

**IN THE MATTER OF**  
**RICARDO L. COOK, M.D.**

**Respondent**

**License Number: D54553**

**\* BEFORE THE**  
**\* MARYLAND STATE**  
**\* BOARD OF PHYSICIANS**  
**\* Case Number: 2221-0099 B**

\* \* \* \* \*

**CONSENT ORDER**

On May 26, 2022, Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) charged **Ricardo L. Cook, M.D.** (the “Respondent”), License Number D54553, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* (2021 Repl. Vol.). Panel B charged the Respondent under the following provisions of the Act<sup>1</sup>:

**Health Occ. § 14-404. License denial, suspension, or revocation.**

(a) *In general.* - Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

...

(3) Is guilty of:

- (i) Immoral conduct in the practice of medicine; or
- (ii) Unprofessional conduct in the practice of medicine;

...

(38) By corrupt means, threats, or force, hinders, prevents, or otherwise delays any person from making information

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<sup>1</sup> The charge of Health Occ. § 14-404(a)(38) is dismissed.

available to the Board or a disciplinary panel in furtherance of any investigation of the Board or a disciplinary panel;

**Health Occ. § 1-212. Health occupations boards; regulations.**

**Regulations**

- (a) Each health occupations board authorized to issue a license or certificate under this article shall adopt regulations that:
  - (1) Prohibit sexual misconduct; and
  - (2) Provide for the discipline of a licensee or certificate holder found to be guilty of sexual misconduct.

**Sexual Misconduct Defined**

- (b) For the purposes of the regulations adopted in accordance with subsection (a) of this section, “sexual misconduct” shall be construed to include, at a minimum, behavior where a health care provider:
  - (1) Has engaged in sexual behavior with a client or patient in the context of a professional evaluation, treatment, procedure, or other service to the client or patient regardless of the setting in which professional service is provided;
  - (2) Has engaged in sexual behavior with a client or patient under the pretense of diagnostic or therapeutic intent or benefit; or
  - (3) Has engaged in any sexual behavior that would be considered unethical or unprofessional according to the code of ethics, professional standards of conduct, or regulations of the appropriate health occupations board under this article.

**Consequences of violations**

- (c) Subject to the provisions of the law governing contested case, if an applicant, licensee, or certificate holder violates a

regulation adopted under subsection (a) of this section a board may:

...

- (2) Reprimand the licensee or certificate holder;
- (3) Place the licensee or certificate holder on probation; or
- (4) Suspend or revoke the license or certificate.

The pertinent provisions of the Board's regulations, **COMAR 10.32.17**, provide:

**.01 Scope**

This chapter prohibits sexual misconduct by health care practitioners.

**.02 Definitions**

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined

- (1) "Health care practitioner" means an individual licensed under Health Occupations Article, Titles 14 and 15, Annotated Code of Maryland.

...

- (3) "Sexual contact" includes, but is not limited to:

...

- (v) Nonclinical touching of breasts, genitals, or any other sexualized body part.

- (4) "Sexual harassment" means an unwelcome sexual advance, request for sexual favor, or other verbal or physical conduct of a sexual nature.

**.03 Sexual Misconduct**

A. Health care practitioners may not engage in sexual misconduct.

...

C. Sexual misconduct includes, but is not limited to:

(1) Engaging in sexual harassment of a patient, key third party, employee, student, or coworker regardless of whether the sexual harassment occurs inside or outside of a professional setting;

...

(8) Having nonconsensual contact with a coworker or employee[.]

### **FINDINGS OF FACT**

Panel B finds:

#### **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 initially licensed to practice medicine in Maryland on or about April 5, 1999, under license number D54553. His license is currently active through September 30, 2022, subject to renewal.

2. The Respondent is board-certified in orthopaedic surgery.

3. The Respondent practices medicine at an office (the “Medical Office”) with locations in Howard County and Montgomery County, Maryland. The Respondent also holds privileges at four hospitals in Maryland.<sup>2</sup>

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<sup>2</sup> To ensure confidentiality and privacy, the names of individuals and entities involved in this case, other than the Respondent, are not disclosed in this document. The Respondent may obtain the identity of all individuals/entities referenced in this document by contacting the Administrative Prosecutor.

## **II. THE COMPLAINT**

4. On or about February 26, 2021, the Board received a complaint from one of the Respondent's former patients ("Patient 1"), who alleged that on or about May 3, 2018 and on or about May 10, 2018, the Respondent made inappropriate comments to Patient 1 about her appearance and touched her in a sexual manner during follow-up appointments at the Medical Office.

