

IN THE MATTER OF * BEFORE THE MARYLAND
ROBERT HARDI, M.D. * STATE BOARD OF
Respondent * PHYSICIANS
License Number: D30771 * Case Number: 2218-0152A

**ORDER FOR SUMMARY SUSPENSION OF LICENSE TO PRACTICE
MEDICINE**

Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) hereby **SUMMARILY SUSPENDS** the license of Robert Hardi, M.D. (the “Respondent”), License Number D30771, to practice medicine in the State of Maryland. Panel A takes such action pursuant to its authority under Md. Code Ann., State Gov’t § 10-226(c)(2)(i) (2014 Repl. Vol. & 2018 Supp.), concluding that the public health, safety, or welfare imperatively requires emergency action.

INVESTIGATIVE FINDINGS¹

I. BACKGROUND

1. At all times relevant hereto, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on May 3, 1984, under License Number D30771. The Respondent’s license is scheduled to expire on September 30, 2020.

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

2. The Respondent is also licensed to practice medicine in the District of Columbia. This license was granted on January 3, 2014 and is presently active. The Respondent also holds licenses which are presently in inactive status in the States of New York, New Mexico and Virginia.
3. The Respondent is board certified in Internal Medicine with a sub-certification in Gastroenterology. The Respondent holds hospital privileges at one Maryland hospital ("Hospital 1"), and two out-of-state hospitals.
4. At all times relevant hereto, the Respondent was a shareholder and partner of a health care facility, ("Organization 1")². In or around 2009, Organization 1 merged into another health care group ("Organization 2"), where the Respondent practiced as a physician-owner until approximately February 2018. From approximately 1996 through February 2018, the Respondent also acted as Medical Director and Principal Investigator at a research facility ("Research Facility 1") which is affiliated with Organization 2. The Respondent resigned from Organization 2 in or around February 2018 and is currently an independent contractor working under another health care practice ("Organization 3") out of offices located in Montgomery County, Maryland.
5. On or about February 13, 2018, the Respondent through counsel, sent a letter informing the Board that he engaged in a personal/sexual relationship with his

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

patient/practice administrator (“Individual A”) at Organization 2. Based on this self-report the Board opened an investigation.

6. A review of the Respondent’s human resources (“HR”) files and other documents revealed that an outside firm was hired by Organization 2 in or around February 2018 to conduct an investigation after Individual A reported that she was having a sexual relationship with the Respondent. The review also revealed that in or around September 2016, another outside firm investigation had been conducted to look into allegations that a research coordinator at Organization 2, (“Individual B”), had been sexually assaulted by the Respondent while they were attending a medical conference in Florida.
7. Throughout the course of the investigations referenced in ¶6, multiple staff members including physician-partners of the Respondent, as well as subordinate staff members and human resources personnel were interviewed. Several of the interviewees reported concerns related to the Respondent’s well-established pattern of inappropriate, and in some cases dangerous behavior.
8. During the course of the Board’s investigation, Board staff conducted interviews with numerous patients, former colleagues and subordinates of the Respondent, and subpoenaed patient medical records, HR files, and prior complaints against the Respondent. The Board’s investigation is set forth in pertinent part below.

