IN THE MATTER OF	*	**BEFORE THE**
DORA LOGUE, M.D.	*	**MARYLAND STATE**
Respondent.	*	**BOARD OF PHYSICIANS**
License No. D06573	*	**Case Number: 2221-0022**

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FINAL DECISION AND ORDER

On June 29, 2021, Disciplinary Panel A of the Maryland State Board of Physicians ("Board") charged Dora Logue, M.D. with unprofessional conduct in the practice of medicine, in violation of Md. Code Ann., Health Occ. § 14-404(a)(3)(ii), and violating any rule or regulation adopted by the Board, or any State or federal law pertaining to the practice of medicine, in violation of Health Occ. § 14-404(a)(43). On November 9, 2021, the charges were delegated to the Office of Administrative Hearings ("OAH") for an evidentiary hearing on the charges. An evidentiary hearing was held at OAH on February 7 and 8, 2022. Four witnesses testified on behalf of the State, one witness testified on behalf of Dr. Logue, and Dr. Logue testified on her own behalf. The ALJ also admitted into evidence twenty-nine joint exhibits.

In a Proposed Decision issued on April 22, 2022, the ALJ recommended that the charges issued by Panel A on June 29, 2021, be upheld. As a sanction, the ALJ recommended that Dr. Logue be reprimanded and placed on probation for two years with conditions that included taking courses in patient boundaries and professional responsibility, enrolling in the Maryland Professional Rehabilitation Program, and payment of a $9,000 fine.

Dr. Logue filed written exceptions to the ALJ's Proposed Decision, and the State filed a Response to Dr. Logue's exceptions. Both parties appeared before Disciplinary Panel B of the Board for an oral exceptions hearing, on August 24, 2022. After considering the entire record,

including the evidentiary record made before the ALJ, and the written exceptions and oral arguments by both parties, Panel B now issues this Final Decision and Order.

FINDINGS OF FACT

Panel B adopts the ALJ's proposed findings of fact, numbers 1-26. *See* ALJ proposed decision, attached as **Exhibit 1**. These facts were proven by a preponderance of the evidence and are incorporated by reference into the body of this document as if set forth in full. The Panel also adopts the ALJ's discussion set forth on pages 11-17, which is incorporated into the body of this document as if set forth in full, except as discussed below.

At all times relevant to this proceeding, Dr. Logue was a licensed physician in the State of Maryland engaged in the practice of psychiatry. From January 1, 1999 to August 7, 2020, Dr. Logue worked at an outpatient mental health clinic focusing on treating children who have experienced trauma. On August 12, 2020, the clinic filed a mandated ten-day report with the Board explaining that Dr. Logue's employment was terminated due to an increasing and escalating number of complaints regarding Dr. Logue and due to her disclosure of protected health information. The report explained that the complaints included cultural insensitivity, inattention and lateness, and poor clinical judgment.

Upon receipt of the ten-day report, the Board conducted an investigation, which included subpoenaing documents and interviewing employees at the clinic. The Board also conducted an interview with Dr. Logue.

CONSIDERATION OF EXCEPTIONS

Findings of Fact

Dr. Logue takes exception to several of the ALJ's proposed findings of fact. She argues that the findings were not credible, not corroborated, not supported by competent, material, and

substantial evidence in light of the entire record, and not consistent with the evidence or any reasonable inference therefrom. She also argues that the ALJ never made a credibility determination regarding the complainants or the veracity of the complaints and, therefore, argues that the patient complaints should not have been admitted into evidence. The State argues that Dr. Logue waived these arguments because she never objected to the admissibility of the complaints at the evidentiary hearing. The State further argues that the hearsay statements were reliable because Dr. Logue corroborated and confirmed that she made many of the statements in question.

Dr. Logue did not object to the admissibility of the patient complaints before the ALJ and, therefore, she has waived her right to challenge the admissibility of the complaints before the Panel. *Rosov v. Maryland State Bd. of Dental Examiners*, 163 Md. App. 98, 112 (2005) (internal quotation marks omitted) ("If a party fails to object, he will not later be heard to complain that the evidence should not have been admitted."). In fact, Dr. Logue stipulated to the admissibility of the 29 exhibits, which were admitted as joint exhibits, and included the patient complaints. "Hearsay evidence is admissible before an administrative forum in contested cases and, if such evidence is credible and sufficiently probative, it may be the sole basis for the decision of the administrative body." *Rosov*, 163 Md. App. at 113 (internal quotation marks omitted). The Panel finds no error in the ALJ's admission of the patient complaints and will next address the credibility argument.

Dr. Logue argues that none of the patient complaints were corroborated by independent evidence because none of the patient complainants were interviewed or testified at the OAH hearing. The Panel acknowledges that the patients themselves were not interviewed under oath or available for cross examination at OAH. Dr. Logue, however, could have also subpoenaed the

witnesses to testify, but did not. *See Rosov*, 163 Md. App. at 117 ("Rosov was not deprived of the opportunity to cross-examine Bartrem by the State or the ALJ, but by his own failure to subpoena the witness."). While the patients were not interviewed, many of the complaints were corroborated by Dr. Logue herself even though she downplayed her culpability. The patient complaints were also confirmed through the contemporaneous documentation in the HR file and through the testimony of the clinic's employees.

The Panel has read, reviewed, and confirmed that all of the ALJ's proposed factual findings are supported by the record through the testimony of the clinic's employees and, in some instances, confirmed by Dr. Logue herself. Dr. Logue admitted to answering phone calls during patient sessions, making a comment about schools focusing too much on slavery, and having difficulties hearing patients and with the electronic medical record. Dr. Logue also admitted to sending patient protected health information to her two sons who were not employed at the clinic and to requesting and receiving confidential patient information after she was placed on leave.

Unprofessional Conduct

Unprofessional conduct is defined as "conduct which breaches the rules or ethical code of a profession, or conduct which is unbecoming a member in good standing of a profession." *Finucan v. Maryland Bd. of Physician Quality Assur.*, 380 Md. 577, 593 (2004). The meaning of the term "is determined by the common judgment of the profession as found by the professional licensing board." *Id.* (internal quotation marks omitted). The unprofessional conduct in this case is based on Dr. Logue's behavior and actions described in the patient complaints and also on her violations of patient confidentiality.