5. Patient 1 alleged that on or about May 3, 2018, the Respondent stated, "[Y]ou look really nice in those black pants[,] did you get them tailored made just for you[?]" Patient 1 alleged the Respondent said, "I love the way you're wearing your hair today." Patient 1 alleged that the Respondent engaged in unwanted touching by massaging her shoulder or back, and that he got so close to her face she thought he was "going to kiss [her], but thankfully someone knocked at the door and interrupted his attempt." She stated that the Respondent gave her his personal telephone number and said she could call him if she "ever need[s] anything[.]"

6. Patient 1 alleged that on or about May 10, 2018, she saw the Respondent at the Medical Office for a knee injection when he told her that she "looked very nice," and asked if she was looking nice for him. She alleged that the Respondent touched and massaged the part of her body where her tattoo is located, which is her lower back, and that he also touched her buttocks.

## **III. BOARD INVESTIGATION**

7. The Board conducted an investigation of the Respondent's conduct, and as part of its investigation, the Board staff conducted under-oath interviews with his current

and former colleagues and former patients. In addition, Board staff subpoenaed the former patients' medical records, the former colleagues' personnel records, the Respondent's personnel records from the various institutions where he has worked, and also conducted an under-oath interview with the Respondent.

8. The investigation of the Respondent's conduct is set forth in pertinent part below.

***Patient 1***

9. On or about March 23, 2021, Board staff conducted an interview with Patient 1. In the under-oath interview, Patient 1 stated:

- a. In March 2018, Patient 1 first met the Respondent at the Medical Office for an appointment to which she presented with complaints of knee pain.
- b. On or about May 3, 2018, Patient 1 went to the Medical Office for a follow-up appointment with the Respondent to get an injection into her knee. During the appointment, the Respondent commented on Patient 1's appearance, saying that she "looked nice," and asking if she was "looking nice for him." His tone was "like something that someone you're dating says to you." The Respondent rubbed Patient 1's back "like a massage." The Respondent came close enough to Patient 1's face that she "thought he was going to kiss [her]." At that point, there was a knock on the door that startled the Respondent and he went to answer the door.
- c. On or about May 10, 2018, Patient 1 went to the Medical Office for a follow-up appointment with the Respondent to get another injection in her knee. The Respondent gave Patient 1 the injection and stood to her left side as she was rolling her pant leg down. As she was doing this, her tattoo on her lower back was exposed. The Respondent "made a comment on [her] tattoo[.]" He then touched her tattoo and her buttocks. After this appointment, Patient 1 did not return to see the Respondent again.

- d. In early 2021, Patient 1 reached out to the Respondent via text message. She asked him if he remembered her, and she told him he violated, touched and flirted with her. The Respondent offered Patient 1 money so that she could “get help from a professional[,]” and so that “in exchange [Patient 1] or any party representing [Patient 1] will no longer pursue the complaint or file a grievance.”

10. Patient 1’s medical records and appointment logs from the Medical Office show that Patient 1 saw the Respondent for appointments on March 15, 2018, April 5, 2018, April 19, 2018, April 26, 2018, May 3, 2018, and May 10, 2018.

***Patient 2***

11. Through its investigation, Board staff became aware of another former patient of the Respondent (“Patient 2”) whose family member (the “Family Member”) submitted a complaint to the Board on her behalf on or about October 3, 2018.<sup>3</sup> The complaint alleged that the Respondent made inappropriate remarks of a sexual nature to Patient 2 and stood in front of her so that she could not leave the examination room.

12. On or about July 16, 2021, Board staff conducted an interview with Patient 2. In the under-oath interview, Patient 2 stated:

- a. In 2018, Patient 2’s Family Member submitted a complaint to the Board on her behalf regarding the Respondent. Patient 2 read and confirmed the accuracy of the complaint prior to its submission to the Board.
- b. Patient 2 saw the Respondent for an initial visit at the Medical Office because she injured her left ankle and was in “a lot of pain.” The Respondent told her she “was very pretty.”
- c. On or about March 31, 2018, Patient 2 saw the Respondent at the Medical Office for a follow-up appointment. The Respondent “was

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<sup>3</sup> At the time of this complaint, Board staff reached out to the family member to request the patient’s name. Patient 2 wished to remain anonymous at that time, so the case was closed.

more flirtatious in the way he was talking.” He asked her questions, then hesitated and told her that he “just can’t think straight when [she is] here” and he “lose[s] [his] words.”

