

IN THE MATTER OF
HANITA CHHABRA, M.D.

Respondent

License Number: D0065120

* BEFORE THE
* MARYLAND STATE
* BOARD OF PHYSICIANS
* Case Number: 2224-0144

* * * * *

CONSENT ORDER

On May 15, 2025, Disciplinary Panel B (“Panel B” or the “Panel”) of the Maryland State Board of Physicians (the “Board”) charged Hanita Chhabra (the “Respondent”), License Number D0065120, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* (2021 Repl. Vol. & 2024 Supp.). Panel B charged the Respondent with violating the following provisions of the Act:

Health Occ. § 14-404. Denials, reprimands, probations, suspensions, and revocations -- Grounds.

- (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 the licensee:

...

- (3) Is guilty of:

...

- (ii) Unprofessional conduct in the practice of medicine.

On July 23, 2025, Panel B was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on negotiations occurring as a result of this DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of

Fact, Conclusions of Law, Order, and Consent.

FINDINGS OF FACT

Panel B makes the following findings of fact:

INTRODUCTION

1. The Respondent violated the Maryland Medical Practice Act by engaging in multiple serious breaches of professional boundaries and ethical standards. She developed an inappropriate personal relationship with a patient, exchanging hundreds of emails and text messages that included declarations of love, personal disclosures, and the exchange of gifts. She further compromised the integrity of the therapeutic relationship by inviting the patient to events, giving her money, and assisting her with employment at a non-profit where the Respondent had personal ties. The Respondent's conduct severely compromises her objectivity and undermines the integrity of the doctor-patient relationship. In addition, the Respondent improperly provided psychotherapy treatment and prescribed controlled dangerous substances (CDS) to individuals with whom she had personal or financial ties, including employees of her practice, a family member, and a business associate, without ensuring these relationships did not impair her professional judgment.

BACKGROUND

2. 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 September 19, 2006, under License Number D0065120. The Respondent's license is current through September 30, 2025.

3. At all times relevant hereto, the Respondent practiced psychiatry at her own practice and as the medical director at a psychiatry center specializing in the administration of Transcranial Magnetic Stimulation (TMS) treatments¹ in Anne Arundel County, Maryland (the “Practice”). The Respondent is board-certified in psychiatry.

THE COMPLAINT

4. On or about March 20, 2024, the Board received a complaint from a medical provider alleging that a patient (Patient 1) who was receiving treatment at a psychiatric facility disclosed several boundary concerns involving the Respondent, her outpatient psychiatrist. The Complaint indicated that the Respondent had given Patient 1 money, Christmas gifts, exchanged “I love you” messages and helped her secure employment.²

BOARD INVESTIGATION

5. On receipt of the Complaint, the Board initiated an investigation into the allegations. As part of its investigation, Board staff conducted interviews and subpoenaed records including the Respondent’s employment files, Respondent’s medical records, medical records of patients, and correspondence between Patient 1 and the Respondent.

6. The Board also issued multiple subpoenas for records related to the Respondent’s prescriptions for CDS and prescription-only medication, and to the Prescription Drug Monitoring Program (“PDMP”) for the period January 1, 2019, through April 2024.

¹ Transcranial Magnetic Stimulation (TMS) is a non-invasive procedure used to treat depression and other mental health conditions by using magnetic fields to stimulate nerve cells in the brain.

² To maintain confidentiality, the names of witnesses, facilities, employees, and patients will not be used in this document.

7. The Board's investigation determined that the Respondent had treated and written multiple prescriptions to a family member, current and former employees of the Practice, and a friend/business partner.

Patient 1

8. In or around 2017, Patient 1 presented to the Respondent's psychiatric practice for the treatment of depression and anxiety, exhibiting significant and disabling psychiatric symptoms. Beginning in or about 2019, while Patient 1 remained under the Respondent's care, the Respondent initiated and maintained an ongoing personal relationship with Patient 1 that went beyond the bounds of a professional physician-patient relationship and was unrelated to clinical treatment.

9. The Respondent and Patient 1 exchanged hundreds of text messages and emails that were social and personal in nature. These communications included discussions of the Respondent's own grief following the death of a family member and frequent expressions of affection, such as telling Patient 1 that she loved her, missed her, and encouraged her to send emails at any time. The Respondent also gave Patient 1 affectionate nicknames and regularly engaged in emotionally intimate communication.

10. Patient 1 reciprocated by sending the Respondent lengthy emails detailing her mental health struggles, feelings of self-worth, and expressed a strong emotional attachment to Respondent, often emphasizing how meaningful the communication was to her well-being.

11. The Respondent and Patient 1 also exchanged personal gifts, including clothing, gift cards, and gifts for Patient 1's dog. The Respondent admitted to providing

Patient 1 with a \$1,300 check to assist with rent. At the Respondent's encouragement, Patient 1 adopted a dog, with whom the Respondent also developed a personal attachment, referring to herself as the dog's "girlfriend" and sending the dog treats and clothing.

12. The Respondent personally drove Patient 1 to and from medical appointments, picking her up from her residence, and escorting her to appointments, all of which constituted a departure from appropriate clinical detachment expected in a therapeutic relationship.

