IN THE MATTER OF	*	**BEFORE THE**
PAUL AUBREY LAW, M.D.	*	**MARYLAND STATE**
Respondent	*	**BOARD OF PHYSICIANS**
License Number: D57746	*	**Case Number: 2221-0054 B**

* * * * * * * * * * * *

CONSENT ORDER

On July 1, 2021, Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board") charged **PAUL AUBREY LAW, M.D.** (the "Respondent"), License Number D57746, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* (2014 Repl. Vol. & 2020 Supp).

Panel B charged the Respondent with violating the following provisions of the Act under Health Occ. § 14-404:

> (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:
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> . . .
>
> (3) Is guilty of:
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> . . .
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> (ii) Unprofessional conduct in the practice of medicine;
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> . . .
>
> (11) Willfully makes or files a false report or record in the practice of medicine; [and]
>
> . . .

(43) Except for the licensure process described under Subtitle 3A of this title, violates...any rule or regulation adopted by the Board...[.]

Panel B further charged the Respondent with violating the following provisions of the Act under Health Occ. § 1-212:

(a) *Regulations* – 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.

...

(c) *Consequences of violations* – Subject to the provisions of the law governing contested cases, 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 sexual misconduct regulations, COMAR 10.32.17, apply to the Respondent's conduct prior to May 20, 2019[1] and provide:

.01 Scope

[1] According to COMAR 10.32.17.9999, the Board's sexual misconduct regulations went into effect on March 6, 2000. The regulations were later amended, and the amended regulations went into effect on May 20, 2019. The Respondent's conduct occurred over a three-year period, from May 2017 until May 2020 and, therefore, both versions of the regulation are applicable.

This chapter prohibits sexual misconduct against patients or key third parties by individuals licensed or certified under Health Occupations Article, Titles 14 and 15, Annotated Code of Maryland.

.02 Definitions

B. Terms Defined

(1) Key Third Party

(a) "Key third party" means an individual who participates in the health and welfare of the patient concurrent with the physician-patient relationship.

(b) "Key third party" includes, but is not limited to the following individuals:

. . .

(iii) Parent

(2) Sexual Impropriety.

(a) "Sexual impropriety" means behavior, gestures, or expressions that are seductive, sexually suggestive, or sexually demeaning to a patient or a key third party regardless of whether the sexual impropriety occurs inside or outside of a professional setting.

(b) "Sexual impropriety" includes, but is not limited to:

. . .

(iii) Using the health care practitioner-patient relationship to initiate or solicit a dating, romantic, or sexual relationship; and

(3) "Sexual misconduct" means a health care practitioner's behavior toward a patient, former patient, or key third party, which includes:

(a) Sexual impropriety;

(b) Sexual violation; or

(c) Engaging in a dating, romantic or sexual relationship which violates the code of ethics of the American Medical Association[.]

(4) Sexual Violation

(a) "Sexual violation" means health care practitioner-patient or key third party sex, whether or not initiated by the patient or key third party, and engaging in any conduct with a patient or key third party that is sexual or may be reasonably interpreted as sexual, regardless of whether the sexual violation occurs inside or outside of a professional setting.

(b) "Sexual violation" includes, but is not limited to:

(i) Sexual intercourse; genital to genital conduct;

. . .

(iv) Kissing in a romantic or sexual manner; [and]

(v) Touching the patient's breasts, genitals, or any sexualized body part[.]

.03 Sexual Misconduct

A. Individuals licensed or certified under Health Occupations Article, Titles 14 and 15, Annotated Code of Maryland, may not engage in sexual misconduct.

B. Health Occupations Article §§ 14-404(a)(3)...Annotated Code of Maryland, includes, but is not limited to, sexual misconduct.

The pertinent provisions of the Board's sexual misconduct regulations, COMAR 10.32.17, apply to the Respondent's conduct on or after May 20, 2019 and provide:

.01 Scope

This chapter prohibits sexual misconduct by health care practitioners.

.02 Definitions

B. Terms Defined.

. . .

(2) Key Third Party.

(a) "Key Third Party" means an individual who participates in the health and welfare of the patient concurrent with the physician-patient relationship

(b) "Key third party" includes, but is not limited to the following individuals:

. . .

(iii) Family member [.]

(3) Sexual Contact.

(a) "Sexual contact" means the knowing touching directly or through clothing, where the circumstances surrounding the touching would be construed by a reasonable person to be motivated by the health care practitioner's own prurient interest or for sexual arousal or gratification.

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

. . .

(i) Sexual intercourse, genital to genital contact

. . .

(iv) Kissing in a romantic or sexual manner; or

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

.03 Sexual Misconduct

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

B. Health Occupations Article §§ 14-404(a)(3)...Annotated Code of Maryland, includes, but is not limited to, sexual misconduct.