- d. On or about August 24, 2018, Patient 2 saw the Respondent at the Medical Office for a follow-up appointment. They were in a small room with the door closed. When Patient 2 stood up from the chair to leave, the Respondent stood up in front of her and looked down at her. He “blocked the doorway and got up close and looked down and said I can get in a lot of trouble for this.” Patient 2 could “feel his breath on [her] when he was talking.”
- e. During office appointments, the Respondent asked Patient 2 if she dances and told her that “he had recently had salsa lessons from one of his patients”; asked her what she was doing this weekend and inquired about details, “making it sound like he may come or something”; told Patient 2 that she was “going to be able to wear [her] heels soon” while examining her foot.
- f. Because of these experiences, Patient 2 “now . . . make[s] a point of asking for female doctors,” and if there is no female doctor, she makes sure that the nurse is in the room. Patient 2 is “always looking to see” if she will see the Respondent in public places. She is “constantly looking down aisles or looking in the parking lot as [she is] walking in to see if [she] see[s] him or anything.” If Patient 2 sees him, she “will walk the other way.”

13. On or about July 16, 2021, Board staff conducted an interview with Patient 2’s Family Member. In the under-oath interview, the Family Member stated:

- a. In 2018, Patient 2 was going to see the Respondent because she hurt her ankle.
- b. After some of the visits with the Respondent, Patient 2 told the Family Member about them and “it seemed like they were getting progressively more and more uncomfortable for her culminating in . . . the last visit where it was bad enough that she wasn’t going to go back.”
- c. The Family Member observed that Patient 2 was “upset and stressed and would even show . . . emotion telling us about it after the fact.”



- d. The Family Member told Patient 2 about the complaint process before the Maryland Board of Physicians. Patient 2 “was saying that she was interested in it but wouldn’t be able to do it herself and so [the Family Member] offered to help her and . . . submit it on her behalf.”
- e. The Family Member and Patient 2 “sat down to do the complaint,” and the Family Member “had her tell [him] in more detail about everything that happened so that [he] could include everything that she could remember.” Patient 2 “did look it over before [the Family Member] submitted it.”
- f. The Board followed up with the Family Member after he submitted the complaint, but Patient 2 wished to remain anonymous at that time.

14. On or about July 16, 2021, Board staff conducted an interview with Patient 2’s daughter (the “Daughter”). In the under-oath interview, Patient 2’s Daughter stated:

- a. After her medical appointments with the Respondent, Patient 2 talked to her Daughter and Family Member about “how he was making comments about going dancing and asking her about . . . what she was doing this weekend[.]”
- b. When Patient 2 came home from her final visit with the Respondent in August, “she was very upset about it” because “[s]he was made to feel uncomfortable and wanted to leave and [the Respondent] blocked her from leaving.” The Respondent “got kind of in her face and made her feel very uncomfortable, like she was trapped[.]” Patient 2 “didn’t want to go back to the doctor’s office.”
- c. Patient 2’s Daughter and Family Member talked to Patient 2 about submitting a complaint about the Respondent’s behavior to the Board. Patient 2 asked for the Family Member’s help in doing that.

15. Patient 2’s medical records from the Medical Office show that she saw the Respondent for an initial appointment on May 10, 2018 for pain in her left ankle after an injury on May 8, 2018. Medical records show she saw the Respondent for follow-up appointments on May 31, 2018, June 22, 2018, July 13, 2018, and August 24, 2018.

### ***Individual 3***

16. On or about June 1, 2021, Board staff conducted an interview with Individual 3, a former staff member at the Medical Office. In the under-oath interview, Individual 3 stated:

- a. She began working in the Medical Office in or around July 2019. One of her colleagues warned her to be wary of the Respondent because he is “very friendly with females and kind of touchy sometimes.”
- c. While Individual 3 was working at the computer, she felt the Respondent “press against . . . [her] lower back, like where my hair ends[.]” Then, she felt the Respondent “tug[] on [her] hair.” He walked away and said something about her hair. Individual 3 felt “uncomfortable” because “it obviously wasn’t an accident . . . he was definitely pressed up against [her] in some way or the other.”
- d. The Respondent “would always comment on [Individual 3’s] hair and [her] appearance[.]” He called her “baby girl, darling, and . . . inappropriate names.” He said, “I feel like you’re a partyer[.]” and asked her if she went to “any good parties in DC?”
- e. About “once every time [Individual 3] saw [the Respondent],” he would touch her shoulder and her back.