13. In or about 2019, following the unexpected death of her family member, the Respondent partnered with a non-profit organization ("Non-Profit") to establish a charitable program within the Non-Profit providing clothes and essential items to children in foster care in memory of her family member. After Patient 1 went on disability, the Respondent encouraged her to volunteer with the organization and contacted the Non-Profit's director to facilitate Patient 1's placement, first as a volunteer, and later for part-time employment. The Respondent's conduct constitutes a serious breach of professional boundaries and is in direct violation of accepted psychiatric ethical standards. According to the Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry, issued by the American Psychiatric Association, Section 1.1 states: "A psychiatrist shall not gratify his or her own needs by exploiting the patient. The psychiatrist shall be ever vigilant about the impact that his or her conduct has upon the boundaries of the doctor-patient relationship, and thus upon the well-being of the patient."

14. By providing Patient 1 with money, gifts, transportation, and emotionally intimate communication, including repeated declarations of love, the Respondent created

a dual relationship that risked exploitation and compromised the integrity of the treatment process.

15. Accordingly, the Respondent's actions constitute unprofessional conduct in the practice of medicine and a violation of the Maryland Medical Practice Act, including, but not limited to, engaging in boundary violations, fostering a dual relationship, and compromising the objectivity and integrity of the psychiatric treatment relationship.

16. In addition to the above-described conduct, the Board's investigation revealed further violations of professional and ethical standards. During her August 21, 2024, under-oath interview with Board staff, the Respondent admitted to providing psychiatric treatment and prescribing CDS to individuals with whom she maintained close personal or professional relationships, including a family member, four current or former employees of her Practice, and a friend with whom she had an active business relationship. The medical records, PDMP records, and the Respondent's admissions confirmed that the Respondent had treated these individuals.

Treatment of Family Member

17. The Respondent provided psychotherapy treatment to an immediate family member (the "Family Member") from 2015 through 2024. Between January 2019 and April 2024, she issued a total of thirty-four (34) CDS prescriptions to this individual, including six (6) Schedule II and twenty-eight (28) Schedule IV prescriptions in non-emergency situations.

18. The American Medical Association (AMA) Ethics Opinion 1.2.1, advises against treatment of family members due to risks of compromised objectivity, patient autonomy, and informed consent.”

Treatment of Employees

19. The Board’s investigation also revealed that the Respondent provided psychiatric care and/or prescribed CDS to four current or former employees of her Practice between January 2019 and April 2024. These dual-role relationships created inherent conflicts of interest and significant risks to patient welfare and workplace integrity.

20. The Respondent also provided psychiatric care, including the prescribing of CDS, to four current or former employees of her psychiatric practice, in violation of accepted professional boundaries:

- **Employee 1** worked as a physician assistant at the Practice until 2017. After her employment ended, the Respondent provided psychotherapy treatment and issued 102 CDS prescriptions to her between January 2020 and April 2024.

- **Employee 2** worked as a physician assistant at the Practice under Respondent’s supervision from 2015 through at least 2024. The Respondent administered Transcranial Magnetic Stimulation (TMS), provided psychiatric treatment, and prescribed two CDS prescriptions for Zolpidem (Schedule IV) and four for Phendimetrazine Tartrate (Schedule III).

- **Employee 3** worked as a physician assistant at the Practice in 2019. During that year, while still an employee, she received ten CDS prescriptions (Schedule II and IV)

and non-CDS medications from the Respondent. Despite this treatment, only one medical record, a psychotherapy note dated June 18, 2020, was maintained in her file.

- **Employee 4** received psychotherapy treatment at the Practice in 2018 and later became a social worker on staff at the Practice. The Respondent resumed psychotherapy treatment of Employee 4 in 2020, 2021, and 2024, prescribing seven Schedule IV CDS prescriptions between June 2020 and March 2021.

21. Each of these cases represents a dual relationship, resulting in impaired clinical neutrality, professional conflicts of interest, and failure to maintain adequate medical records.

Treatment of Friend/Business Associate

22. Beginning in or around December 2020, the Respondent initiated psychiatric treatment of a personal friend and business associate (the “Business Associate”) who was involved in a charitable organization with which the Respondent collaborated. The Respondent and her spouse were closely affiliated with the Business Associate in both a personal and philanthropic capacity. Between December 2020 and February 2024, the Respondent provided psychotherapy treatment and issued twenty (20) CDS prescriptions, including Schedule II and IV medications to the Business Associate despite the inherent conflicts posed by their social and business relationship.

23. The Respondent’s conduct in treating family members, employees, and a business associate as stated above violate widely accepted ethical standards in the medical profession, including American Medical Association (AMA) Ethics Opinion 8.19 and 1.2.1, the Principles of Medical Ethics with Annotations Especially Applicable to

Psychiatry, Section 1.1, and the AMA Ethics Opinion 10.3 Peers as Patients, which highlight the ethical risks of treating family, colleagues and personal acquaintances, especially with respect to privacy, judgment, and the preservation of professional roles.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, Panel B concludes as a matter of law that the Respondent: is guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii).

ORDER

It is thus, on the affirmative vote of a majority of the quorum of Panel B, hereby:

ORDERED that Respondent is **REPRIMANDED**; and it is further

ORDERED that the Respondent is placed on probation³ for a minimum period of **TWO YEARS**. During probation, the Respondent shall comply with the following terms and conditions of probation:

1. The Respondent shall enroll in the Maryland Professional Rehabilitation Program (“MPRP”) as follows:
 - (a) Within **5 business days** of the effective date of this Consent Order, the Respondent shall contact MPRP to schedule an initial consultation for enrollment;
 - (b) Within **15 business days** of the effective date of this Consent Order, the Respondent shall enter into a Participant Rehabilitation Agreement and Participant Rehabilitation Plan with MPRP;
 - (c) The Respondent shall fully and timely cooperate and comply with all MPRP’s referrals, rules, and requirements, including, but not limited to, the terms and conditions of the Participant Rehabilitation Agreement(s)

³ If the Respondent’s license expires during the period of probation, the probation and any conditions of probation, will be tolled.

and Participant Rehabilitation Plan(s) entered with MPRP, and shall fully participate and comply with all therapy, treatment, evaluations, and screenings as directed by MPRP;

- (d) The Respondent shall sign and update the written release/consent forms requested by the Board and MPRP, including release/consent forms to authorize MPRP to make verbal and written disclosures to the Board and to authorize the Board to disclose relevant information from MPRP records and files in a public order. The Respondent shall not withdraw the release/consent;
- (e) The Respondent shall also sign any written release/consent forms to authorize MPRP to exchange with (i.e., disclose to and receive from) outside entities (including all of the Respondent's current therapists and treatment providers) verbal and written information concerning the Respondent and to ensure that MPRP is authorized to receive the medical records of the Respondent, including, but not limited to, mental health and drug or alcohol evaluation and treatment records. The Respondent shall not withdraw the release/consent;
- (f) If, upon the authorization of MPRP, the Respondent transfers to a rehabilitation program in another state, the Respondent's failure to comply with any term or condition of that state's [the out-of-state's] rehabilitation program, constitutes a violation of this Consent Order. The Respondent shall also sign any out-of-state written release/consent forms to authorize the Board to exchange with (i.e. disclose to and receive from) the out-of-state program verbal and written information concerning the Respondent, and to ensure that the Board is authorized to receive the medical records of the Respondent, including, but not limited to, mental health and drug or alcohol evaluation and treatment records. The Respondent shall not withdraw the release/consent;
- (g) The Respondent's failure to comply with any of the above terms or conditions including terms or conditions of the Participant Rehabilitation Agreement(s) or Participant Rehabilitation Plan(s) constitutes a violation of this Consent Order;

2. Within **SIX (6) MONTHS**, the Respondent is required to take and successfully complete courses in **(a) Professional Boundaries, (b) Medical Ethics, and (c) Prescribing**. The following terms apply:

(i) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the courses before the courses begin;

(ii) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the courses;

(iii) the courses may not be used to fulfill the continuing medical education credits required for license renewal; and

(iv) the Respondent is responsible for the cost of the courses; and

3. Within **SIX MONTHS**, the Respondent shall pay a civil fine of **\$10,000**. The Payment shall be by money order or bank certified check made payable to the Maryland Board of Physicians and mailed to P.O. Box 37217, Baltimore, Maryland 21297. The Board will not renew or reinstate the Respondent's license if the Respondent fails to timely pay the fine to the Board; and it is further

ORDERED that the Respondent shall not apply for early termination of probation; and it is further

ORDERED that a violation of probation constitutes a violation of this Consent 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 by the Board or a disciplinary panel; and it is further

ORDERED that, after the minimum period of probation imposed by the Consent Order has passed, and the Respondent has fully and satisfactorily complied with all terms

and conditions of probation, and MPRP notifies the Board of the Respondent's compliance with all MPRP's referrals, rules, and requirements, the Respondent may submit a written petition for termination of probation. After consideration of the petition, the Applicant's probation may be terminated through an order of the disciplinary panel. The Respondent may be required to appear before the disciplinary panel to discuss his petition for termination. The disciplinary panel may grant the petition to terminate the probation, through an order of the disciplinary panel, if the Respondent has complied with all the probationary terms and conditions and there are no pending complaints relating to the charges; 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 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 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 or revoke the Respondent's license to practice medicine in Maryland. 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 this Consent Order goes into effect on 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* Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

08/18/2025
Date

Signature on file

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians

CONSENT

I, Hanita Chhabra, M.D., acknowledge that I have consulted with counsel before signing this Consent Order.

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.

August 11, 2025
Date

Signature on file

Hanita Chhabra, M.D. —

NOTARY

STATE OF

Maryland

CITY/COUNTY OF

Baltimore

I HEREBY CERTIFY that on this 16th day of

August

2025, before me, a Notary Public of the foregoing

State and City/County, Hanita Chhabra, M.D., personally appeared and made oath in due form of law that signing the foregoing Consent Order was her voluntary act and deed.

AS WITNESSETH my hand and notarial seal.

Danica B. Betzel

Notary Public

My Commission expires:

12/9/27