II. BOARD INVESTIGATION

INDIVIDUAL A

9. On May 22, 2018, Board staff interviewed Individual A, who testified to the following information under oath:

- a. The Respondent and Individual A initially met approximately 20-25 years ago when Individual A was a staff nurse at Hospital 1 where the Respondent was working as a physician.
- b. During the course of Individual A's employment with Hospital 1, she began to see the Respondent as a patient for treatment of a condition within his specialty. Individual A stated that the Respondent, "functioned pretty much as a primary care" doctor for her, and that she was inconsistent in terms of making and keeping appointments with the Respondent, but would see him whenever she was "having a flare."
- c. Individual A stated that when the Respondent began new employment in approximately 2009, she followed him as a patient to his new practice at Organization 2. In approximately 2010 the Respondent reached out to Individual A and informed her of an opening for a practice manager with Organization 2, a position which she ultimately accepted and assumed on or about June 1, 2010.
- d. During the course of Individual A's employment with Organization 2, she continued to see the Respondent as a patient. In or around 2012, the Respondent also began seeing Individual A's daughter as a patient, which he continued to do for approximately two years until Individual A's daughter moved out of the area.
- e. Individual A stated that in approximately February 2016 she began having a sexual relationship with the Respondent after the two of them went to dinner and a concert together. She stated that while they were on a bus on the way to a show the Respondent began acting aggressively, "...groping, kissing...trying to get his hands where I didn't want them to be certainly on a city bus." Individual A stated that after this outing the Respondent asked her if she would be interested in spending the night together, an invitation to which she would subsequently assent.

- f. According to Individual A her sexual relationship with the Respondent lasted until approximately June 2017, and during that period of time she and the Respondent would meet for sexual encounters at hotels approximately every two or three months. The Respondent also met Individual A at her home for sexual encounters on approximately six or seven occasions.
- g. Individual A stated that during the course of her sexual relationship with the Respondent, she continued to see the Respondent as a patient on at least a couple of occasions, which are reflected in her patient records.³
- h. Individual A stated that the Respondent was “very affectionate in the office.”
- i. Individual A stated that her sexual relationship with the Respondent ended on or about June 2017, when the Respondent indicated that he no longer wanted to speak or exchange texts with her. Individual A stated that around this time the Respondent had hired a new research manager who had begun to occupy the Respondent’s attention.
- j. Individual A testified that her relationship with the Respondent created an atmosphere which interfered with her ability to perform her essential job functions.
- k. In or around December 2017, Individual A’s employment with Organization 2 was terminated. Individual A stated that her work performance had been heavily impacted by the fallout from her relationship with the Respondent, and the concomitant atmosphere of retribution and insubordination on the part of the Respondent’s newer staff members.

INDIVIDUAL B

10. On July 12, 2018, Board staff interviewed Individual B, who testified to the following information under oath:

- a. Organization 2 employed her as a clinical research nurse coordinator from approximately 2014 through May 2016.

³ Dates of examinations: July 22, 2016, January 20, 2017, February 8, 2017

- b. The Respondent was one of her supervisors during her tenure with Organization 2. She characterized her working relationship with the Respondent as being “sexually inappropriate.”
- c. She stated that during the course of a work-related trip to Florida in 2014 the Respondent asked her and another colleague to join him in a hot tub before the scheduled group dinner. She indicated that she felt uncomfortable with this, but since she was a new employee she wanted to be a “team player,” and acquiesced. She stated that the “way he was looking at me was so inappropriate.”
- d. She returned to her hotel room where the Respondent reached her by phone and told her that all three of them would meet in his hotel room before dinner. She stated that when she knocked on the door “he just pulled me into the room, just completely caught me off guard...and I’m literally there, like, struggling to keep him off me.” Individual B further described that the Respondent accosted her in a sexual manner without her consent. She then returned to her hotel room where she remained for the rest of the evening.
- e. She subsequently reported the incident to HR at Organization 2.

INDIVIDUAL C

11. On or about March 9, 2017, the Respondent, accompanied by a student observer, treated a female patient whose regular physician was unavailable that day. At the conclusion of the treatment, Individual C immediately stopped on her way out to speak with the Practice Manager of Organization 2 regarding her experience with the Respondent. Individual C also followed her verbal complaint with an email to the Practice Manager later that day, summarizing her experience with the Respondent as follows:

- a. Individual C stated that she was experiencing a suite of symptoms related to her ongoing gastroenterological condition and tried to see her normal doctor, however he was unavailable so she made an appointment

with a physician assistant at Organization 2. Shortly before her appointment the physician assistant went home sick, and Organization 2 arranged for the Respondent to see her instead.