### ***Individual 4***

17. On or about August 20, 2021, Board staff conducted an interview with Individual 4, a former staff member at the Medical Office. In the under-oath interview, Individual 4 stated:

- a. She began working in the Medical Office in 2015 and left at the end of 2016.
- b. When Individual 4 began employment at the Medical Office, the employees told her that the Respondent “can sometimes have . . . inappropriate commentary[.]”

- c. When Individual 4 was assigned to work with the Respondent for the day, “he had a very like inappropriate sense of humor, specifically towards females . . . [I]t’s usually like a sexual comment or a joke, whether it be about patients or co-workers or whatever.”
- a. There were times when the Respondent “was physically touching [Individual 4] when there was no real need to do that.” Individual 4 would “purposely try to step away to do [her] job like a little further away and then he’d get closer[.]”
- b. The Respondent made “inappropriate comments about [her] body or [her] body image or things that he would want to do to them.”
- c. When Individual 4 was assigned to the Respondent and they had to work in a small space, “his comments and his physical closeness would get much more aggressive and intimidating[.]”
- d. Individual 4 ultimately left her position at the Medical Office because she continued to be assigned to work at the same locations as the Respondent after she indicated that she did not want to be assigned to him or in the same location as him.
- e. On a day in August 2016 when Individual 4 was assigned to work with the Respondent, he came up to stand right behind her while she was reviewing a patient’s chart by a patient’s door, which was closed at that time. The Respondent stood “[c]lose enough where [Individual 4] could feel his penis” on her body. She “could feel him either fully erect or semi erect[.]”
- f. While the Respondent was standing behind Individual 4, he said, “I missed you and I missed your body[.]” He “was in [her] ear and he was whispering it.” Individual 4 then stepped away.
- g. For the rest of that day, Individual 4 purposely avoided being near the Respondent. The Respondent “comprehended [her] change in behavior[.]” He pulled Individual 4 aside, “patted [her] on the shoulder and . . . he apologized and he’s like I hope we can keep this between us.”
- h. After this incident, Individual 4 reported the Respondent’s behavior to other employees of the Medical Office. She also requested that she not be assigned to work with him or near him.

- i. On another occasion, Individual 4 was reaching up above a patient's door, which caused her scrub top and jacket to come up a bit, when the Respondent made comments to her "like oh, I like that view, or your husband must really like that view, or I like looking at that side of you, that's your good side[.]" The Respondent "would always say comments like that when reaching or bending[.]"
- j. When Individual 4 would pass the Respondent in the hallway at the Medical Office, he would "stop and look at [her] and . . . lick his lips in a sexual way and . . . kind of make a face, like purposely pausing to take the time out of his steps to do that." Sometimes he would make a "grunt noise" while doing this. The Respondent did this multiple times.
- k. When the Respondent had to treat a younger, female patient, "he would . . . constantly have commentary . . . before or after that exam he'll say something like damn, like she's freaking hot, like no wonder she's an athlete, or . . . like she must be really good at this or whatever, . . . he would always have some sort of comment to say."
- l. Individual 4 left her position at the Medical Office because, even though she asked not to be assigned to the same locations as the Respondent after the August 2016 incident, she continued to be assigned to the same locations as the Respondent. Individual 4 told employees of the Medical Office that this was her reason for leaving.

### ***The Respondent***

18. On or about September 20, 2021, Board staff conduct an under-oath interview with the Respondent. In the interview, the Respondent stated:

- a. He has worked at the Medical Office since 2007. He works at each of its locations.
- b. The Respondent has used the term, "darling," to refer to staff at the Medical Office.
- c. The Respondent saw Patient 1 at the Medical Office on or about March 15, 2018 for a chief complaint of leg pain, particularly involving her knees.

