

IN THE MATTER OF	*	BEFORE THE MARYLAND
CONSTANCE TAMBAKIS-ODOM, MD	*	STATE BOARD OF
Respondent	*	PHYSICIANS
License Number: D83705	*	Case Number: 2219-0145

\* \* \* \* \*

**CONSENT ORDER**

**BACKGROUND**

The Maryland Board of Physicians (the "Maryland Board") received information that Constance Roseann Tambakis-Odom, M.D., (the "Respondent"), License Number D83705, was disciplined by the California Medical Board (the "California Board"). In a Public Letter of Reprimand dated February 19, 2019, the California Board reprimanded the Respondent.

Based on the above referenced California Board sanction, the Maryland Board has grounds to charge the Respondent with violating the following provisions of the Maryland Medical Practice Act (the "Act"), under H. O. § 14-404(a):

- (a) 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:
  - (21) Is disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any state or country or disciplined by any branch of the United States uniformed services or the Veteran's Administration for an act that would be grounds for disciplinary action under this section,

The Maryland Board has determined that the acts for which the Respondent was disciplined in California would be grounds for disciplinary action under H.O. § 14-404(a). The grounds for disciplinary action under H.O. § 14-404(a) are as follows:

- (27) Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes;
- (40) Fails to keep adequate medical records as determined by appropriate peer review;

Based on the action taken by the California Board, the Respondent agrees to enter into this Consent Order with the Maryland Board of Physicians, consisting of Procedural Background, Findings of Fact, Conclusions of Law, and Order of reciprocal action.

### **I. FINDINGS OF FACT**

The Board finds the following:

1. At all times relevant hereto, the Respondent was a physician licensed to practice medicine in the State of Maryland. The Respondent was initially licensed in Maryland on or about June 15, 2017.
2. By Public Letter of Reprimand dated February 19, 2019, the California Board reprimanded the Respondent. The California Board found that according to a letter of concern issued by the North Carolina Medical Board on November 6, 2018, the Respondent had written hormone prescriptions for an immediate family member from November 2014 to March 2016, and prescriptions for controlled substance in 2013, 2015, and 2016. The North Carolina Board letter of concern further found that none of the inappropriately prescribed prescriptions were adequately documented in a medical record. The North Carolina Board letter of concern further found that the Respondent wrote a controlled substance prescription for a friend in March 2013. A copy of the

California Board Public Letter of Reprimand and the North Carolina Medical Board letter of concern is attached hereto.

## **II. CONCLUSIONS OF LAW**

Based on the foregoing Findings of Fact, the Maryland Board concludes as a matter of law that the disciplinary action taken by the California Board against the Respondent was for an act or acts that would be grounds for disciplinary action under Health Occ. §§14-404(a)(27) and (40) had those offenses been committed in this state.

## **III. ORDER**

Based on the foregoing Findings of Fact and Conclusions of Law, it is hereby:

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

**ORDERED** that this **CONSENT ORDER** is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen. Prov. §§4-101 through 4-601 (2014).

05/16/2019  
Date

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

## **CONSENT**

I, Constance Roseann Tambakis-Odom, M.D., acknowledge that I have had the opportunity to consult with counsel before signing this document. By this Consent, I admit to the Findings of Fact and Conclusions of Law, and I agree and accept to be bound

by this Consent Order and its conditions and restrictions. I waive any rights I may have had to contest the Findings of Fact and Conclusions of Law.

I acknowledge the validity of this Consent Order as if entered into 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 acknowledge the legal authority and the jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I also affirm that I am waiving my right to appeal any adverse ruling of the Board that might have followed any such hearing.

I sign this Consent Order after having had an opportunity to consult with counsel, without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order. I voluntarily sign this Consent Order, and understand its meaning and effect.

