

IN THE MATTER OF	*	BEFORE THE
ROBERT SCHNITZLEIN, M.D.	*	MARYLAND STATE
Respondent	*	BOARD OF PHYSICIANS
License Number: D62487	*	Case Number: 2219-0202B
* * * * *	*	* * * * *

CONSENT ORDER

On February 5, 2020, Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) charged Robert Schnitzlein, M.D. (the “Respondent”) with violating the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* (2014 Repl. Vol. & 2019 Supp.). The Respondent was charged with violating the following grounds of the Act:

§ 14-404. Denials, reprimands, probations, suspensions, and revocations – Grounds.

(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[.]

The pertinent provisions of the Board’s regulations in Md. Code Regs. provide:

10.32.17¹ Sexual misconduct.

...

¹ The Board amended this regulation effective May 20, 2019. These Charges refer to the 2018 version of the regulation, which was in effect at the time of the alleged incidents described in these Charges.

.02 Definitions.

...

B. Terms defined.

...

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

...

- (b) Sexual violation[.]

- (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;

- (ii) Oral to genital contact;

...

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

- (v) Touching the patient's breasts, genitals, or any sexualized body part;

- (vi) Actively causing the patient or key third party to touch the health care practitioner's breasts, genitals, or any sexualized body part; [and]

...

- (ix) Intentionally exposing the health care practitioner'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.

On April 22, 2020, Panel B was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on 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 & LICENSING INFORMATION

1. At all relevant times, the Respondent was licensed to practice medicine in the State of Maryland. The Respondent was initially licensed to practice medicine in the State of Maryland on or about December 3, 2004, under License Number D62487. His license has the expiration date of September 30, 2021.²

2. The Respondent has practiced as a psychiatrist. He is not board certified in any medical specialty. The Respondent completed his residency training in both adult and adolescent psychiatry and neurology.

3. Between on or about January 7, 2019, to on or about May 17, 2019, the Respondent worked as a locum tenens physician at a hospital on Maryland’s Eastern Shore (the “Hospital”).³

² The Respondent’s license was summarily suspended by Panel B on January 14, 2020, and the summary suspension was reaffirmed on January 30, 2020.

³ To maintain confidentiality, the names of all witnesses, facilities, employees, and patients will not be used in this document but will be provided to the Respondent on request.

II. COMPLAINTS

4. On or about June 10, 2019, the Board received a complaint from a clinical psychologist (the "Psychologist") who reported that a patient of hers (the "Patient") had discussed an intimate relationship between the Patient and the Respondent, which occurred soon after the Respondent had treated the Patient at the Hospital for serious mental health issues. In the complaint, the Psychologist described text messages she reviewed between the Patient and the Respondent. These messages included some that discussed meeting at a nearby hotel where the Respondent was staying. The Psychologist said that based on her conversations with the Patient, the Patient met the Respondent multiple times at the hotel for "treatment, swimming, conversation and sex."

5. On or about July 19, 2019, the Board received a complaint from the Patient who alleged having a personal relationship with the Respondent after he had treated her while she was admitted to the Hospital. The Patient said that the Respondent suggested that they exchange personal cell phone numbers so they could communicate after she was discharged. The Patient described various encounters that she had with the Respondent after she was discharged, including at the hotel where the Respondent was staying. During these encounters, according to the Patient, the Respondent and her swam in the hotel pool, kissed in an outside whirlpool, and engaged in multiple sex acts in the Respondent's hotel room. The Patient also explained that as she recovered, she "understood the gravity of [the Respondent's] behavior." She explained that she began to have negative flashbacks to her encounters with the Respondent, which prompted her to discuss with the Psychologist her relationship with the Respondent.

III. BOARD INVESTIGATION

6. The Board initiated an investigation into the Respondent upon receiving the Psychologist's complaint.

A. Interview of the Psychologist

7. On or about July 12, 2019, as part of its investigation, Board staff interviewed the Psychologist under oath.

8. The Psychologist said that she began treating the Patient after the Patient was discharged from the Hospital. On or about June 7, 2019, the Psychologist observed that the Patient was “quite distressed.” The Patient first revealed during that session that she had been involved in an intimate relationship with the Respondent, her treating psychiatrist while she was in the Hospital. The Psychologist confirmed and reiterated the description of the relationship that she provided in her complaint to the Board.

9. The Psychologist explained that the Patient expressed guilt for not resisting the relationship with Respondent and questioned whether she should blame herself for the relationship. The Psychologist described the Patient as “incredibly vulnerable” and “not in a position to make a decision as to whether this was a good relationship or not.”

10. The Psychologist stated that after the Patient explained her relationship with the Respondent, the Psychologist attempted to arrange for her patients needing inpatient psychiatric admissions to go to facilities other than the Hospital so that they would not be “exposed to [the Respondent].”

