# Rifat K. Abousy, M.D. 

## Date: February 4, 2022

Mark Olszyk, M.D., Chair
Disciplinary Panel A
Maryland State Board of Physicians
4201 Patterson Avenue, $4^{\text {th }}$ Floor
Baltimore, MD 21215-2299
RE: Surrender of License to Practice Medicine
Rifat K. Abousy, M.D.
License Number: D12729
Case Number: 2221-0110
Dear Dr. Olszyk and Members of Disciplinary Panel A,
Please be advised that, pursuant to Md. Code Ann., Health Occ. ("Health Occ.") § 14-403 ( 2014 Repl. Vol. \& 2020 Supp.), I have decided to SURRENDER my license to practice medicine in the State of Maryland, License Number D12729, 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 issued disciplinary charges against me under Health Occ. § 14-404(a)(40) (fails to keep adequate medical records). I closed my office and transferred all of my patients prior to December 31, 2021 to take care of my wife. I have decided to surrender my license in the State of Maryland to avoid further prosecution of these disciplinary charges and due to my retirement and caregiver responsibilities.

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

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I understand that by executing this Letter of Surrender I am waiving my right to contest the disciplinary charges 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. (2020 Repl. Vol.), and that this Letter of Surrender constitutes a disciplinary action by Panel A.

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

I further recognize and agree that by submitting this Letter of Surrender, my license in Maryland 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 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 consulted with and was represented by an attorney prior to signing this letter surrendering my license to practice medicine in Maryland. I understand both the nature of Panel 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

Rifat K. Abousy, M.D.U

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## NOTARY

STATE OF $\qquad$
city county of Howard
I HEREBY CERTIFY that on this $2^{n o d}$ day of $0.2,2022$, before me, a Notary
Public of the City/County aforesaid, personally appeared Rifat K. Abousy, M.D., and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was a voluntary act and deed.

AS WITNESS my hand and Notarial seal.

HYMN BUM LEE
04/17/2025


HOWARD COUNTY
My commission expires: $04 / 17 / 2025$

## ACCEPTANCE

On behalf of Disciplinary Panel A, on this $4^{\text {th }}$ day of Fib wary, 2022, I, Christine A. Farrelly, accept the PUBLIC SURRENDER of Rifat K. Abousy, M.D.'s license to practice medicine in the State of Maryland.

# Signature on File 

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