Patient Complaints

Dr. Logue argues that none of her comments or actions amount to conduct that is unbecoming a member in good standing of the profession. The ALJ explained that Dr. Logue "essentially admitted to much of the conduct that was the subject of the complaints but minimized her responsibility in the matters."

Dr. Logue admitted that she answered phone calls during patient sessions and explained that she did this so that difficult to reach providers would know that she would call them back. The ALJ found that interrupting a patient's appointment with a telephone call is unprofessional and disruptive to patient care and noted that messages can be left with staff or on voicemail and returned after appointments. The Panel agrees.

Dr. Logue admitted to having difficulties hearing and with inputting information into the electronic medical record. The ALJ explained that difficulties with the computer and with hearing are not necessarily unprofessional, although they could be depending on how Dr. Logue explained the problems she was having to her patients. The ALJ found that Dr. Logue's difficulties impacted patient care and Dr. Logue's competence to provide that care. The Panel agrees.

Dr. Logue admitted to disclosing sensitive information about a patient's sexual abuse to the patient's grandmother. Dr. Logue explained that she thought that a release of information had been signed to allow the grandmother to receive information because the grandmother accompanied the patient to the appointment. During the hearing, the director of clinical services confirmed that it was the responsibility of the front desk staff to obtain the consent forms from the patient prior to a patient meeting with a psychiatrist. Accordingly, the Panel does not hold Dr. Logue accountable for disclosing the patient's medical history to the grandmother without

obtaining proper consent because it was the clinic's responsibility to ensure that the consent forms were signed prior to the patient's appointment. The Panel does not adopt the ALJ's discussion in this regard.

The ALJ thoroughly analyzed each of the patient complaints and Dr. Logue's responses and noted that Dr. Logue did not specifically address some of the purported unprofessional comments that she was alleged to have made according to the patient complaints. The ALJ correctly concluded that the only evidence in the record is that these complaints were filed. Thus, the Panel gives these uncorroborated complaints little weight and does not consider these complaints in reaching its determination of unprofessional conduct.

While none of the complaints individually would likely amount to unprofessional conduct, the Panel finds that the totality of Dr. Logue's actions constitutes unprofessional conduct in the practice of medicine. Dr. Logue argues that the ALJ relied on uncorroborated patient complaints almost exclusively to conclude that she was guilty of unprofessional conduct. This is simply not the case. Rather, the ALJ based the finding of unprofessional conduct in the practice of medicine on the patient complaints and also on the violations of patient confidentiality, which are discussed below.

Patient Confidentiality

Dr. Logue admitted at the hearing that she breached patient confidentiality by sending protected health information of nine patients to her two sons who were not employed at the clinic or involved in the care of the patients. She also admitted to requesting and receiving confidential patient information after she was placed on leave from the clinic. Dr. Logue does not dispute that her breaches of patient confidentiality are unprofessional. Rather, she argues, as discussed below, that she cannot he charged with violating a rule of the medical profession because the AMA

guidelines were not admitted into evidence. The Panel adopts the ALJ's discussion with regards to unprofessional conduct in the practice of medicine as it relates to patient confidentiality. The Panel finds that Dr. Logue's breaches of patient confidentiality were highly unprofessional, in violation of Health Occ. § 14-404(a)(3)(ii).

Violation of a Rule of the Medical Profession

Dr. Logue argues that the ALJ's finding that she breached patient confidentiality must be rejected because the AMA guidelines were never admitted into evidence and cannot be subject to judicial notice. Regardless of whether the AMA guidelines were admitted into evidence, the Board is authorized by COMAR 10.32.02.16 to consider the Principles of Ethics of the AMA. Dr. Logue was also on notice of the AMA Guidelines at issue because they were included in the charging document, which is part of the record. Further, contrary to Dr. Logue's argument in her exceptions that the AMA Guidelines are not common knowledge, "the prohibition against the disclosure of confidential communications—is commonly understood within the medical profession." *Salerian v. Maryland State Bd. of Physicians*, 176 Md. App. 231, 249 (2007). The Salerian Court cited the rule that "[t]he general AMA Guidelines state that a 'physician shall ... safeguard patient confidences within the constraints of the law.'" *Id.* Dr. Logue even admitted at the hearing that she breached patient confidentiality by sending protected health information of nine patients to her two sons who were not employed at the clinic or involved in the care of the patients. In breaching patient confidentiality, Dr. Logue was guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii), and violated a rule of the medical profession, in violation of Health Occ. § 14-404(a)(43). *See* Md. Code Ann., Health General Article § 4-302. The Panel agrees with the ALJ that Dr. Logue's disclosure and receipt

of confidential patient information is both unprofessional and in violation of a rule of the medical profession.

CONCLUSIONS OF LAW

Based on the findings of fact, ALJ's discussion, and discussion of Dr. Logue's exceptions, as set forth above, Disciplinary Panel B concludes that Dr. Logue is guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii), and violated a rule or regulation adopted by the Board, or any State or federal law pertaining to the practice of medicine, in violation of Health Occ. § 14-404(a)(43).

SANCTION

The ALJ recommended that Dr. Logue be sanctioned with a reprimand and probation for two years with conditions including taking courses in patient confidentiality and professional ethics, enrolling in the Maryland Professional Rehabilitation Program, and payment of a $9,000.00 fine.

Dr. Logue argues in her exceptions that the charges against her should be dismissed and no sanction or fine should be imposed. This position directly contradicts Dr. Logue's position at the OAH hearing before the ALJ where she admitted to breaching patient confidentiality and agreed that some sanction was warranted for her actions. As discussed above, the Panel finds that Dr. Logue is guilty of unprofessional conduct and that she violated a rule of the medical profession. The Panel adopts the ALJ's proposed sanction with several modifications, including a reduction of the fine.