B. Patient Records

11. On or about July 12, 2019, as part of its investigation, the Board issued subpoenas for the Patient’s records to both the Psychologist and the Hospital.

12. On or about July 22, 2019, the Board received the Patient’s records from the Hospital. These records included the following information, among other things:

- a. The Patient was involuntarily admitted to the Hospital on or about January 14, 2019, for serious mental health issues.
- b. The Respondent was the Patient’s treating physician at the Hospital.

- c. The Respondent documented his evaluation of the Patient in Progress Notes on four consecutive days, specifically January 15-18, 2019.
 - d. On or about January 18, 2019, the Respondent noted that the Patient “has an [appointment] on Monday for psychiatric follow-up,” and that she is “not a danger to self or other and tolerates the current medication and is ready to continue [follow-up] [mental health] care as an [outpatient].”
 - e. The Patient was discharged on or about January 18, 2019.
 - f. A “Discharge Summary Note” included an appointment scheduled with the Psychologist for Monday, January 21, 2019.
 - g. The Patient’s records do not include notes for any follow-up treatment with the Respondent.
13. On or about July 29, 2019, the Board received the Patient’s records from the Psychologist. These records included the following information, among other things:
- a. The Patient first saw the Psychologist on or about January 21, 2019.
 - b. The Patient first appeared anxious, agitated, and angry. However, by April 22, 2019, the Psychologist noted “mental status improved” with no rigidity, anger, or paranoia.
 - c. Notes from June 7, 2019, include the Patient’s description of her relationship with the Respondent. The Psychologist noted that the Patient had become anxious and agitated again and noted her progress as “regression.”

C. Text Messages

14. As part of its investigation, the Board obtained text messages between the Patient and the Respondent that they exchanged from on or about January 23, 2019, to on or about May 20, 2019. The text messages included, among other things, the Patient’s assurance that she would remain “confidential” to “protect both of our licenses always.” The messages went on to include references to sadomasochism and the Respondent’s interest in engaging in it, though he told the Patient he had “not had a partner willing.” On one occasion the Patient and the Respondent exchanged heart emojis. On or about February 27, 2019, the Patient and the Respondent began exchanging messages that included plans to meet in person “for a swim,” among other things. At

one point, the Respondent asked the Patient to delete the text messages that they had sent each other. In another exchange of messages, the Patient wrote that “swimming and a meal” were not necessary every time they met in person, and that “Low key Late night [*sic*] sleeping/snuggling is just fine too.” The Respondent replied, “I have the same assumptions.” The Patient and the Respondent later exchanged messages setting up times for “a warm bath” and “another evening bath” together. The Patient last wrote to the Respondent on or about May 13, 2019. The Respondent wrote “Hi” to the Patient on or about May 20, 2019, but the Patient did not respond.

D. Interview of the Patient

15. As part of its investigation, Board staff interviewed the Patient under oath on or about August 19, 2019.

16. During the interview, the Patient explained that the Respondent was her treating psychiatrist while she was admitted to the Hospital. The Patient said that, at the time, she felt “lucky” to have the Respondent as her psychiatrist because, in her view, he “alluded to [the Patient] as being sort of a special patient.” The Respondent offered to exchange personal cell phone numbers just before she was discharged from the Hospital so that the Patient could update him on her status. The Patient agreed because she thought this provided her “a beeline to a doctor who’s been there for me.”

17. The Patient explained that she first sent a message to the Respondent a few days after being discharged from the Hospital. She said that the two communicated by text message every few days. Eventually, according to the Patient, the Respondent asked to see the Patient in person at the Hospital.

18. The Patient described the first in-person meeting with the Respondent after being discharged as “a lot about him” and not about the Patient. The Respondent asked to continue that conversation and suggested a restaurant at a nearby hotel. The Patient agreed, “thinking it would be nice to have a meal [and] a nice conversation[.]” The Patient learned that the Respondent lived

at that hotel during the week. Afterwards, the Respondent invited the Patient to return to the hotel on a different day “and enjoy the amenities[.]”

19. The Patient said that she returned to the hotel and initially went swimming in the hotel pool with the Respondent, but he “continually cajoled me up to his room.” She explained that there were “no boundaries” between them. The Patient said that she and the Respondent first kissed in the hotel whirlpool, and “that’s all it was . . . kissing in the hot tub until his bedroom.” She explained that by the third time she met the Respondent at the hotel, she went to his room. During one encounter in the Respondent’s room, he suggested that they should “get naked and just see what happens.” The Patient agreed. She said that she and the Respondent undressed completely and got into his bed together and engaged in sexual activity.

20. The Patient said that over the next several weeks, she and the Respondent “took two baths together” and engaged in various sexual activities in his hotel room.