- d. On or about March 15, 2018, the Respondent examined Patient 1 for back pain and he failed to document that he examined her for back pain in the medical records.
- e. The Respondent gave Patient 1 his personal phone number so that Patient 1's daughter could contact him to discuss her interest in the field of medicine.
- f. The Respondent did not inform any colleagues or staff at the Medical Office when he received text messages from Patient 1 stating that he massaged her back and commented on her tattoo. The Respondent did not tell anyone because he "was trying to quell a situation and make it go away."
- g. The Respondent responded to Patient 1's text messages. He also spoke to Patient 1 over the telephone.
- h. The Respondent "specif[ied] a monetary amount" to Patient 1. He offered her \$5,000 with \$1,000 per month for one year in exchange for Patient 1 to no longer pursue complaints about the Respondent.
- i. The Respondent engaged in discussing payment with Patient 1 because he was "in a panic mode and [he] just wanted this to go away." He knows "the optics of it does not look good in [his] favor, it really does not."
- i. The Respondent did not document his phone call with Patient 1. At this time, his "thought pattern, [his] logic was not sound."
- j. The Respondent asked Patient 1 via text message if they could handle the matter between the two of them, not in the open. He asked this because he was "trying to make this go away."
- k. The Respondent worked with Individual 3 in the Medical Office. Individual 3 made a complaint about the Respondent to Human Resources in which she alleged that he bumped into her and pulled her hair.
- l. The Respondent told Individual 3 and another female employee that they "have long hair . . . it looks great."

- m. Following the complaint, the Respondent was referred to sensitivity training. The Respondent needed it “to understand these are the things you can do, these are the things you don’t.”
- n. The Respondent worked with Individual 4 at the Medical Office once or twice per week.
- o. Individual 4 made a complaint about the Respondent to the Medical Office in which she alleged that he “made a comment to her that was inappropriate.”
- p. The Respondent made a comment to Individual 4 about “her figure”; specifically, he made a comment about her “back side[.]” The Respondent “made a comment and that was wrong.” He “apologized about it.”
- q. As a result of Individual 4’s complaint and the investigation, the Respondent attended sensitivity training for a week. The Respondent wrote an apology letter to Individual 4.
- r. In 2009 or 2010, a nurse at a hospital in Montgomery County, Maryland made a complaint about the Respondent to the hospital in which she alleged that he touched her hip in the operating room.
- s. The Respondent wrote an apology letter to the nurse, which was handed to her through human resources at the hospital.

***The Respondent’s Personnel/Human Resources Records***

19. On or about March 25, 2021, the Board issued a *subpoena duces tecum* to the Medical Office for the “complete unredacted personnel/human resources file” for the Respondent.

20. On or about April 16, 2021, the Board received the Respondent’s personnel/human resources file from the Medical Office.

21. The Respondent’s personnel file includes a signed May 28, 2008 Indemnification Agreement between the Respondent and the Medical Office. The

Indemnification Agreement states that the Medical Office “has issued a formal letter of reprimand . . . to [the Respondent] and, in order to avoid the immediate termination of [the Respondent’s] employment with [the Medical Office], has required [the Respondent] to comply with certain requirements and provide the representations, warranties and indemnification set forth below.”

22. In the Indemnification Agreement, the Respondent agreed to “immediately indemnify and hold [the Medical Office] and each of [the Medical Office’s] stockholders, directors, officers, employees, agents and assigns harmless from and against any and all loss, liability, claim, damage . . . expenses . . . arising, directly or indirectly, from or in connection with . . . (b) any claim of harassment (sexual or otherwise) made against [the Respondent, the Medical Office] and/or any Indemnified Person as a result of [the Respondent’s] past, present or future actions.”

23. The Respondent’s personnel file includes a formal letter of reprimand to the Respondent from an executive at the Medical Office dated June 13, 2008 that states:

“As per the Board’s discussion with you at the Executive Session on April 22, 2008, I am writing this letter to summarize the incident of alleged harassment and the Board’s conclusions and actions regarding these occurrences.

The incident occurred on February 15, 2008 and involved allegations made by a . . . OR nurse of inappropriate touching while in the operating room. Subsequently, and following a full investigation . . . you wrote a letter of apology to the nurse and voluntarily agreed to stop operating . . . until June 1, 2008.”

24. The June 13, 2008 letter of reprimand instructed the Respondent to “refrain from all contact” with the OR nurse.

25. The Respondent's personnel file includes a note from an administrator at the Medical Office dated January 9, 2012, which states that the Respondent "had a counseling session . . . regarding his attendance at an employee party[.]" The note states that the Respondent was informed "that he should not be attending parties at the employees' homes."

26. The Respondent's personnel file includes an investigation report and letters showing that the Medical Office initiated an investigation on or about August 22, 2016 after the Medical Office received a complaint about the Respondent from Individual 4 on or about August 19, 2016.

27. In a formal letter of reprimand to the Respondent from an executive at the Medical Office dated August 31, 2016, the executive wrote:

"In our August 25, 2016 interview with you, you admitted that you made inappropriate comments to [Individual 4], though you dispute the exact nature of the comments.

[Individual 4] alleged that, on August 12, 2016, you made a comment about missing her butt. You have acknowledged making a comment to [Individual 4] about missing her 'ass.' Further, [Individual 4] alleges that, later that same day, you made a comment in her vicinity about your plastic surgeon friend knowing what you liked. You acknowledge commenting out loud to yourself about your plastic surgeon in [Individual 4's] vicinity but you dispute the content of that comment. Finally, [Individual 4] reported that, in the spring of 2016, you made a comment about getting a sneak peek when her scrub top exposed her midriff as she reached to adjust the flags outside an exam room. You deny making this particular comment but acknowledge that you may have said something at the time about liking her profile."

28. The August 31, 2016 letter of reprimand informed the Respondent that it is "a final warning." The letter of reprimand further informed the Respondent of "remedial



and disciplinary actions” that included but were not limited to: unpaid administrative leave for five days; attendance at a sensitivity training course; a formal letter of apology to Individual 4; the reassignment of Individual 4 so that she no longer works with the Respondent; a requirement to refrain from contact with Individual 4 and to refrain from taking “adverse action” against her in retaliation for her complaint; and a requirement to reimburse the Medical Office in accordance with the May 28, 2008 Indemnification Agreement.

29. The Respondent’s personnel file includes a letter from the Respondent to Individual 4 dated September 1, 2016, in which the Respondent states:

“[O]n the 12<sup>th</sup> of August, I did not extend to you the respect and dignity you deserve. We started the day with a greeting. I allowed myself to get carried away with jovial, unnecessary commentary. I unintentionally offended you with an inappropriate comment. This has no place in the work environment. . . . It has troubled me because I could see your disappointment on that day. . . . I can see this has disturbed you mentally and emotionally. I definitely do not want you to feel uncomfortable or threatened at our offices.”

30. The Respondent’s personnel file includes a letter to the Respondent from an executive at the Medical Office dated December 31, 2020, which stated that on September 17, 2020 the Respondent was informed of a complaint made against him from an employee “alleging behavior that was sexually harassing in nature.” The letter further stated the following:

“This specific incident was said to occur earlier in the month of September and followed a pattern of overall sexually suggestive behavior that made the complainant uncomfortable. This complaint was thoroughly investigated. While there was no witness to the specific September incident that led to the complaint, there is an overall finding that you are known and have been observed to regularly engage in

flirtatious and improper behavior with women in the workplace. . . . As there are two known and substantiated similar past complaints, it was concluded that this current matter required a definitive correction and response.”

31. On or about October 13, 2020, the Respondent was provided with a mandatory referral to an assistance program at the Medical Office due to a “[p]attern of inappropriate behaviors in the workplace resulting in complaints of sexual harassment.”

32. The Respondent’s personnel file includes documentation of a complaint from Patient 1 regarding the Respondent dated February 3, 2021. The document states that Patient 1 called the Medical Office and spoke to an office manager on February 3, 2021.

33. Patient 1 told the office manager about an incident that occurred during her last visit with the Respondent, which was on or about May 10, 2018. Patient 1 alleged that the Respondent “sexually assaulted” her, that he “mentioned something about her tattoo and touched it[,]” “stated that she had nice skin and a nice shape[,]” “asked her if she had a boyfriend[,]” and “provided her with his phone number[.]” Patient 1 told the office manager that “she called [the Respondent] directly about the situation and he offered her money not to take it further[.]”

### **CONCLUSIONS OF LAW**

Based on the foregoing Findings of Fact, Panel B concludes as a matter of law that the Respondent is guilty of immoral conduct in the practice of medicine, in violation of

Health Occ. § 14-404(a)(3)(i), guilty of unprofessional conduct in the practice of medicine in violation of Health Occ. § 14-404(a)(3)(ii), and violated the Board's sexual misconduct regulations, COMAR 10.32.17, promulgated under Health Occ. § 1-212. The Panel dismisses the charge of Health Occ. § 14-404(a)(38).