ORDER

It is, by an affirmative vote of a majority of the quorum of Disciplinary Panel B, hereby:

ORDERED that Dora Logue, M.D. is **REPRIMANDED**; and it is further

ORDERED that Dr. Logue is placed on **PROBATION**.[1] During probation, Dr. Logue shall comply with the following terms and conditions of probation:

(1) Dr. Logue shall enroll in the Maryland Professional Rehabilitation Program (MPRP) as follows:

(a) Within 5 business days, Dr. Logue shall contact MPRP to schedule an initial consultation for enrollment;

(b) Within 15 business days, Dr. Logue shall enter into a Participant Rehabilitation Agreement and Participant Rehabilitation Plan with MPRP;

(c) Dr. Logue 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) 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) Dr. Logue 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. Dr. Logue shall not withdraw her release/consent;

(e) Dr. Logue 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 Dr. Logue's current therapists and treatment providers) verbal and written information concerning Dr. Logue and to ensure that MPRP is authorized to receive the medical records of Dr. Logue, including, but not limited to, mental health and drug or alcohol evaluation and treatment records. Dr. Logue shall not withdraw her release/consent;

(f) Dr. Logue'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 Order.

(2) Within **SIX (6) MONTHS**, Dr. Logue is required to take and successfully complete courses in (1) Implicit Bias, (2) Patient Confidentiality, and (3) Professional Boundaries. The following terms apply:

(a) it is Dr. Logue's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the course before the course is begun;

[1] If Dr. Logue's license expires during the period of probation, the probation and any conditions will be tolled.

(b) Dr. Logue must provide documentation to the disciplinary panel that Dr. Logue has successfully completed the course;

(c) the course may not be used to fulfill the continuing medical education credits required for license renewal;

(d) Dr. Logue is responsible for the cost of the course.

(3) Within **ONE (1) YEAR,** Dr. Logue shall pay a civil fine of $5,000.00. 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 Dr. Logue's license if Dr. Logue fails to timely pay the fine to the Board; and it is further

ORDERED that Dr. Logue shall not apply for early termination of probation; and it is further

ORDERED that, after Dr. Logue has complied with all terms and conditions of probation and MPRP finds, and notifies the Board, that Dr. Logue is safe to practice medicine without monitoring, Dr. Logue may submit to the Board a written petition for termination of probation. After consideration of the petition, the probation may be terminated through an order of the disciplinary panel. Dr. Logue may be required to appear before the disciplinary panel to discuss her petition for termination. The disciplinary panel may grant the petition to terminate the probation, through an order of the disciplinary panel, if Dr. Logue has complied with all probationary terms and conditions and there are no pending complaints relating to the charges; and it is further

ORDERED that, if Dr. Logue allegedly fails to comply with any term or condition imposed by this Order, Dr. Logue shall be given notice and an opportunity for a hearing. If the disciplinary panel determines there is a genuine dispute as to a material fact, the hearing shall be

before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if the disciplinary panel determines there is no genuine dispute as to a material fact, Dr. Logue 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 Dr. Logue has failed to comply with any term or condition imposed by this Order, the disciplinary panel may reprimand Dr. Logue, place Dr. Logue on probation with appropriate terms and conditions, or suspend with appropriate terms and conditions, or revoke Dr. Logue'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 Dr. Logue; and it is further

ORDERED that a violation of probation constitutes a violation of this Order;

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

ORDERED that the effective date of this Final Decision and Order is the date the Final Decision and Order is signed by the Executive Director of the Board; and it is further

ORDERED that this Final Decision and Order is a **PUBLIC** document pursuant to Health Occ. § 1-607, § 14-411.1(b)(2), and Gen. Prov. § 4-333(b)(6).

Signature On File

10/18/2022
Date

Christine A. Farrelly, Executive Director
Maryland State Board of Physicians

NOTICE OF RIGHT TO PETITION FOR JUDICIAL REVIEW

Pursuant to Md. Code Ann., Health Occ. § 14-408, Dr. Logue has the right to seek judicial review of this Final Decision and Order. Any petition for judicial review shall be filed within thirty (30) days from the date of mailing of this Final Decision and Order. The cover letter accompanying this final decision and order indicates the date the decision is mailed. Any petition for judicial review shall be made as provided for in the Administrative Procedure Act, Md. Code Ann., State Gov't § 10-222 and Title 7, Chapter 200 of the Maryland Rules of Procedure.

If Dr. Logue files a petition for judicial review, the Board is a party and should be served with the court's process at the following address:

Maryland State Board of Physicians
Christine A. Farrelly, Executive Director
4201 Patterson Avenue
Baltimore, Maryland 21215

Notice of any petition should also be sent to the Board's counsel at the following address and emailed to Stacey.darin@maryland.gov:

Stacey Darin
Assistant Attorney General
Maryland Department of Health
300 West Preston Street, Suite 302
Baltimore, Maryland 21201

Exhibit 1

MARYLAND STATE BOARD OF	*	**BEFORE LORRAINE E. FRASER,**
PHYSICIANS	*	**AN ADMINISTRATIVE LAW JUDGE**
v.	*	**OF THE MARYLAND OFFICE**
DORA LOGUE, M.D.,	*	**OF ADMINISTRATIVE HEARINGS**
RESPONDENT	*	
LICENSE No.: D06573	*	**OAH No.: MDH-MBP-71-21-25796**

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PROPOSED DECISION

STATEMENT OF THE CASE
ISSUES
SUMMARY OF THE EVIDENCE
PROPOSED FINDINGS OF FACT
DISCUSSION
PROPOSED CONCLUSIONS OF LAW
PROPOSED DISPOSITION

STATEMENT OF THE CASE

Sometime between February 12, 2021 and September 1, 2021,[1] the Maryland State Board of Physicians (Board) issued charges against Dora Logue, M.D., (Respondent) for alleged violations of the State law governing the practice of medicine. Md. Code Ann., Health Occ. §§ 14-101 through 14-508, and 14-601 through 14-607 (2021). Specifically, the Respondent is charged with violating section 14-404 by engaging in unprofessional conduct in the practice of medicine and violating patient confidentiality. Health Occ. § 14-404(a)(3)(ii), (43); Code of Maryland Regulations (COMAR) 10.32.02.03E(3)(d) and 10.32.02.16.