E. The August 26, 2019 Voicemails

21. On or about August 27, 2019, the Patient told the Board that the Respondent had recently called her from a blocked number and left a series of voicemails. The Board obtained recordings of six voicemails that the Respondent left for the Patient on or about August 26, 2019, between approximately 11:29 a.m. and 11:46 a.m.

22. The voicemail recordings included the following information:

- a. At approximately 11:29 a.m., the Respondent left a voicemail for the Patient saying, among other things, “I want to be totally responsible . . . I deeply, deeply care. I know you do. And I – I know I was weak and in a bad place myself, but I wasn’t – I wasn’t looking to hurt you at all, ever. And I still do; still care a lot. More than care. And I can’t deny that”
- b. At approximately 11:32 a.m., the Respondent left a voicemail for the Patient saying, among other things, “This is a – was a novel, life-changing experience that I don’t want to remember in a different way. I want to find a solution, a creative solution, between you and I in a way that works for both of us and not have it forced upon us through insurance or legal or destroying the option

of me working again . . . We can do this if you give us a chance . . . Help. Please help us”

- c. At approximately 11:35 a.m., the Respondent left a voicemail for the Patient saying, among other things, “I am wanting to connect with you because I need to . . . And I wanted to continue to talk to you. And on a deep level, I miss you, and I have for a long time.”
- d. At approximately 11:37 a.m., the Respondent left a voicemail for the Patient saying, among other things, “Maybe I’m crazy, but that’s what feelings are about. I know I was vulnerable, too, and that’s my fault. And I take responsibility for that and do whatever I need to do to get stronger . . . I am responsible for my actions in every sense of the word. And I want to make it right with you. Please, please”
- e. At approximately 11:42 a.m., the Respondent left a voicemail for the Patient saying, among other things, “Hey, I’m not the enemy. But if you go this route I won’t be able to see or talk to you again. And I can’t deal with that . . . [If] there’s any healing to be had, it’s going to be between us. And I’m totally willing to do that. All job aside, all career aside, all everything aside . . . So I – I want to see you really bad . . . Help me help you and help us . . . Please don’t beat – beat us up.”
- f. At approximately 11:46 a.m., the Respondent left a voicemail for the Patient saying, among other things, “Sorry to leave all these voicemails . . . I’m really hoping that I get a chance to talk to you. No matter what . . . If there’s some things that you have to do, I want to understand . . . I want to understand about what I don’t know. Thanks.”

23. As part of its investigation, the Board obtained phone records for the Patient and the Respondent. These records show that on or about August 26, 2019, the Respondent called the Patient approximately nine times within 20 minutes and used “Calling Number Identity Restriction” so that the Patient could not see the number that was calling her.

F. The Respondent’s Written Responses

24. On or about September 6, 2019, the Board notified the Respondent about the complaint against him and the Board’s ongoing investigation. The Board requested that the Respondent provide a written response and issued a subpoena to the Respondent for all records of the Patient that he had in his possession.

25. On or about September 17, 2019, the Board received a handwritten “Statement” from the Respondent on lined paper as well as five pages of handwritten notes on lined paper that the Respondent claimed were the records he maintained for the Patient.

26. In his “Statement,” the Respondent wrote, among other things, “How was it that I have not been able to successfully complete an outpatient therapy task with [the Patient] ‘Has been a toothpick in my eye,’ since it happened. I knew how to do it . . . but I could not execute.” The rest of his Statement did not directly address the complaint, but discussed the Respondent’s stressors and desire to “rebuild [his] integrity[.]”

27. On or about November 20, 2019, the Respondent, through his attorney, provided a supplemental written response in which he said that he, among other things, “categorically denies the allegation that he a sexual relationship with [the Patient].” The Respondent “reluctantly agreed to let [the Patient] check in with him once a week, until she found a therapist and medication provider in the community . . .” (*but see* ¶ 14d, *supra.*). The Respondent also expressed that he “now believes that he was manipulated by [the Patient] into a compromising situation which he did not sufficiently recognize at the time.” He admitted, however, that “by the fourth session, in a mis-guided attempt to build trust, [the Respondent] did engage in what he acknowledges was inappropriate contact with the patient. While they did not engage in sexual intercourse, they did remove most of their clothes. As soon as [the Respondent] realized what he had been led into, he ended the session and did not see the patient again, nor respond to her attempts to contact him” (*but see* ¶¶ 14 and 21-22, *supra.*).

G. Interview of the Respondent

28. As part of its investigation, Board staff interviewed the Respondent under oath on or about November 25, 2019. The Respondent’s attorney was present.

29. During the interview, the following exchange occurred when Board staff asked the Respondent about his relationship with the Patient:

[Board Staff]: Can you just describe in detail the nature of your relationship with her?

[The Respondent]: I can't. I don't remember.

[Board Staff]: What don't you remember? . . .

[The Respondent]: Anything.

[Board Staff]: So you don't remember treating her as a patient?

