

Daniel E. Parks, M.D.



Ifeyinwa Arah Stitt, M.D., Chair
Disciplinary Panel A
Maryland State Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, MD 21215-2299

Re: Surrender of License to Practice Medicine
Daniel E. Parks, M.D.
License Number: D0102005
Case Number: 2226-0004

Dear Dr. Stitt and Members of Disciplinary Panel A,

Please be advised that, pursuant to Md. Code Ann., Health Occ. (“Health Occ.”) §14-403, I have decided to **SURRENDER** my license to practice medicine in the State of Maryland, License Number D0102005, 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 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 A’s (“Panel A”) acceptance, becomes a **FINAL ORDER** of Panel A of the Maryland State Board of Physicians (the “Board”).

I acknowledge that the Board received information that on May 9, 2025, the Virginia Board of Medicine (the “Virginia Board”) issued a Consent Order (the “Order”) in which my medical license was reprimanded and I was ordered to complete 20 credit hours of Board-approved courses in professional boundaries. The Virginia Board’s Order was based on findings that I engaged in a sexual relationship with a former staff member (“Patient A”) whom I treated as a patient, accessed Patient A’s medical chart on several occasions, and obtained Patient A’s contact information after the practitioner-patient relationship had ended.

The Virginia Board Order is attached hereto.

The Board began an investigation into these allegations. I have decided to surrender my license to practice medicine in the State of Maryland to avoid further investigation and because I will be retiring from clinical practice. I recognize that, for all purposes relevant to medical licensure, these allegations shall be treated as proven and that these allegations support a

conclusion that I violated Health Occ. §14-404(a)(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 Veterans Administration for an act that would be grounds for disciplinary action under this section[.]" with underlying grounds (3)(i): Is guilty of immoral conduct in the practice of medicine, (3)(ii): Is guilty of unprofessional conduct in the practice of medicine, and Health Occ. §1-212 for violating the Board's sexual misconduct regulations.

I wish to make it clear that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender to avoid the issuance of charges and prosecution of the aforementioned allegations. I do not wish to contest these allegations. I understand that by executing this Letter of Surrender I am waiving my right to contest any charges that would issue from Panel A's investigative findings in a formal evidentiary hearing at which I would have had the right to counsel, 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 to 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 disciplinary action, pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.*, and that this Letter of Surrender constitutes a disciplinary action by Panel A.

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 Substance Registration to the Office of Controlled Substances Administration.

I further recognize and agree that by submitting this Letter of Surrender, my license will remain surrendered unless and until the Board grants reinstatement. In the event that I apply for reinstatement of my Maryland License, I understand that Panel A or its successor is not required to grant reinstatement; and, if it does grant reinstatement, may impose any terms and conditions the disciplinary panel considers appropriate for public safety and the protection of the integrity and reputation of the profession. I further understand that if I ever file a petition for reinstatement, I will approach Panel A or its successor in the same position as an individual whose license has been revoked.

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 A, including the right to consult with an attorney prior to signing this Letter of Surrender. I understand both the nature of Panel A'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.

Very truly yours

Signature on file

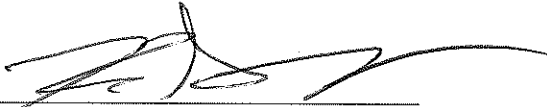
Daniel E. Parks, M.D.

NOTARY

STATE OF Virginia
CITY/COUNTY OF Augusta

I HEREBY CERTIFY that on this 23rd day of September, 2025, before me, a Notary Public of the City/County aforesaid, personally appeared Daniel E. Parks, M.D., and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was voluntary.

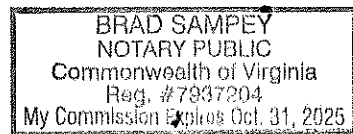
AS WITNESS my hand and Notarial seal.



Notary Public

My commission expires:

Oct 31, 2025



ACCEPTANCE

On behalf of Disciplinary Panel A, on this 25th day of September, 2025, I, Christine A. Farrelly, accept the **PUBLIC SURRENDER** of Daniel E. Parks, M.D.'s license to practice medicine in the State of Maryland.

Signature on file

Christine A. Farrelly, Executive Director
Maryland Board of Physicians

BEFORE THE VIRGINIA BOARD OF MEDICINE

IN RE: DANIEL EMERY PARKS, M.D.
License Number: 0101-253484
Case Number: 236031

ORDER

JURISDICTION AND PROCEDURAL HISTORY

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), a Special Conference Committee of the Virginia Board of Medicine (“Board”) held an informal conference on April 24, 2025, in Henrico County, Virginia, to inquire into evidence that Daniel Emery Parks, M.D., violated certain laws and/or regulations governing the practice of medicine in the Commonwealth of Virginia.