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

...

(6) Engaging in a dating, romantic, or sexual relationship which violates § D of this regulation or the code of ethics of the American Medical Association...

(7) Participating in any form of sexual contact with a patient or key third party[.]

D. Sexual or Romantic Relationships. A health care practitioner may not engage in sexual behavior with:

...

(2) A key third party if the key third party's decisions directly affect the health and welfare of the patient or if the relationship could otherwise compromise the patient's care based on the following considerations, which include, but are not limited to:

(a) The nature of the patient's medical problem and the likely effect on patient care;

(b) The length of the professional relationship;

(c) The degree of emotional dependence on the health care practitioner;

(d) The importance of the clinical encounter to the key third party and the patient; and

(e) Whether the health care practitioner-patient relationship can be terminated in keeping with ethics guidance and what implications doing so would have for the patient[.]

One form of unprofessional conduct in the practice of medicine is providing treatment to family members. The American Medical Association has addressed this in a series of ethics opinions:[2]

Opinion 8.19 (2012) – Self-Treatment or Treatment of Immediate Family Members

Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Physicians may fail to probe sensitive areas when taking the medial history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients. When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.

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[2] The Board and the disciplinary panels may consider the Principles of Ethics of the American Medical Association, but those principles are not binding on the Board or the disciplinary panels. *See* COMAR 10.32.02.16.

Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.

It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified physician available, physicians should not hesitate to treat themselves or family members until another physician becomes available. In addition, while physicians should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members.

Opinion 1.2.1 (2016) – Treating Self or Family

When the patient is an immediate family member, the physician's personal feelings may unduly influence his or her professional medical judgment. Or the physician may fail to probe sensitive areas when taking the medical history or to perform intimate parts of the physical examination. Physicians may feel obligated to provide care for family members despite feeling uncomfortable doing so. They may also be inclined to treat problems that are beyond their expertise or training.

Similarly, patients may feel uncomfortable receiving care from a family member. A patient may be reluctant to disclose sensitive information or undergo an intimate examination when the physician is an immediate family member. This discomfort may particularly be the case when the patient is a minor child, who may not feel free to refuse care from a parent.

In general, physicians should not treat themselves or members of their own families. However, it may be acceptable to do so in limited circumstances:

(a) In emergency settings or isolated settings where there is no other qualified physician available. In such situations, physicians should not hesitate to treat themselves or family members until another physician becomes available.

(b) For short-term, minor problems.

When treating self or family members, physicians have a further responsibility to:

(c) Document treatment or care provided and convey relevant information to the patient's primary care physician.

(d) Recognize that if tensions develop in the professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.

(e) Avoiding providing sensitive or intimate care especially for a minor patient who is uncomfortable being treated by a family member.

(f) Recognize that family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician.

The American Medical Association has also issued opinions regarding physicians and romantic relationships, including relationships with "key third parties."

Opinion 9.1.2 (2016) – Romantic or Sexual Relationships with Key Third Parties

Patients are often accompanied by third parties who play an integral role in the patient-physician relationship, including, but not limited to, spouses or partners, parents, guardians, or surrogates. Sexual or romantic interactions between physicians and third parties such as these may detract from the goals of the patient-physician relationship, exploit the vulnerability of the third party, compromise the physician's ability to make objective judgments about the patient's health care, and ultimately be detrimental to the patient's well-being.

Third parties may be deeply involved the [*sic*] in the clinical encounter and in medical decision making. The physician interacts and communicates with these individuals and often is in a position to offer them information, advice, and

emotional support. The more deeply involved the individual is in the clinical encounter and in medical decision making, the stronger the argument against sexual or romantic contact between the physician and a key third party. Physicians should avoid sexual or romantic relations with any individual whose decisions directly affect the health and welfare of the patient.

For these reasons, physicians should refrain from sexual or romantic interactions with key third parties when the interaction would exploit trust, knowledge, influence, or emotions derived from a professional relationship with the third party or could compromise the patient's care. Before initiating a relationship with a key third party, physicians should take into account:

(a) The nature of the patient's medical problem and the likely effect on patient care.

(b) The length of the professional relationship.

(c) The degree of the third party's emotional dependence on the physician.

(d) The importance of the clinical encounter to the third party and the patient.

(e) Whether the patient-physician relationship can be terminated in keeping with ethics guidance and what implications doing so would have for patient.

On September 15, 2021, Panel B was convened as a Disciplinary Committee for Case Resolution ("DCCR") in this matter. Based on the negotiations occurring as a result of this DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law, Order, and Consent.

