having treated her in a previous overdose and prior suicide attempt.
- d.** He shared that he had expressed concerns to Individual 2 about the frequency and volume of prescriptions from.
- e.** On December 3, 2021, Individual 2 received 90 oxycodone tablets from the Respondent and was found deceased three days later.
- f.** He provided email exchanges between Individual 2 and the Respondent, which contained evidence of a romantic relationship, directly challenging the Respondent’s previous denials.

18. On or about October 17, 2024, Board staff interviewed the Respondent, who testified to the following information under oath:

- a. He denied any wrongdoing, stating that his prescriptions were medically justified and based on Individual 2's reported symptoms.
- b. When confronted with emails evidencing a romantic relationship, he admitted to lying under oath in the previous case and justified his actions as a promise to Individual 2, who wanted to protect her family.
- c. He stated that the romantic and sexual relationship began in October 2017 and ended in December 2017.

19. Text messages between the Respondent and Individual 2 indicate that the romantic/sexual relationship continued through December 2021, further undermining the Respondent's credibility.

20. Analysis of prescriptions from 2016 to 2021 revealed multiple instances of overlapping controlled dangerous substance prescriptions, including concurrent prescriptions for oxycodone and alprazolam.

21. Toxicology results identified oxycodone as the primary cause of death, with other substances, such as sertraline, also present.

22. Testimony, emails, and communications retrieved during a civil case initiated by the Complainant further substantiate the Respondent's romantic involvement with Individual 2.

GROUND FOR DISCIPLINE

The Respondent's conduct constitutes:

- a. Immoral conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(i).

- b.** Unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii).
- c.** Willfully making or filing a false report or record in the practice of medicine, in violation of Health Occ. § 14-404(a)(11).
- d.** Prescribing controlled substances for illegitimate medical purposes, in violation of Health Occ. § 14-404(a)(27).
- e.** Failing to cooperate with a lawful investigation conducted by the Board, in violation of Health Occ. § 14-404(a)(33).
- f.** Violating laws or regulations pertaining to the practice of medicine, in violation of Health Occ. § 14-404(a)(43).
- g.** Making false statements to the Board, in violation of Health Occ. § 14-603.
- h.** Sexual misconduct prohibited under Health Occ. § 1-212 and related regulations outlined in COMAR 10.32.17.

V. NOTICE OF POSSIBLE SANCTIONS

If, after a hearing, a Disciplinary Panel of the Board finds that grounds for action exist under Health Occ. §§ 1-212, 14-404(a)(3)(i), 14-404(a)(3)(ii), 14-404(a)(11), 14-404(a)(27), 14-404(a)(33), 14-404(a)(43), and/or 14-603 it may impose disciplinary sanctions against the Respondent's license in accordance with the Board's regulations under COMAR 10.32.02.09, 10.32.02.10 and 10.32.17.02, including revocation, suspension, or reprimand and may place the Respondent on probation. The panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine upon the Respondent.

**NOTICE OF DISCIPLINARY COMMITTEE FOR CASE RESOLUTION
CONFERENCE, PREHEARING CONFERENCE AND HEARING**

A conference before the Disciplinary Committee for Case Resolution (“DCCR”) in this matter is scheduled for **Wednesday, April 23, 2025, at 9:00am.**, at the Board’s office, **4201 Patterson Avenue, Baltimore, Maryland 21215**. The Respondent must confirm in writing his intention to attend the DCCR. The Respondent should send written confirmation of his intention to participate in the DCCR to: **Christine Farrelly, Executive Director, Maryland State Board of Physicians, 4201 Patterson Avenue, 4th Floor, Baltimore, Maryland 21215**. The nature and purpose of the DCCR is described in the attached letter to the Respondent. If the case cannot be resolved at the DCCR, a pre-hearing conference and a hearing in this matter will be scheduled at the Office of Administrative Hearings, 11101 Gilroy Road, Hunt Valley Maryland, 21031. The hearing will be conducted in accordance with Md. Code Ann., Health Occ. § 14-405, and Md. Code Ann., State Gov’t §§ 10-201 et seq. (2021 Repl. Vol. & 2023 Supp.).

**ANTHONY G. BROWN
ATTORNEY GENERAL OF MARYLAND**

February 18, 2025

Date



Mohamad Cheikhali
Assistant Attorney General
Administrative Prosecutor
Maryland Office of the Attorney General
Health Occupations Prosecution & Litigation Division
300 West Preston Street, Suite 201
Baltimore, Maryland 21201