5/10/19  
Date

***Signature on File***  
Constance Roseann Tambakis-Odom, M.D.  
Respondent

STATE OF Iowa

CITY/COUNTY OF Butler

I HEREBY CERTIFY that on this 10 day of MAY, 2019, before me, the subscriber, a Notary Public for the State and City/County aforesaid, personally appeared Constance Roseann Tambakis-Odom, M.D., and made oath in due form of law that the execution of the foregoing Consent Agreement was her voluntary act and deed.

AS WITNESSETH my hand and my notarial seal

Karen E Nelson  
Notary Public

MY COMMISSION EXPIRES: 7/25/20



**California Board**  
**Public Letter of Reprimand**



# MEDICAL BOARD OF CALIFORNIA

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## Enforcement Program

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Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

February 19, 2019

Constance Roseann Tambakis-Odom, M.D.  
12 Nun Street  
Wilmington, NC 28401-5016

RE: Physician's and Surgeon's Certificate No. A 128357  
Case No. 800-2018-050744

### Public Letter of Reprimand

On November 6, 2018, the North Carolina Medical Board issued you a letter of concern for writing hormone prescriptions for an immediate family member from November 2014 to March 2016, and prescriptions for controlled substances in 2013, 2015, and 2016. None of the inappropriately prescribed prescriptions were adequately documented in a medical record. You also wrote a controlled substance prescription for a friend in March 2013.

These actions constitute a violation of California Business and Professions Code sections 141(a), 2234 and 2305.

Pursuant to the authority of the California Business and Professions Code section 2233, you are hereby issued this Public Letter of Reprimand by the Medical Board of California.

  
Kimberly Kirchmeyer  
Executive Director

**North Carolina Board  
Letter of Concern**





# North Carolina Medical Board

Barbara E. Walker, DO: President | Bryant A. Murphy, MD: President-Elect | Venkata Jonnalagadda, MD: Secretary/Treasurer

November 6, 2018

## **Via Attorney of Record**

Constance Roseann Tambakis-Odom, M.D.  
Metro Medi Spa, P.A.  
1124 Floral Parkway  
Wilmington, NC 28403

Dear Dr. Tambakis-Odom:

The North Carolina Medical Board ("Board") has concluded its investigation related to a complaint filed against you regarding prescribing practices. It is the Board's decision not to commence formal proceedings against your license at this time. However, the Board did vote to issue you this public letter of concern and require the successful completion of the Professional/Problem-Based Ethics ("ProBE") course offered by the Center for Personalized Education for Physicians ("CPEP"). The Board does not consider a public letter of concern to be a disciplinary action or a limitation or restriction on your license.

The Board is concerned that you wrote hormone prescriptions for an immediate family member from November 2014 to March 2016 and prescriptions for controlled substances in 2013, 2015, and 2016. None of the inappropriate prescriptions were adequately documented in a medical record. The Board is also concerned you wrote a controlled substance prescription for a friend in March 2013, again without adequately documenting the prescription in a medical record. The Board believes that it is inappropriate for its licensees to write prescriptions for controlled substances to their family members and to others with whom the licensee has a significant emotional relationship. Rule 21 NCAC 32B .1001(c)(2) forbids physicians from prescribing controlled substances to immediate family members under most circumstances.

In addition, please be advised that the Board believes an accurate, current and complete medical record is an essential component of patient care and encourages you to improve your medical record keeping. The Board's guidance on the treatment of family members and others with whom a licensee has a significant relationship and the completion of medical records can be found in its position statements titled "Self -Treatment and Treatment of Family Members" and "Medical Record Documentation" (enclosed). A copy of Rule 21 NCAC 32B .1001 is also enclosed with this letter.

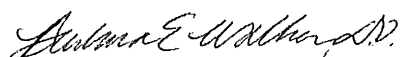
The Board is requiring you to attend and successfully complete the ProBE course offered by CPEP within six (6) months of the date of this public letter of concern. Please visit CPEP's website, [www.cpepdoc.org](http://www.cpepdoc.org), to register online for the ProBE course in the Courses section of its website. Evidence of the successful completion of the ProBE course must be submitted to Compliance Coordinator, North Carolina Medical Board, P.O. Box 20007, Raleigh, NC 27619-0007.