FINDINGS OF FACT

Panel B finds the following:

I. BACKGROUND AND LICENSING INFORMATION

1. At all times relevant to these charges, the Respondent was and is licensed to practice medicine in Maryland and Pennsylvania. The Respondent was originally licensed to practice medicine in Maryland on June 22, 2001, under License Number D57746. The Respondent's license is current through September 30, 2022.

2. The Respondent is board-certified in pediatrics. He was employed at a medical practice[3] ("Medical Practice A") in Frederick, Maryland from October 2015 until May 2017 and a medical practice ("Medical Practice B") in Hagerstown, Maryland from September 2017 until August 2019.

3. The Respondent currently practices as a *locum tenens* physician at a medical practice in Rosedale, Maryland.

II. THE COMPLAINT

4. On or about October 21, 2020, the Board received a complaint (the "Complaint") from the mother (the "Complainant") of three minor patients of the Respondent ("Child A", "Child B" and "Child C", referred to collectively as the "Children") who alleged that she had a relationship with the Respondent that began in May 2017.

[3] To maintain confidentiality, the names of individuals and entities will not be identified in this charging document.

5. The Complainant stated that her relationship with the Respondent began following a medical appointment for Child A on May 10, 2017 where the Respondent treated Child A at Medical Practice A. The Complainant stated that after the appointment, the Respondent told her to meet him at a pharmacy (the "Pharmacy") where he purchased a health remedy (the "Health Remedy") for Child A, professed his love for her and then drove her and Child A to his house where the Respondent had sex with her.

6. In the Complaint, the Complainant detailed her encounter with the Respondent on May 10, 2017 and multiple incidents that occurred during the course of their subsequent relationship that she stated ended in May 2020.

7. Upon receiving the Complaint, the Board initiated an investigation.

III. THE BOARD INVESTIGATION

8. As part of its investigation, the Board subpoenaed records including but not limited to employment records, medical records, and the Respondent's prescription records. The Board also conducted multiple under-oath interviews including interviews with the Complainant, the Complainant's sister (the "Sister"), and former co-workers of the Respondent. The Board also notified the Respondent of the Complaint and the subsequent investigation and provided him with the opportunity to respond in writing and in an under-oath interview with the Board.

Interviews

Interview of the Complainant

9. On November 2, 2020, Board staff conducted an under-oath interview of the Complainant.

10. The Complainant stated that the relationship began after a medical appointment on May 10, 2017, at Medical Practice A where the Respondent treated Child A.

11. She further stated that following the appointment, the Respondent asked her to meet him at the Pharmacy, paid for the Health Remedy for Child A, subsequently drove her and Child A to his house where she and the Respondent had sex.

12. The Complainant stated that she and Child A left the Respondent's house the following day, on May 11, 2017. The Complainant further stated that while she was at the Respondent's house, the Sister attempted to contact her multiple times.

13. The Complainant stated that she fell in love with the Respondent, they lived together and were engaged to be married in April 2019.

Interview of the Sister

14 On December 17, 2020, the Board conducted an under-oath interview of the Sister.

15. The Sister stated that in the evening on May 10, 2017, the Complainant called her, and the Complainant told her that she was with the Respondent at his home. The Sister also stated that the Respondent called her that evening from his phone and told her that he was in love with the Complainant.

16. Later that night, the Sister attempted to contact the Complainant and the Respondent multiple times by telephone, including at the emergency line at Medical Practice A. The Sister stated that she and other family members were worried about the Complainant's safety and that she contacted the police.

17. The Sister further stated that the next morning, on May 11, 2017, she received a call from the Respondent who stated that he was sorry, everybody had fallen asleep, their phones had died, and that they were fine.

Medical Records

18. The Board subpoenaed the medical records of the Children from Medical Practice A and Medical Practice B.

19. The medical records obtained by the Board from Medical Practice A documented that the Respondent provided pediatric care for the Children, including for Child A, on May 10, 2017, where the Respondent documented "met with [the Complainant] at [the Pharmacy], paid for [Child A's] [Health Remedy] with a gift card I had."

20. In the Respondent's May 10, 2017 medical records for Child A, the Respondent also referred to the Complainant and noted:

> Later, her phone died, her family became concerned about where she was (lost) or in some sort of harms way. Numerous attempts were apparently made to contact the police to find her and ensure her safety. For whatever reason the Police did not bother to contact me, though her parents were concerned that I was the last person to see her. This morning [May 11, 2017], I spoke with [the Complainant] and she told me that she was with a *friend* and her phone died and she was confused as to why her family was concerned about her safety.... [Emphasis added.]

The medical records did not document any further information regarding the identity of the "friend."

21. The medical records obtained by the Board from Medical Practice B stated that the Respondent saw Child C as a patient on March 19, 2019, and the Respondent wrote a prescription for Child C.

Prescription Records

22. On or about October 29, 2020, the Board issued subpoenas to obtain the Respondent's prescription records.[4]

23. The prescription records obtained by the Board showed that the Respondent wrote the following prescriptions for the Children during the time he was in a relationship with the Complainant, their mother:

a. The Respondent wrote two (2) prescriptions for Child A; one (1) on December 17, 2017, and one (1) on March 2, 2018.

b. The Respondent wrote two (2) prescriptions for Child B on November 12, 2017, and one (1) prescription on November 13, 2017.

c. The Respondent wrote one (1) prescription for Child C on March 16, 2019.

The Respondent's Response

24. By letter dated November 5, 2020, the Respondent, submitted his written response to the Board where he stated that he provided care to the Children and, in May

[4] The Board obtained a report of the Respondent's recent prescribing history through the Maryland Prescription Drug Monitoring Program ("PDMP"), which the PDMP provided in response to a Board subpoena.

2017, he and the Complainant developed feelings for each other and began a "romantic relationship."

25. On December 30, 2020, Board staff conducted an under-oath interview of the Respondent. The Respondent stated that once he and the Complainant learned of their mutual feelings for each other in May 2017, the relationship "deepened very quickly," they lived together in June 2017, and in April 2019 they were engaged to be married until the relationship ended in April 2020.

26. When Board staff questioned the Respondent about how the Complainant went from being the mother of his patients to someone with whom he had an intimate personal relationship, the Respondent stated:

> Well, it – she shared – she opened up and shared with me how she felt, and I – it was pretty much love at first sight. I had strong feelings for – from her pretty much immediately and, you know, the time course was not – was quick. It wasn't – there was no hesitation about it. Probably I justified it in part because she said she was in a difficult relationship that she was trying to get out of. She was separated, and I was being – trying to be there for her. Maybe I – I should have waited for a little bit longer.

27. When the Board questioned the Respondent about his medical records from May 10, 2017, and his statements regarding the Complainant's whereabouts following the medical appointment for Child A, the Respondent stated that he and the Complainant "co-wrote" the note together and that he was the "friend."

CONCLUSIONS OF LAW

Based on the Findings of Fact, Disciplinary B of the Board concludes as a matter of law that the Respondent: is guilty of unprofessional conduct in the practice of medicine, in

violation of Health Occ. § 14-404(a)(3)(ii); willfully made or filed a false report or record in the practice of medicine, in violation of Health Occ. § 14-404(a)(11); except for the licensure process under Subtitle 3A of this title, violated any rule or regulation adopted by the Board, specifically the Board's sexual misconduct regulations found in COMAR 10.32.17 *et seq.*, in violation of Health Occ. § 14-404(a)(43); and violated the Board's sexual misconduct regulations in COMAR 10.32.17 *et seq.*, in violation of Health Occ. §1-212.

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 **THREE YEARS**, beginning on the effective date of this Consent Order;[5] and it is further

ORDERED that, during the probation, the Respondent shall comply with the following terms and conditions of probation:

1. Within **one year**, the Respondent shall pay a civil fine of **fifteen thousand dollars ($15,000.00)**. 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;

2. Within **six months,** the Respondent is required to take and successfully complete a course on boundaries for physicians, which shall include maintaining sexual boundaries. The following terms and conditions 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 begins;

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

(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; and
(d) the Respondent is responsible for the cost of the course; and

3. 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 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; and
(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; and it is further

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

ORDERED that a violation of probation constitutes a violation of the Consent Order; and it is further

ORDERED that, after the minimum period of probation imposed by the Consent Order has passed and the Respondent has fully and satisfactorily complied with all terms

and conditions of the probation, the Respondent may submit a written petition to the disciplinary panel for termination of probation. The Respondent may be required to appear before the disciplinary panel to discuss his petition for termination. If the disciplinary panel determines that it is safe for the Respondent to practice medicine without MPRP monitoring, the probation will be terminated through an order of the disciplinary panel. If the disciplinary panel determines that it is not safe for the Respondent to practice medicine without MPRP monitoring, the probation will be continued through an order of the disciplinary panel for a length of time determined by the disciplinary panel; 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 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, 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 this Consent Order is a public document. *See* Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

Signature on File

10/14/2021
Date

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

CONSENT

I, Paul Aubrey Law, 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

10/7/21

Date

Paul Aubrey Law, M.D.
Respondent

NOTARY

STATE OF Maryland

CITY/COUNTY OF Howard

I HEREBY CERTIFY that on this 7th day of Oct., 2021, before me, a Notary Public of the foregoing State and City/County, did personally appear Paul Aubrey Law, M.D., and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSTH my hand and seal.

JAMES YUNGTAE LIM NOTARY PUBLIC HOWARD COUNTY, MD

Notary Public

My commission expires: 03/09/2024