The disciplinary panel to which the complaint was assigned scheduled a meeting with the Respondent on September 1, 2021, to explore the possibility of resolution. COMAR 10.32.02.03E(9). The parties did not resolve the issues at that time. The disciplinary panel

[1] The copy of the charges contained in the file is not signed and dated.

forwarded the charges to the Office of the Attorney General for prosecution. On November 9, 2021, another disciplinary panel delegated the matter to the Office of Administrative Hearings (OAH) for a hearing and the issuance of proposed findings of fact, proposed conclusions of law, and a proposed disposition. COMAR 10.32.02.03E(5); COMAR 10.32.02.04B(1).

On December 6, 2021, I held a scheduling conference via video and telephone. On January 24, 2022, I held a scheduling conference via video.

On February 7 and 8, 2022, I held a hearing via videoconference. Health Occ. § 14-405(a); COMAR 10.32.02.04. Christopher Anderson, Assistant Attorney General and Administrative Prosecutor, represented the State of Maryland. Justin M. Daniel, Esquire, Law Office of David E. Fink, represented the Respondent.

Procedure is governed by the contested case provisions of the Administrative Procedure Act, the Rules for Hearings Before the Board of Physicians, and the Rules of Procedure of the Office of Administrative Hearings. Md. Code Ann., State Gov't §§ 10-201 through 10-226 (2021); COMAR 10.32.02; COMAR 28.02.01.

ISSUES

1. Did the Respondent engage in unprofessional conduct in the practice of medicine and violate patient confidentiality?

2. If so, what sanctions are appropriate?

SUMMARY OF THE EVIDENCE

Exhibits

I admitted the following exhibits into evidence jointly on behalf of the parties:

Joint Ex. 1 Mandated 10-Day Report from [redacted], 8/3/20

Joint Ex. 2 Subpoena Duces Tecum to [redacted] for its quality assurance and risk management documentation for the Respondent, 8/14/20

Joint Ex. 3 Documents from [redacted], 8/27/20

Joint Ex. 4	Letter to the Respondent from the Board, requesting a response, 9/10/20
Joint Ex. 5	Email to the Board from Justin Daniel, entering his appearance for the Respondent, 9/23/20
Joint Ex. 6	Mandated 10-Day Report from [redacted], 8/18/20
Joint Ex. 7	The Respondent's response to the Board, 9/29/20
Joint Ex. 8	Subpoena Duces Tecum to the Maryland Physician Health Program, 10/5/20
Joint Ex. 9	Email to the Board from the Maryland Physician Health Program, responding to the subpoena, 10/5/20
Joint Ex. 10	Email to the Board from Carolyn Jacobs, counsel for [redacted] and [redacted], 10/20/20
Joint Ex. 11	Transcript of interview with [redacted], 10/30/20
Joint Ex. 12	Subpoena Ad Testificandum for [redacted], M.D., 11/19/20
Joint Ex. 13	Transcript of interview with [redacted], M.D., 12/2/20
Joint Ex. 14	Subpoena Duces Tecum to Carolyn Jacobs for documentation regarding the investigation of the Respondent's breach of protected health information, 12/11/20
Joint Ex. 15	Subpoena Ad Testificandum for [redacted], M.D., 12/18/20
Joint Ex. 16	Subpoena Ad Testificandum for [redacted], M.D., 12/18/20
Joint Ex. 17	Documents from [redacted] regarding the investigation of the Respondent's breach of protected health information
Joint Ex. 18	Subpoena Ad Testificandum for [redacted], Privacy Officer, [redacted], 1/6/21
Joint Ex. 19	Transcript of interview with [redacted], M.D., 1/6/21
Joint Ex. 20	Transcript of interview with [redacted], M.D., 1/8/21
Joint Ex. 21	Transcript of interview with [redacted], 1/20/21
Joint Ex. 22	Subpoena Ad Testificandum for the Respondent, 1/29/21
Joint Ex. 23	Transcript of interview with the Respondent, 2/12/21

Joint Ex. 24 The Board's Report of Investigation, 3/17/21

Joint Ex. 25 The Respondent's AMA Physician Profile, 3/11/21

Joint Ex. 26 The Respondent's Maryland Board of Physician's Physician Profile, 3/11/21

Joint Ex. 27 The Respondent's Maryland License Renewal Application, 9/16/2020

Joint Ex. 28 The Respondent's Maryland Controlled Dangerous Substances Registration Verification, 3/11/21

Joint Ex. 29 The Respondent's [redacted] Examination, 4/13/21

Testimony

The following witnesses testified on behalf of the Board: Alexandra Fota, Compliance Analyst for the Board; [redacted], LCSW-C, Director of Clinical Services, [redacted], [redacted], M.D., Director of the Mental Health Clinic, [redacted], and [redacted] Vice President of Revenue Cycle Integrity and Privacy Officer, [redacted].

The Respondent testified in her own behalf, and presented the following witness: [redacted] D.O., Psychiatrist, [redacted].

PROPOSED FINDINGS OF FACT

Having considered all of the evidence presented, I find the following facts by a preponderance of the evidence:

1. At all times relevant to this proceeding, the Respondent was a licensed physician in the State of Maryland. She has been licensed in Maryland since April 20, 1970.

2. The Respondent is board certified in pediatrics, psychiatry, and child and adolescent psychiatry.

3. From January 3, 1999 to August 11, 2020, the Respondent worked as a psychiatrist at the [redacted] The Respondent worked in [redacted]s [redacted], an outpatient mental health clinic that

serves children who have experienced trauma, including community and domestic violence and sexual abuse.

4. On September 27, 2019, M.W., the caregiver for patient D.S., filed a complaint saying he did not want to meet with the Respondent again. M.W. reported that the Respondent said: "Education has changed. It has been dummied down. They are turning all of the students into slaves. They aren't teaching them anymore. The school system is messed up. The only thing they teach now is black history not regular history."[2]

5. On October 2, 2019, [redacted] met with the Respondent and told the Respondent about M.W's complaint and why it was problematic. Ms. [redacted] directed the Respondent to transfer patient D.S. to Dr. [redacted]

6. On November 21, 2019, Ms. [redacted] met with the Respondent again about M.W.'s complaint. The Respondent said she understood M.W.'s concern and recognized the treatment relationship was compromised. The Respondent apologized, said she was careful to stay on topic with families, and said she was committed to not doing it again.[3]

7. On December 12, 2019, L.M., patient G.W.'s caregiver, complained about a session with the Respondent on November 22, 2019. L.M. said that the Respondent had difficulty hearing both L.M. and G.W. and they had to repeat themselves. Eventually, G.W. became very upset and "shut down."[4] L.M. felt frustrated that the Respondent was not listening to her concerns, did not seem to have an understanding of their current situation, and was not responding to G.W.'s need for anti-anxiety medication. L.M. said G.W. did not want to see the Respondent again.

[2] Joint Ex. 3, p. S00036.
[3] It is unclear what exactly she meant by "it."
[4] *Id.* at p. S00039.

8. On December 13, 2019, Ms. [redacted] told the Respondent about L.M.'s concerns. The Respondent agreed to transfer G.W. to Dr. [redacted]

9. On December 18, 2019, S.M., parent of patient M.M., complained about the Respondent's behavior on December 11, 2019. On December 11, 2019, M.M. attended an appointment with the Respondent accompanied by her maternal grandmother because S.M. was not able to attend. M.M.'s grandmother complained that during the first fifteen to twenty minutes, the Respondent was typing on her computer and not talking to M.M. or the grandmother. M.M.'s grandmother said the Respondent seemed confused during the session and frequently referred to the grandmother as mom although the grandmother said multiple times she was the grandmother. The Respondent asked M.M. and her grandmother to review the Respondent's written November psychiatric evaluation. There was no consent in M.M.'s file to release information to the grandmother and M.M. was upset that her grandmother learned about her sexual assault.

10. On January 15, 2020, M.M. had a follow-up visit with the Respondent.

11. On January 28, 2020, S.M. told Ms. [redacted] that based on the January 15th visit she wanted M.M. transferred to another doctor. S.M. explained that M.M. did not trust the Respondent and felt uncomfortable with the Respondent typing and not talking for extended periods. S.M. also said that the Respondent's personal phone rang during the session and the Respondent took the call. S.M. further said that the Respondent did not ask thorough enough questions to know whether M.M.'s medication was working.

12. On January 17, 2020, Ms. [redacted], R.N., reported to Ms. [redacted] concerns about the Respondent during an appointment with patient M.P. on January 10, 2020. Prior to the appointment, Ms. [redacted] reminded the Respondent to not share information with M.P.'s grandmother because there was no signed authorization to do so. Both M.P.'s mother and

grandmother were present during the appointment. After M.P.'s mother left the room, the Respondent discussed follow-up care with the grandmother. The Respondent told Ms. [redacted] she did this because the mother is limited. Ms. [redacted] explained that the grandmother perceived the mother was not competent because she (the mother) had a history of early lead poisoning.

13. On February 17, 2020, D.B., caregiver for A.B., complained that the Respondent had not listened to her concerns about A.B.'s mood dysregulation and escalation of aggressive behavior. D.B. said the Respondent increased A.B.'s ADHD medication but not her mood medication. D.B. stated, "If there is a reason [the Respondent] can't up [A.B.'s] mood medication, [the Respondent] isn't explaining this to me."[5] She said she needs a doctor that can explain things to her well. D.B. said the Respondent asks her the same questions regarding basic information repeatedly. D.B. also said the nurse had to help the Respondent with the computer and their appointments took longer because the Respondent was struggling with the computer. D.B. asked for A.B. to be transferred to Dr. [redacted]

14. On March 3, 2020, [redacted] staff, including [redacted] M.D., Associate Chief Medical Officer; [redacted]; and [redacted], AVP, Human Resources, met to discuss concerns regarding the Respondent's clinical competence, inappropriate comments to patients and caregivers, and whether nursing staff were covering the Respondent's weaknesses. Further investigation and meetings followed.

15. On May 19, 2020, Dr. [redacted] notified [redacted] PhD, Vice President, Family and Community Interventions, [redacted] of the following plan, which was subsequently put into effect on July 1, 2020. The Respondent's clinical office was moved from the [redacted] to the [redacted], where the Respondent was

[5] *Id.* at p. S00051.

directly supervised and monitored by [redacted] M.D. The purpose was to monitor the Respondent for any issues regarding her clinical care, patient safety concerns, interpersonal relations with staff, or other behavior that could impact the trauma informed care provided to [redacted] patients.

16. On July 16, 2020, the parent of patient A.P. requested a transfer from the Respondent to another doctor. The parent complained that during a visit on June 26, 2020, the Respondent repeated a discussion they had in January 2020 about the family's decision to have A.P. use an intrauterine device (IUD) for birth control. The IUD had already been placed and the family was not seeking further discussion about it in June. However, the parent reported that the Respondent said during the June visit: "birth control is not the answer," "women that use birth control before age 35 are not able to conceive," "not having sex was the best option."[6] The parent also said A.P. did not like her sessions with the Respondent and "clams up."[7] In addition, the parent said the Respondent was late for sessions and spent a lot of time facing the computer and typing while they sat in silence.

17. On July 21, 2020, patient S.M. and her parent K.M. requested a transfer from the Respondent to another doctor. S.M. stated that her sessions with the Respondent were awkward and uncomfortable and caused her more anxiety. K.M. said the follow-up sessions were supposed to be for thirty minutes but they often lasted for an hour and very little of the time was spent discussing medication. K.M. said the Respondent did not fully discuss side effects of medication and was not receptive to her observations describing the negative impacts of the medication on S.M.'s mood and physiology. S.M. said the Respondent minimized her concerns

[6] *Id.* at p. S00017.
[7] *Id.* at p. S00014.

and that she did not feel heard by the Respondent. S.M. reported an occasion when the Respondent minimized S.M.'s need for medication and suggested she would feel better if she "got more sunlight because sunlight was an antiseptic."[8] S.M. reported another occasion when the Respondent minimized the impact on S.M.'s mood by the pandemic, police brutality, and the vulnerability of transgender people in society.

18. On July 22, 2020, the guardian of K.J. requested a transfer from the Respondent to another doctor. Guardian L.M. reported that the Respondent refused to acknowledge her wife, A.M., throughout the intake session. L.M. stated the Respondent refused to call A.M. by her name or call her L.M.'s wife, and directed all of her comments solely toward L.M. as if A.M. did not have a role in the family. L.M. said K.J. became upset when the Respondent referred to his mother and father (both deceased) as drug dealers. After K.J. left the room, the Respondent asked how K.J.'s father died. L.M. and A.M. said that he was murdered. The Respondent replied, "Well that's why he got shot, because he's a drug dealer and that's typical for drug dealers."[9] When discussing scheduling future appointments, L.M. said that if she had to be present they would need an evening appointment because of her work schedule. L.M. stated the Respondent replied, "Yea because I know that with those minimum wage jobs, you can't even get a break. It's hard to get time off."[10] L.M. noted that the Respondent assumed she had a minimum wage job, which was not the case.

19. On July 30, 2020, [redacted] M.D., Chief Medical Officer, [redacted] asked the Respondent to undergo an evaluation as soon as possible by the Maryland Physician Health Program to determine her ability to continue to practice medicine and share those results,

[8] *Id.* at p. S00019.
[9] *Id.* at p. S00024.
[10] *Id.* at p. S00025.

noting the three new complaints filed against her in July. Dr. [redacted] also asked the Respondent not to see any patients beginning August 3, 2020, until the evaluation was complete. Dr. [redacted] stated that the Respondent would be on leave with pay during this period. If the Respondent did not agree to those terms, she would be summarily suspended.

20. On July 31, 2020, [redacted] discovered that the Respondent disclosed protected health information regarding nine patients to her two sons, who were not employed by [redacted] or involved in the care of those nine patients. The Respondent emailed her sons patient information that included names, dates of birth, mental health diagnoses, medication, and other personal details.

21. Effective August 3, 2020, [redacted] and the Respondent agreed that she would stop providing patient care and would be evaluated by the Maryland Physician Health Program due to the number of complaints from patients and their caregivers.

22. On August 6, 2020, the Respondent requested and received from a [redacted] employee patient names and related information.

23. Effective August 7, 2020, [redacted] terminated the Respondent's employment.

24. Effective August 11, 2020, [redacted] summarily suspended the Respondent's medical staff privileges due to the number of complaints from patients and their caregivers and the Respondent's disclosure of patient protected health information.

25. On August 13, 2020, counsel for [redacted] notified the Respondent that she had no right to access the patient information she requested on August 6, 2020, and that she must delete and destroy the information she received.

26. On August 18, 2020, [redacted] changed the Respondent's termination to a voluntary resignation.

DISCUSSION

When not otherwise provided by statute or regulation, the standard of proof in a contested case hearing before the OAH is a preponderance of the evidence, and the burden of proof rests on the party making an assertion or a claim. Md. Code Ann., State Gov't § 10-217 (2021); COMAR 28.02.01.21K. To prove an assertion or a claim by a preponderance of the evidence means to show that it is "more likely so than not so" when all the evidence is considered. *Coleman v. Anne Arundel Cty. Police Dep't*, 369 Md. 108, 125 n.16 (2002). In this case, the State bears the burden to show by a preponderance of the evidence that the Respondent engaged in unprofessional conduct in the practice of medicine and violated patient confidentiality. COMAR 28.02.01.21K(1)-(2)(a).

The Board charged the Respondent with violating the following provisions:

> (a) Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:
>
> . . .
>
> (3) Is guilty of:
>
> . . .
>
> (ii) Unprofessional conduct in the practice of medicine;
>
> . . . .
>
> (43) Except for the licensure process described under Subtitle 3A of this title, violates any provision of this title, any rule or regulation adopted by the Board, or any State or federal law pertaining to the practice of medicine.

Health Occ. § 14-404(a)(3)(ii), and (43).

The Board also cited COMAR 10.32.02.16: "The Board and the disciplinary panels may consider the Principles of Ethics of the American Medical Association, but these principles are not binding on the Board or the disciplinary panels."

In addition, the Board charged the Respondent with violating the confidentiality provision of the Principles of Ethics of the American Medical Association:[11]

> 3.2.1 Confidentiality
>
> Patients need to be able to trust that physicians will protect information shared in confidence. They should feel free to fully disclose sensitive personal information to enable their physician to most effectively provide needed services. Physicians in turn have an ethical obligation to preserve the confidentiality of information gathered in association with the care of the patient.
>
> In general, patients are entitled to decide whether and to whom their personal health information is disclosed. However, specific consent is not required in all situations.
>
> When disclosing patients' personal health information, physicians should:
>
> (a) Restrict disclosure to the minimum necessary information; and
>
> (b) Notify the patient of the disclosure, when feasible.

The State argued that the Respondent disclosed patient information deliberately and without regard to the patients themselves. The State asserted that the Respondent had a pattern of not respecting patient privacy rules, including not distinguishing who had authorization to receive patient information during patient visits, sending patient protected health information to her sons, and requesting patient protected health information be sent to her when she was on leave pending an evaluation by the Maryland Physicians Health Program. The State noted the complaints filed by patients' caregivers and their requests for the patients to be transferred to another psychiatrist, including their allegations that the Respondent made comments and behaved inappropriately with especially vulnerable patients. The State asserted that the Respondent has not recognized her responsibility in the complaints.

The Respondent admitted that she inappropriately shared patient information with her sons. She explained that she was panicked about losing her job, both sons are physicians, and

[11] https://www.ama-assn.org/delivering-care/ethics/confidentiality, checked Apr. 20, 2022.

one son is an expert in human resources. She regretted sharing the information with her sons. She stated she requested the patient information while she was on leave with respect to two research projects on which she had been working. She disagreed that her conduct was unprofessional or unethical. She maintained that the patient complaints were more an issue of "patient fit" with the Respondent's "old school" style, not unprofessional. She regretted making the comment about schools focusing too much on slavery, and recognized that her comment was misunderstood. She claimed patient care was not impacted. She argued that [redacted] did not investigate complaints for objective facts; that their concern was making patients feel heard and taken seriously.

For the reasons that follow, I find the Respondent is guilty of unprofessional conduct in the practice of medicine. The Respondent admitted she emailed the protected health information of nine patients to her two sons. I believe the Respondent was concerned about losing her job at [redacted]. However, the Respondent made no attempt to remove and keep confidential the patients' personal information. The Respondent was only concerned about her needs, not those of her patients. Similarly, the Respondent requested and received confidential patient information after she was placed on leave because she did not want to lose the information she had gathered for her two research projects. Again, the Respondent placed her needs above those of her patients. The Respondent's disclosure and receipt of confidential patient information constitute unprofessional conduct in the practice of medicine. The Respondent's actions also violated confidentiality provision of the Principles of Ethics of the American Medical Association.

Regarding the patient complaints, the Respondent offered a number of explanations. The Respondent stated that [redacted] required her to type into the computer patient medications and exit notes. She said she typed medications at the beginning of the session and if there were problems, she would have to take a break and get help.

The Respondent admitted that for the last five to six years she has noticed her hearing was sometimes garbled. She said she had a hearing test in 2017 but that the hearing aids she got then did not correct anything. She testified she got new hearing aids recently and was getting them adjusted.

The Respondent admitted to answering telephone calls during appointments because she did not want to miss a call. She said she returned the calls after an appointment was over.

The Respondent admitted she told D.S's caregiver (M.W.) that schools focused too much on slavery. She stated that she was praising the patient's caregiver for spending time with the patient every evening focusing on math and reading. She said she realized afterward that the caregiver had misunderstood her comment as racist but that she did not intend it that way.

The Respondent admitted she reviewed patient M.M.'s psychiatric evaluation with M.M.'s grandmother who had accompanied M.M. to the appointment. She said she thought she was talking to M.M.'s mother but realized toward the end that she was speaking to the grandmother and that there was not a signed consent to release information to the grandmother. The Respondent testified that she felt terrible for reading information to the grandmother that the grandmother was not aware of.

The Respondent admitted she spoke to M.P.'s grandmother at the end of the session regarding follow-up care because she wanted to ensure that her instructions were followed, noting that M.P.'s mother was "limited."[12]

[12] Respondent's testimony.

The Respondent testified that A.P. was promiscuous, inviting young men she met on the internet to her house, and "had birth control in her uterus" (an IUD).[13] The Respondent stated that the patient's step-mother wanted to discuss birth control side effects but "the little girl did not want to be part of it [the discussion]."[14] The Respondent said the patient was two to three months from her eighteenth birthday.

The Respondent said that she only saw patient S.M. once in May for an evaluation, that the patient and her mother did not like anything she prescribed, that discussion of S.M.'s issues was for therapy, and that her (the Respondent's) role was medication management.[15]

The Respondent stated that she did not intend to ignore L.M.'s wife, discussed consent forms with them, and did not recall too much.

In her explanations, the Respondent essentially admitted to much of the conduct that was the subject of the complaints but minimized her responsibility in the matters. The Respondent admitted she had difficulties typing information into the medical record at times and had to get assistance. The Respondent admitted she noticed she had difficulty hearing for five or six years. Difficulties with the computer and with hearing are not necessarily unprofessional, although they could be depending on whether and how the Respondent explained the problems she was having to her patients. More importantly, they impacted patient care and the Respondent's competence to provide that care.

The Respondent admitted she routinely took telephone calls during appointments. Interrupting a patient's appointment with a telephone call is unprofessional and impacts that patient's care. Messages can be left with staff or on voicemail and returned after appointments.

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[13] *Id.*
[14] *Id.*
[15] The Respondent's statements are inconsistent with those of S.M. and her parent, who mentioned multiple sessions and complained that the Respondent did not spend enough time discussing medication.

The Respondent admitted disclosing information to a patient's grandmother because she did not realize that she was speaking to the grandmother instead of the patient's mother. The Respondent read to the patient and the grandmother sensitive information about the sexual abuse of the patient without realizing who she was talking to or confirming whether the grandmother had authorization to hear that information. In the complaint, the grandmother said she repeatedly corrected the Respondent when the Respondent referred to her as the patient's mother. The Respondent's failure was unprofessional and unethical.

The Respondent admitted she made a comment about schools focusing too much on slavery to a patient's caregiver. The patient's caregiver complained that the Respondent had said: "The only thing they teach now is black history not regular history."[16] Regardless of the exact wording, the Respondent's comment was unprofessional and gratuitous.

The Respondent did not specifically address some of the unprofessional comments she allegedly made, such as telling patient A.P. "birth control is not the answer," "women that use birth control before age 35 are not able to conceive," "not having sex was the best option"[17]; minimizing patient S.M.'s concerns and telling her to get "more sunlight because sunlight was an antiseptic"[18]; telling K.J. his deceased parents were drug dealers; and assuming L.M. had a minimum wage job. If true, these comments are unprofessional and impacted patient care. I cannot fully assess the credibility of these statements. The only evidence in the record is that these complaints were filed. However, I note that in each instance the caregiver was upset enough to file a complaint about the Respondent, give specific details, and request a transfer to a different psychiatrist.

[16] Joint Ex. 3, p. S00036.
[17] *Id.* at p. S00017.
[18] *Id.* at p. S00019.

In sum, I find the Respondent's disregard of patient confidentiality and inappropriate comments and behavior constitute unprofessional conduct in the practice of medicine. Md. Code Ann., Health Occ. § 14-404(a)(3) (2021). In addition, the Respondent violated the confidentiality provision of the Principles of Ethics of the American Medical Association.

Sanctions

The Board may impose disciplinary sanctions for violations of section 14-404, including a reprimand, period of probation, suspension or revocation. Md. Code Ann., Health Occ. § 14-404(a) (2021); COMAR 10.32.02.09A; COMAR 10.32.02.10. The Board also may impose conditions related to the offense or rehabilitation of the offender. COMAR 10.32.02.09A(5). In addition, the Board may impose a fine instead of or in addition to disciplinary sanctions. COMAR 10.32.02.09D.

In this case, the State requested that the Respondent be reprimanded, fined $9,000.00 ($1,000.00 for each patient whose information was disclosed to the Respondent's sons), placed on probation for two years, required to take courses approved by the Board on patient confidentiality and professional boundaries, and required to complete a rehabilitation program with the Maryland Professional Rehabilitation Program.

The Respondent agreed some sanction was appropriate for her disclosure of confidential patient information to her sons. She disagreed her conduct was unprofessional or constituted an ethical violation.

The Respondent's disclosure of confidential patient information was unprofessional and unethical. The basis for the Respondent's assertion is unclear.

COMAR 10.32.02.09B sets forth aggravating and mitigating factors to consider as follows:

(5) Mitigating factors may include, but are not limited to, the following:

(a) The absence of a prior disciplinary record;

(b) The offender self-reported the incident;

(c) The offender voluntarily admitted the misconduct, made full disclosure to the disciplinary panel and was cooperative during the disciplinary panel proceedings;

(d) The offender implemented remedial measures to correct or mitigate the harm arising from the misconduct;

(e) The offender made good faith efforts to make restitution or to rectify the consequences of the misconduct;

(f) The offender has been rehabilitated or exhibits rehabilitative potential;

(g) The misconduct was not premeditated;

(h) There was no potential harm to patients or the public or other adverse impact; or

(i) The incident was isolated and is not likely to recur.

(6) Aggravating factors may include, but are not limited to, the following:

(a) The offender has a previous criminal or administrative disciplinary history;

(b) The offense was committed deliberately or with gross negligence or recklessness;

(c) The offense had the potential for or actually did cause patient harm;

(d) The offense was part of a pattern of detrimental conduct;

(e) The offender committed a combination of factually discrete offenses adjudicated in a single action;

(f) The offender pursued his or her financial gain over the patient's welfare;

(g) The patient was especially vulnerable;

(h) The offender attempted to hide the error or misconduct from patients or others;

(i) The offender concealed, falsified or destroyed evidence, or presented false testimony or evidence;

(j) The offender did not cooperate with the investigation; or

(k) Previous attempts to rehabilitate the offender were unsuccessful.

Regarding mitigating and aggravating factors, there is no evidence the Respondent has been previously disciplined by the Board. The Respondent did not report any incidents herself. The Respondent has admitted some conduct but not all. The Respondent was cooperative with the disciplinary panel's proceedings. The Respondent stated she completed course on HIPPA[19] on-line. The Respondent has not taken any other actions to correct or mitigate the harm to the patients, make restitution, or rectify the consequences of her misconduct. The misconduct was not premeditated.

There was harm to the Respondent's patients. They described not feeling comfortable with the Respondent and not wanting to continue to receive care from her. The Respondent's patients were children with severe trauma and were especially vulnerable.

I do not know whether the Respondent can be rehabilitated. She has only accepted full responsibility for improperly disclosing patient information to her sons. She has not expressed understanding that her actions were unprofessional and unethical. She minimized the majority of the complaints. She described herself as "old school." She does not appear to fully appreciate how her apparent views on race and sexuality seem to have impacted what she has said to vulnerable patients and their caregivers.

The State's requests that the Respondent be reprimanded, placed on probation for two years, take courses approved by the Board on patient confidentiality and professional boundaries, and complete a rehabilitation program with the Maryland Professional Rehabilitation Program are reasonable and at the minimum end of the sanctions range. Health Occ. § 14-404(a); COMAR 10.32.02.09A(3)-(5); COMAR 10.32.02.10B(3)(c). The State's requested fine of

[19] Health Insurance Portability and Accountability Act. *See* 42 U.S.C.A. § 1320d (2012).

$9,000.00 ($1,000.00 for each patient whose information was disclosed to the Respondent's sons) is also within the sanctioning guidelines. Health Occ. § 14-404(d); COMAR 10.32.02.10B(3)(c). The recommended courses, rehabilitation program, and probation period are the only way the Board can determine whether the Respondent has been sufficiently rehabilitated in order to resume the practice of medicine. The fine will not rehabilitate the Respondent or compensate the patients, although it could serve as a deterrent against future misconduct.

PROPOSED CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact and Discussion, I conclude as a matter of law that the Respondent engaged in unprofessional conduct in the practice of medicine and violated patient confidentiality. Md. Code Ann., Health Occ. § 14-404(a)(3) (2021); COMAR 10.32.02.16; the Principles of Ethics of the American Medical Association, 3.2.1 Confidentiality.

As a result, I conclude that the Respondent is subject to the disciplinary sanctions of reprimand, probation for two years, and the conditions of taking courses approved by the Board on patient confidentiality and professional boundaries, and completing a rehabilitation program with the Maryland Professional Rehabilitation Program. Md. Code Ann., Health Occ. § 14-404(a)(3) (2021); COMAR 10.32.02.09A-B; COMAR 10.32.02.10.

I further conclude that the Respondent is subject to a fine of $9,000.00. Md. Code Ann., Health Occ. § 14-404(d) (2021); COMAR 10.32.02.10B(3)(c).

PROPOSED DISPOSITION

I **PROPOSE** that charges filed by the Maryland State Board of Physicians against the Respondent be **UPHELD**; and

I **PROPOSE** that the Respondent be sanctioned by reprimand, probation for two years, and with the conditions of taking courses approved by the Board on patient confidentiality and

professional boundaries, and completing a rehabilitation program with the Maryland Professional Rehabilitation Program; and

I **PROPOSE** that the Respondent be ordered to pay a fine of $9,000.00.

Lorraine E. Fraser

April 22, 2022
Date Decision Issued

Lorraine E. Fraser
Administrative Law Judge

LEF/ja
#197777

NOTICE OF RIGHT TO FILE EXCEPTIONS

Any party adversely affected by this proposed decision may file written exceptions with the disciplinary panel of the Maryland State Board of Physicians that delegated the captioned case to the Office of Administrative Hearings (OAH), and request a hearing on the exceptions. Md. Code Ann., State Gov't § 10-216(a) (2021); COMAR 10.32.02.05. Exceptions must be filed within fifteen (15) days of the date of issuance of this proposed order. COMAR 10.32.02.05B(1). The exceptions and request for hearing must be addressed to the Disciplinary Panel of the Board of Physicians, 4201 Patterson Avenue, Baltimore, MD, 21215-2299, Attn: Christine A. Farrelly, Executive Director.

A copy of the exceptions should be mailed to the opposing attorney, and the other party will have fifteen (15) days from the filing of exceptions to file a written response addressed as above. *Id.* The disciplinary panel will issue a final order following the exceptions hearing or other formal panel proceedings. Md. Code Ann., State Gov't §§ 10-216, 10-221 (2021); COMAR 10.32.02.05C. The OAH is not a party to any review process.

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