- b. She stated that she attempted to summarize the progress and severity of her symptoms to the Respondent, but did not feel she was able to do so because he continued to interrupt her.
- c. The Respondent then asked Individual C to get on the examination table and he began to auscultate her heart. She stated that she "...was almost immediately disturbed by the fact that it seemed as though he was cupping my left breast while doing so," but indicated that she shook it off as just being the Respondent's examination procedure. She continued, "the doctor then proceeded to, in my opinion, aggressively unzip and unbutton my pants – he did not tell me he was going to do so...this made me very uncomfortable."
- d. The Respondent then told Individual C to pull down her pants and underwear and roll on her side without explaining why he wanted her to do this. At this point, "The doctor aggressively pulled my gluteal area apart and did seem to be doing an external exam. There was a pause and I suddenly and unexpectedly was penetrated by the doctor's gloved finger(s) and was examined so aggressively that I felt extremely nauseated immediately." The Respondent asked her if it hurt to which she replied that it was "really (emphasis on really) uncomfortable." She went on to describe tissue damage resulting from this exam, and physical pain that continued for several days thereafter. A follow-up exam with a different provider confirmed an abrasion/tear at the examination site, and Individual C stated concern that "...this exam may have been an act of physical or sexual assault."
- e. On or about March 24, 2017, Individual C filed a written complaint with the District of Columbia Department of Health regarding this incident.⁴

⁴ The District of Columbia Department of Health did not find cause for disciplinary action based on its investigation.

INDIVIDUAL D

12. On or about May 18, 2018, the Board received a complaint from Individual D which detailed an incident that occurred while he was under the Respondent's care in approximately 2006.
13. On June 18, 2018, Board staff interviewed Individual D, who testified to the following information under oath:
- a. Individual D stated that he was under the Respondent's care in or around 2005 and 2006 based on a referral from another physician.
 - b. He indicated that he saw the Respondent following surgery for an anal fissure. During the exam the Respondent asked him to remove all of his clothes, which the Respondent consistently requested of him.
 - c. Individual D stated that the Respondent proceeded to "...examine the site of the fissure. And he roughly shoved his finger inside my anus." Individual D stated that this caused him considerable pain and he pleaded with the Respondent to stop. He stated that the Respondent did not "stop" despite Individual D's protestations. Upon arriving home Individual D recalls that he was bleeding from the site of the examination.
 - d. Individual D states that upon returning for his next visit approximately two-to-four weeks later per the Respondent's instructions, he attempted to address the incident described in ¶c; however, the Respondent stated that he didn't know what incident was being referred to, and he must be getting confused with another doctor. Individual D did not return to the Respondent again after that appointment.

INDIVIDUAL E

14. On October 4, 2018, Board staff interviewed Individual E, who testified to the following information under oath:

- a. Individual E has been employed with Organization 2 as a physician assistant since approximately 2016. While the Respondent was with Organization 2 she worked with him approximately two days out of the week as one of her supervising physicians.
- b. Individual E stated that one day in March 2017 she became ill with severe vertigo while at work. She went into an exam room to lay down, and the office manager asked the Respondent to examine her. She states that she did not ask him to come into the room, but he entered the room to conduct an examination. He asked her what was wrong and she explained it to him, at which point he proceeded to unzip her dress all the way down to her pubic area. "And then he took his stethoscope and he put his stethoscope and his hand inside my bra. And he put the stethoscope over my nipple and proceeded to auscultate my heart in that fashion." After which he told her she would be fine, zipped her dress back up and walked out of the room. As a result of this examination Individual E stated that she felt violated, and in her 30 years of experience being a physician assistant she had never seen or heard of anyone using such a technique to auscultate someone's heart.
- c. She stated that she continued to work with the Respondent after this incident, but never confronted him about it.
- d. Individual E stated that she was fearful of retaliation "...because I'm a physician assistant and he was a senior partner."