Daniel Emery Parks, M.D., appeared at this proceeding and was not represented by legal counsel.

Upon consideration of the evidence, the Committee adopts the following Findings of Fact and Conclusions of Law and issues the Order contained herein.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Daniel Emery Parks, M.D., was issued License Number 0101-253484 to practice medicine on March 4, 2013, which is scheduled to expire on September 30, 2026.

2. During the course of his employment as a physician at Facility X, Dr. Parks violated Virginia Code § 54.1-2915(A)(3), (12), (18), and (19), and 18 VAC 85-20-100(A) and (B) of the Regulations Governing the Practice of Medicine (“Regulations”) in that:

a. Dr. Parks treated Patient A, who was employed as registration staff at Facility X from September 2019 to March 2020, for an upper respiratory infection or similar ailment in January 2020, as evidenced by the following:

i. Admissions by both Dr. Parks and Patient A to a Department of Health Professions Investigator (“DHP Investigator”) that Dr. Parks had treated her while she was an employee of the practice (i.e., prior to her ceasing employment there in March 2020); and

ii. Dr. Parks and Patient A had a follow-up discussion regarding Patient A’s current condition and the need for additional treatment as shown in the following message exchange on January 22, 2020:

06:41:50.0: Dr. Parks “Good morning sunshine. Feeling better?”

06:50:39.0: Patient A “A bit, but I’ll live. I’m just wheezing so bad and my nose”

07:19:43.0: Dr. Parks “Did we do the Medrol with the zpack?”

07:23:38.0: Patient A “Z pack and the medicine for cough”

07:27:18.0: Dr. Parks “do you want the steroid to help with the wheeze? or an inhaler?”

07:32:22.0: Patient A “Which one would be best?”

07:33:16.0: Patient A “what does a steroid do?”

09:35:17.0: Dr. Parks “steroid would decrease inflammation in the lungs which may be trigger the cough and wheeze. inhaler will relax the smooth muscle in the bronchial tubes and allow you to breath easier and not wheeze”

10:07:05.0: Patient A “Idk what I should do. i don’t like taking medicine”

10:44:21.0: Patient A “The wheezing doesn’t bother me as much as my sinuses do. I’m congested as f--k by yet my nose still runs. At night before bed I have to use Afrin and take Sudafed so i can breathe”

11:02:35.0: Dr. Parks “Are you using flonase or nasocort?”

11:15:19.0: Patient A “No, Afrin”

11:59:20.0: Dr. Parks “i would try to avoid afrin if you have used it for more than 2 days.”

12:02:18.0: Patient A “I’ve only used it for two days”

12:02:48.0: Patient A “Ugh, Flonase and Nasocort are so expensive but f--k it I guess I’ll get one”

12:06:51.0: Dr. Parks “the generic brands are just as good.”

12:10:33.0: Patient A “What is different about Afrin that makes it bad to use for an extended period of time?”

12:16:37.0: Dr. Parks “it causes a rebound congestion after about 3 days requiring continued use to keep symptoms away.”

12:22:53.0: Patient A: “Ohh okay :)”

b. Dr. Parks failed to document the foregoing treatment of Patient A in her medical chart.

c. According to Dr. Parks and Patient A, they had a flirtatious relationship through text messages and in-person socialization over the next several months. In June 2020, as reported by Patient A and admitted by Dr. Parks, they had a sexual encounter at Dr. Parks' house. Throughout the next few months, Dr. Parks and Patient A continued to socialize, including additional visits at his house. During these interactions, Dr. Parks continued to pursue Patient A romantically by implying he "wanted to make out," and he purchased gifts for Patient A, such as wine and pajamas.

d. At some point, Patient A told Dr. Parks that she was not interested in a sexual relationship any longer.

e. Dr. Parks continued to treat Patient A thereafter by writing her prescriptions for various medical issues throughout the remainder of 2020 and 2021, as well as making a physical therapy referral for Patient A in November 2021. All of these encounters were initiated by Patient A contacting Dr. Parks through the patient portal. Although Dr. Parks documented encounter notes with respect to the foregoing, no telemedicine visits or in-person visits actually occurred. During this time period, Patient A also was seen by various other medical providers at Facility X for other ailments.

f. Following Dr. Parks' referral of Patient A to physical therapy in November 2021, Patient A stopped all contact with Dr. Parks, and in January 2022, blocked Dr. Parks on all her social media after Dr. Parks commented on Patient A's social media post about her new romantic relationship. Patient A then changed her telephone number and phone carrier, and she did not provide Dr. Parks with her new number.

g. In November 2023, an internal investigation by Facility X revealed that Dr. Parks repeatedly accessed Patient A's medical chart after the November 2021 physical therapy referral despite

not having a bona fide medical reason for doing so. Facility X identified dates of unauthorized access of Patient A's record by Dr. Parks on March 8, 2022, May 7, 2022, July 30, 2022, December 6, 2022, and July 2, 2023. Over the course of two such unauthorized reviews, Dr. Parks accessed Patient A's visit notes with her primary care physician, as well as prescriptions, demographic information (e.g., telephone number and address), and current diagnoses. Moreover, Dr. Parks admitted to the DHP Investigator that he obtained Patient A's new telephone number and saved it to his mobile phone after accessing her records.

h. On November 25, 2023, Dr. Parks called Patient A's new telephone number at approximately 9:30 p.m. Patient A recognized Dr. Parks' phone number and realized that Dr. Parks must have acquired her new telephone number by improperly accessing her medical chart.

i. Although Dr. Parks purported to access Patient A's chart for medical reasons and asserted that he stopped reviewing her chart once he saw she had established care with a primary care provider, he later admitted to the DHP Investigator that it was "accurate" to say that their personal relationship played a part in his repeated accessing of Patient A's chart without a bona fide medical reason for doing so.

4. Dr. Parks stated that, based on his research, he believed because he treated Patient A on an urgent care basis, the practitioner-patient relationship ended after that treatment concluded. He further stated texts out of context can appear improper. However, Dr. Parks later admitted that based on his knowledge of Patient A's medical history which he gained as her medical provider, as well as his prior and continuing treatment of Patient A, he was actually her medical provider at the time of their sexual contact.

5. Dr. Parks gave the Board the following reasons for accessing Patient A's medical chart five times over a period of approximately 17 months:

- Dr. Parks wanted to ensure Patient A had followed up with physical therapy;
- Dr. Parks was concerned that Patient A was in an abusive relationship based on her prior statements regarding past relationships;
- Dr. Parks wanted to ensure Patient A had established care with a primary care provider; and
- Patient A never told Dr. Parks not to check her medical chart.

Despite his stated reasons for accessing Patient A's chart, Dr. Parks admitted he was indeed aware of Patient A's physical therapy treatment plan because he received a fax from her physical therapy provider, uploaded the plan into Patient A's chart, then closed her file. Dr. Parks also admitted that he knew Patient A had established care with a primary care provider after at least one review of her chart.

6. Dr. Parks admitted that during one such view of Patient A's chart, he "stupidly" entered her new phone number into his phone because he considered reaching out to check on Patient A, but then forgot to do so. Dr. Parks also admitted to calling Patient A but claimed he did so while attempting to delete Patient A's telephone number.

7. Dr. Parks admitted that none of the foregoing behavior should have happened. He further stated he is embarrassed by his actions and has learned a significant, life-long lesson and assured the Board he has learned his lesson from this experience. He further admitted that while he believed he was accessing Patient A's medical chart out of concern, he knows he overstepped in doing so. Dr. Parks also advised that he has changed his practices concerning his treatment of workplace friends in that he refers them to other providers and, if he does treat them, ensures he properly documents patient charts. Dr. Parks admitted he made a mistake, is sorry for any harm he caused Patient A, and would take back all of his conduct if he could.

8. Dr. Parks denied resigning from Facility X because of its investigation into Dr. Parks improperly accessing Patient A's chart and claimed he resigned for other issues.

9. The Committee found Dr. Parks to be less than forthcoming or self-aware given the facts of this case.

10. Evidence relevant to the allegations contained in the Notice dated March 10, 2025, was considered at this proceeding.

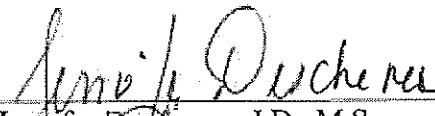
ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Medicine hereby ORDERS as follows:

1. Daniel Emery Parks, M.D., is REPRIMANDED.
2. Within six months from the date of entry of this Order, Dr. Parks shall provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least 20 credit hours in the subject of professional boundaries. The course(s) shall be approved in advance of registration by the Executive Director of the Board. Requests for approval must be received at least 15 business days prior to the course date. All continuing education hours/courses shall be completed through face-to-face, interactive sessions (i.e., no home study, journal, or internet courses). Continuing education obtained through compliance with this term shall not be used toward licensure renewal.
3. Dr. Parks shall comply with all laws and regulations governing the practice of medicine in the Commonwealth of Virginia.
4. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of medicine shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD



Jennifer Deschenes, J.D., M.S.
Deputy Executive Director
Virginia Board of Medicine

ENTERED AND MAILED: 5/9/2025

NOTICE OF RIGHT TO APPEAL

Pursuant to Virginia Code § 54.1-2400(10), Dr. Parks may, not later than 5:00 p.m., on June 12, 2025, notify William L. Harp, M.D., Executive Director, Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that he desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated. This Order shall become final on June 12, 2025, unless a request for a formal administrative hearing is received as described above.