[The Respondent]: Not to the level of certainty . . . that would allow me to say it's a fact.

[Board Staff]: So these notes . . . that you provided to the Board in writing, were those notes that you recalled or are those contemporaneous notes from when you were treating her?

[The Respondent]: Not sure. I think they're contemporaneous, but my memory is wiped.

30. The Respondent repeatedly said during the interview that he could not recall details about his treatment or personal contact with the Patient after she was discharged. When shown copies of specific text messages, including an exchange of heart emojis and references to baths, the Respondent answered, "Good question; don't know." When asked to discuss any intimate contact with the Patient, the Respondent answered, "I can't because it's wiped from my memory." He later described his memory loss about his relationship with the Patient as follows: "I can't see or feel or remember the experience, but I'm left with these symptoms that point to an experience and I can't say what the experience is."

31. When asked about exchanging text messages that may have had sexual innuendos, the Respondent said that "anything's open game in therapy, you could talk about anything, that is the safety about therapy, is that's a safe place to discuss anything." He said that he would have sent such messages to the Patient for "her therapy."

32. The Respondent acknowledged calling the Patient in August 2019 and leaving voicemails, but he could not recall what he said.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, Disciplinary Panel B of the Board concludes as a matter of law that the Respondent is guilty of immoral and unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(i) and (ii); and that the Respondent engaged in sexual misconduct, in violation of COMAR 10.32.17.03.

ORDER

Based upon the Findings of Fact and Conclusions of Law, it is, on the affirmative vote of a majority of the quorum of Disciplinary Panel B, hereby:

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

ORDERED that the Respondent's license to practice medicine in Maryland is **SUSPENDED** for a minimum period of **ONE YEAR**.⁴ During the suspension period, the Respondent shall not:

- (1) practice medicine;
- (2) take any actions after the effective date of this Order to hold himself out to the public as a current provider of medical services;
- (3) authorize, allow or condone the use of the Respondent's name or provider number by any health care practice or any other licensee or health care provider;
- (4) function as a peer reviewer for the Board or for any hospital or other medical care facility in the state;
- (5) dispense medications; or
- (6) perform any other act that requires an active medical license; and it is further

⁴ If the Respondent's license expires during the period of the suspension, the suspension and any conditions will be tolled.

ORDERED that the Respondent shall establish and implement a procedure by which the Respondent's patients may obtain their medical records without undue burden and notify all patients of that procedure; and it is further

ORDERED that the order of summary suspension of the Respondent's license, issued by Panel B, on January 14, 2020, and reaffirmed on January 30, 2020, is terminated as moot; and it is further

ORDERED that 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's failure to comply with any term or condition of the Participant Rehabilitation Agreement(s) or Participant Rehabilitation Plan(s) constitutes a violation of this Consent Order;
- (e) 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/her release/consent.;
- (f) 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/her release/consent; and it is further

ORDERED that within **SIX (6) MONTHS**, the Respondent is required to take and successfully complete a course in professional ethics that addresses boundary issues. 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; and it is further

ORDERED that, within one year, the Respondent shall pay a civil fine of **\$15,000**.

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, after the minimum period of suspension has passed, if MPRP finds and notifies the Board that the Respondent is safe to return to the practice of medicine, the Respondent may submit a written petition to the disciplinary panel to terminate the suspension of the Respondent's license. 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 return to the practice of medicine, the suspension will be terminated through an order of the disciplinary panel, and the disciplinary panel may impose any terms and conditions it deems appropriate on the Respondent's return to practice, including, but not limited to, probation and/or continuation of the Respondent's enrollment in MPRP. If the disciplinary panel determines that it is not safe for the Respondent to return to the practice of medicine, the suspension shall be

continued through an order of the disciplinary panel, and the disciplinary panel may impose any additional terms and conditions it deems appropriate. The suspension will not be terminated until the disciplinary panel determines that it is safe for the Respondent to return to the practice of medicine and the order terminating suspension shall include, if necessary, the conditions necessary for the Respondent's safe return to the practice of medicine; 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 the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board. The Executive Director signs the Consent Order on behalf of the disciplinary panel which has imposed the sanction in this Consent Order; 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).

05/20/2020
Date

Signature on File

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

CONSENT

I, Robert Schnitzlein, 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 and Consent 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

May 8, 2020
Date

Robert Schnitzlein, M.D.

NOTARY

STATE OF: Maryland

CITY/COUNTY OF: Harford

I HEREBY CERTIFY that on this 08 day of May, 2020, before me, a Notary Public of the State and City/County aforesaid, appeared Robert Schnitzlein, M.D. and made oath in due form of law that the foregoing Consent Order was his voluntary act and deed.

AS WITNESS, my hand and Notary Seal.



Dashawn Brown
Notary Public

My commission expires: 11/24/2023