**ORDER**

It is thus by Disciplinary Panel B of the Board, hereby:

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

**ORDERED** that the Respondent is placed on **PROBATION** for a minimum of **ONE (1) YEAR**. During probation, the Respondent shall comply with the following terms and conditions of probation:

(1) The Respondent shall enroll in the Maryland Professional Rehabilitation Program (MPRP) as follows:

(a) Within 5 business days, the Respondent shall contact MPRP to schedule an initial consultation for enrollment;

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

(c) the Respondent shall fully and timely cooperate and comply with all MPRP's referrals, rules, and requirements, including, but not limited to, the terms and conditions of the Participant Rehabilitation Agreement(s) and Participant Rehabilitation Plan(s) entered with MPRP, and shall fully participate and comply with all therapy, treatment, evaluations, and screenings as directed by MPRP;

(d) the Respondent shall sign and update the written release/consent forms requested by the Board and MPRP, including release/consent forms to authorize MPRP to make verbal and written disclosures to the Board and to authorize the Board to disclose relevant information from MPRP records and files in a public order. The Respondent shall not withdraw his release/consent;

(e) the Respondent shall also sign any written release/consent forms to authorize MPRP to exchange with (i.e., disclose to and receive from) outside entities (including all of the Respondent's current therapists and treatment providers) verbal and written information concerning the Respondent and to ensure that MPRP is authorized to receive the medical records of the Respondent, including, but not limited to, mental health and drug or alcohol evaluation and treatment records. The Respondent shall not withdraw his release/consent;

(f) the Respondent's failure to comply with any of the above terms or conditions including terms or conditions of the Participant Rehabilitation Agreement(s) or Participant Rehabilitation Plan(s) constitutes a violation of this Consent Order

(2) Within **SIX (6) MONTHS**, the Respondent is required to take and successfully complete a course in professional boundaries. The following terms apply:

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

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

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

(d) the Respondent is responsible for the cost of the course.

(3) The Respondent is prohibited from evaluating and treating all female patients without a chaperone. Every January 31st for the duration that the Respondent is on probation the Respondent shall provide the Board with an affidavit verifying that he has had a chaperone present for every examination or treatment of female patients, the names of those persons who have functioned as chaperones; and the signatures of those persons who have functioned as a

chaperone in the past month attesting that they have done so, together with the schedule of the chaperones for the past month;

(4) Within ONE (1) YEAR, the Respondent shall pay a civil fine of \$7,000.00. 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 the Respondent's license if the Respondent fails to timely pay the fine to the Board; and it is further

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

**ORDERED** that, after the Respondent has complied with all terms and conditions of probation and the minimum period of probation imposed by the Consent Order has passed, the Respondent 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. The Respondent may be required to appear before the disciplinary panel to discuss his or her petition for termination. The disciplinary panel may grant the petition to terminate the probation, through an order of the disciplinary panel, if the Respondent has complied with all probationary terms and conditions and there are no pending complaints relating to the charges; and it is further

**ORDERED** that a violation of probation constitutes a violation of the Consent Order;

**ORDERED** that, if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If 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, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

**ORDERED** that after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend with appropriate terms and conditions, or revoke the Respondent's license to practice medicine in Maryland. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

**ORDERED** that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

**ORDERED** that the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive Director or her designee signs the Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; and it is further

**ORDERED** this Consent Order is a public document. *See* Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

08/24/2022  
Date

## *Signature on File*

\_\_\_\_\_  
Christine A. Farrelly  
Executive Director  
Maryland State Board of Physicians

### **CONSENT**

I, Ricardo L. Cook, M.D., acknowledge that I have consulted with counsel before signing this document.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 et seq. concerning the pending charges. I waive this right and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural

and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understand the language and meaning of its terms.

## *Signature on File*

8/23/22  
Date

Ricardo L. Cook, M.D.  
Respondent

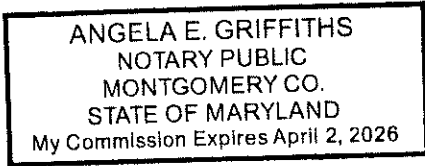
### NOTARY

STATE OF \_\_\_\_\_

CITY/COUNTY OF \_\_\_\_\_

I **HEREBY CERTIFY** that on this \_\_\_\_\_ day of \_\_\_\_\_ 2022, before me, a Notary Public of the foregoing State and City/County, personally appeared Ricardo L. Cook, M.D., and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSETH my hand and notarial seal.



Angela E. Griffiths  
Notary Public

My Commission expires: \_\_\_\_\_

Signed & sworn (or affirmed) 24  
before me on the 23 day of August, 2022