Constance Roseann Tambakis-Odom, M.D.  
November 6, 2018  
Page 2

The Board urges you to take steps to ensure the conduct giving rise to the Board's concerns does not happen again. Otherwise, the Board may vote to commence formal disciplinary proceedings against your license. If that happens, this letter may be entered into evidence in determining the appropriate discipline.

This letter is a public record within the meaning of Chapter 132 of the North Carolina General Statutes and is subject to public inspection and dissemination as required by that law. It will be reported to the Federation of State Medical Boards; however, it will not be reported to the National Practitioner Data Bank.

Sincerely,



Barbara E. Walker, D.O.  
President

BEW/MJ/lt

Enclosures

Consent and Waiver

I, Constance Roseann Tambakis-Odom, M.D., would like to resolve this matter without the need for more formal proceedings and consent to the Board's issuance of this public letter of concern in resolution of the above matter. I hereby waive any requirement under any law or rule that this public letter of concern be served on me.

I further agree to attend the required ProBE course on the terms specified in the public letter of concern. I agree to submit evidence of the completion of the ProBE course to the Compliance Coordinator, North Carolina Medical Board, P.O. Box 20007, Raleigh, NC 27619-0007.

Consented to this the 4<sup>th</sup> day of NOVEMBER, 2018.

Constance R. Tambakis-Odom  
Constance Roseann Tambakis-Odom, M.D.

State of NORTH CAROLINA

County of NEW HANOVER

I, KAREN NELSON, do hereby certify that Constance Roseann Tambakis-Odom, M.D. personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the 4<sup>th</sup> day of NOVEMBER, 2018.

Karen Nelson  
Notary Public

(Official Seal)

My Commission Expires:

1/9/19

**North Carolina Medical Board**

## **Self-treatment and treatment of family members**

It is the Board's position that it is not appropriate for licensees to write prescriptions for controlled substances or to perform procedures on themselves or their family members. Rules 32B.1001, 32S.0212, and 32M.0109 prohibit licensees from prescribing controlled substances (including all narcotics) to themselves or immediate family members. In addition, licensees should not treat their own chronic conditions or those of their immediate family members or others with whom the licensee has a significant emotional relationship. In such situations, professional objectivity may be compromised, and the licensee's personal feelings may unduly influence his or her professional judgment, thereby interfering with care.

There are, however, certain limited situations in which it may be appropriate for licensees to treat themselves, their family members, or others with whom the licensee has a significant emotional relationship.

1. **Emergency Conditions.** In an emergency situation, when no other qualified licensee is available, it is acceptable for licensees to treat themselves or their family members until another licensee becomes available.
2. **Urgent Situations.** There may be instances when licensees or family members do not have their prescribed medications or easy physician access. It may be appropriate for licensees to provide short term prescriptions.
3. **Acute Minor Illnesses Within Clinical Competence.** While licensees should not serve as primary or regular care providers for themselves or their family members, there are certain situations in which care may be acceptable. Examples would be treatment of antibiotic-induced fungal infections or prescribing ear drops for a family member with external otitis. It is the expectation of the Board that licensees will not treat recurrent acute problems.
4. **Over the Counter Medication.** This position statement is not intended to prevent licensees from suggesting over the counter medications or other non-prescriptive modalities for themselves or family members, as a lay person might.

Licensees who act in accord with this position statement will be held to the same standard of care applicable to licensees providing treatment for patients who are unrelated to them. Thus, licensees should not treat problems beyond their expertise or training.

The Board expects licensees to maintain an appropriate medical record documenting any care that is given. It is also prudent for the licensee to provide a copy of the medical record to the patient's primary care provider.

Licensees who inappropriately treat themselves, their family members or others with whom they have a significant emotional relationship should be aware that they may be subject to disciplinary action by the Board.

(Adopted May 1991) (Amended May 1996; May 2000; March 2002; September 2005, March 2012)  
(Reviewed November 2015)

## **Medical record documentation**

The North Carolina Medical Board takes the position that an accurate, current and complete medical record is an essential component of patient care. Licensees should maintain a medical record for each patient to whom they provide care. The medical record should contain an appropriate history and physical examination, results of ancillary studies, diagnoses, and any plan for treatment. The medical record should be legible. When the care giver does not handwrite legibly, notes should be dictated, transcribed, reviewed, and signed within a reasonable time. The Board recognizes and encourages the trend towards the use of electronic medical records ("EMR"). However, the Board cautions against relying upon software that pre-populates particular fields in the EMR without updating those fields in order to create a medical record that accurately reflects the elements delineated in this Position Statement.

The medical record is a chronological document that:

- records pertinent facts about an individual's health and wellness;
- enables the treating care provider to plan and evaluate treatments or interventions;
- enhances communication between professionals, assuring the patient optimum continuity of care;
- assists both patient and physician to communicate to third party participants;
- allows the physician to develop an ongoing quality assurance program;
- provides a legal document to verify the delivery of care; and
- is available as a source of clinical data for research and education.

The following required elements should be present in all medical records:

1. The record reflects the purpose of each patient encounter and appropriate information about the patient's history and examination, and the care and treatment provided are described.
2. The patient's past medical history is easily identified and includes serious accidents, operations, significant illnesses and other appropriate information.
3. Medication and other significant allergies, or a statement of their absence, are prominently noted in the record.
4. When appropriate, informed consent obtained from the patient is clearly documented.
5. All entries are dated.

The following additional elements reflect commonly accepted standards for medical record documentation.

1. Each page in the medical record contains the patient's name or ID number.
2. Personal biographical information such as home address, employer, marital status, and all telephone numbers, including home, work, and mobile phone numbers.
3. All entries in the medical record contain the author's identification. Author identification may be a handwritten signature, initials, or a unique electronic identifier.
4. All drug therapies are listed, including dosage instructions and, when appropriate, indication of refill limits. Prescriptions refilled by phone should be recorded.
5. Encounter notes should include appropriate arrangements and specified times for follow-up care.
6. All consultation, laboratory and imaging reports should be entered into the patient's record, reviewed, and the review documented by the practitioner who ordered them. Abnormal reports should be noted in the record, along with corresponding follow-up plans and actions taken.
7. An appropriate immunization record is evident and kept up to date.
8. Appropriate preventive screening and services are offered in accordance with the accepted practice guidelines.

(Adopted May 1994) (Amended May 1996, May 2009)(Reviewed May 2013)

## **North Carolina Medical Board**

## SECTION .1000 - PRESCRIBING

### 21 NCAC 32B .1001 AUTHORITY TO PRESCRIBE

(a) A license to practice medicine issued under this Subchapter allows the physician to prescribe medications, including controlled substances, so long as the physician complies with all state and federal laws and regulations governing the writing and issuance of prescriptions.

(b) A physician must possess a valid United States Drug Enforcement Administration ("DEA") registration in order for the physician to supervise any other health professional (physician assistant, nurse practitioner, clinical pharmacist practitioner) with prescriptive authority for controlled substances. The DEA registration of the supervising physician must include the same schedule(s) of controlled substances as the supervised health professional's DEA registration.

(c) A physician shall not prescribe controlled substances, as defined by the state and federal controlled substance acts for:

- (1) the physician's own use;
- (2) the use of the physician's immediate family;
- (3) the use of any other person living in the same residence as the licensee; or
- (4) the use of any person with whom the physician is having a sexual relationship.

As used in this Paragraph, "immediate family" means a spouse, parent, child, sibling, parent-in-law, son-in-law or daughter-in-law, brother-in-law or sister-in-law, step-parent, step-child, step-sibling.

*History Note: Authority G.S. 90-2(a); 90-5.1;*

*Eff. June 1, 2007;*

*Amended Eff. August 1, 2012;*

*Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*