INDIVIDUAL F

15. On June 20, 2018, Board staff interviewed Individual F, who testified to the following information under oath:

- a. Individual F testified that in February 2015 she was experiencing gastrointestinal bleeding and was referred to Hospital 1 by her primary physician. The Respondent was the on-call physician that day and performed an endoscopy on Individual F and requested that she schedule a follow-up appointment approximately three weeks later.
- b. After the follow-up appointment the Respondent and Individual F exited the examination room. As Individual F was in the hallway she stated that the Respondent came out of what she believed was the records

room with a copy of her chart. At this point Individual F approached the Respondent and inquired if he could show her where the source of her bleeding was. "And he just reached over and he said it was right here and he put his hand on my left breast." She stated that she was fully clothed at the time and had her jacket on, but was nonetheless shocked. "At that point, you know, I left. I made the follow-up appointment knowing full well that I would never go back to see him. It was just so inappropriate."

RESPONDENT'S INTERVIEW

16. On November 7, 2018, Board staff interviewed the Respondent, who testified to the following information under oath:

- a. The Respondent reiterated and confirmed the details of the events leading to his self-reporting to the Board on February 13, 2018.
- b. The Respondent stated that he had had a sexual relationship with Physician 1 at Organization 2.⁵
- c. Board staff asked the Respondent about descriptions offered by multiple colleagues of the Respondent as being 'handsy' and 'touchy-feely', as well as giving shoulder rubs and hair touching. The Respondent replied, "That's true." The Respondent acknowledged that he does kiss female staff on their cheeks and foreheads, but denied kissing staff on the lips.
- d. The Respondent denied the allegations regarding Individuals B through F.

CHIEF MARKETING OFFICER'S INTERVIEW

17. On or about June 11, 2018, Board staff conducted an interview with the Chief Marketing Officer of Organization 2. She described the Respondent's behavior as "predatory."

⁵ During Board staff's June 11, 2018 interview with Physician 1, she denied having had a sexual relationship with the Respondent. Physician 1 stated that the Respondent is "touchy-feely with all women...everyone gets petting." She stated that approximately two years prior, the Respondent had "patted" her on her butt, which she reported. It was her understanding that the Respondent was counseled about his behavior.

CONCLUSION OF LAW

Based on the foregoing facts, Panel A concludes that the public health, safety or welfare imperatively requires emergency action in this case, pursuant to Md. Code Ann., State Gov't. § 10-226(c)(2)(i) (2014 Repl. Vol. & 2018 Supp.).

ORDER

It is, by the affirmative vote of a majority of the quorum of Panel A considering this case:

ORDERED that pursuant to the authority vested by Md. Code Ann., State Gov't § 10-226(c)(2), the Respondent's medical license, D30771, to practice as a physician in the State of Maryland be and is hereby **SUMMARILY SUSPENDED**; and be it further

ORDERED that a post-deprivation hearing in accordance with Md. Code Regs. 10.32.02.08B(7)(c), D and E on the Summary Suspension, in which Panel A will determine whether the summary suspension will continue, has been scheduled for **March 13, 2019 at 11:15 am** and at the Maryland State Board of Physicians, 4201 Patterson Avenue, Baltimore, Maryland 21215-0095; and be it further

ORDERED that after the **SUMMARY SUSPENSION** hearing held before Panel A, the Respondent, if dissatisfied with the result of the hearing, may request within ten (10) days an evidentiary hearing, such hearing to be held within thirty (30) days of the request, before an Administrative Law Judge at the Office of

Administrative Hearings, Administrative Law Building, 11101 Gilroy Road, Hunt Valley, Maryland 21031-1301; and be it further

ORDERED that a copy of this Order of Summary Suspension shall be filed with the Board in accordance with Md. Code Ann., Health Occ. § 14-407 (2014 Repl. Vol. & 2018 Supp.); and be it further

ORDERED that this is an Order of Panel A, and, as such, is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2014 Repl. Vol. & 2018 Supp.).

03/05/2019

Date

Christine A. Farrelly

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians