

IN THE MATTER OF	*	BEFORE THE MARYLAND
CHELSEA D. HAMILTON, M.D.	*	STATE BOARD OF
Respondent	*	PHYSICIANS
License Number: D84645	*	Case Number: 2222-0151

* * * * *

CONSENT ORDER

PROCEDURAL BACKGROUND

The Maryland Board of Physicians (the "Maryland Board") received information that Chelsea D. Hamilton, M.D., (the "Respondent") License Number D84645, was disciplined by the Virginia Board of Medicine (the "Virginia Board"). By Order dated April 6, 2022, the Virginia Board reprimanded the Respondent, subject to certain terms and conditions.

Based on the above referenced Virginia 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,

Disciplinary Panel A ("Panel A") has determined that the acts for which the Respondent was disciplined in Virginia 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:

- (3) Is guilty of:
 - (ii) Unprofessional conduct in the practice of medicine[.]

Based on the action taken by the Virginia Board, the Respondent agrees to enter into this Consent Order with Panel A, consisting of Procedural Background, Findings of Fact, Conclusions of Law, Order and Consent.

FINDINGS OF FACT

Panel A makes the following findings of fact:

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 January 16, 2018.
2. In its April 6, 2022 Order, the Virginia Board found that the Respondent violated the Virginia Code in her care and treatment of a patient in that the Respondent deceived police officers, medical providers, and the investigator for the Virginia Department of Health Professions about her dual relationship with the patient.
3. The Virginia Order further found that the Respondent treated and interfered with the patient's care that was identified as the Respondent's adoptive sister/sister/ roommate.
4. The Virginia Board reprimanded the Respondent, subject to terms and conditions.

A copy of the Virginia Board Order is attached hereto.

CONCLUSIONS OF

Based on the foregoing Findings of Fact, Panel A concludes as a matter of law that the Respondent is subject to discipline under Health Occ. § 14-404(a)(21) for the disciplinary action taken by the Virginia Board against the Respondent for an act or acts that would be grounds for disciplinary action under Health Occ. §14-404(a)(3)(ii).

ORDER

It is, thus, by Panel A, hereby:

ORDERED that the Respondent is hereby REPRIMANDED; subject to the following term and condition:

The Respondent shall comply with the terms and conditions of the April 6, 2022 Virginia Board 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 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 Respondent's license with appropriate terms and conditions, or revoke the Respondent's license. 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).

06/29/2022
Date

Signature On File

Christine A. Farrelly
Executive Director
Maryland Board of Physicians

CONSENT

I, Chelsea D. Hamilton, MD, acknowledge that I am aware of my right to consult with and be represented by counsel in considering this Consent Order. I have chosen to proceed without counsel and I acknowledge that the decision to proceed without counsel is freely and voluntarily made.

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 this matter. 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.

23 June 2022
Date

Signature On File
Chelsea D. Hamilton, MD
Respondent

NOTARY

STATE OF Virginia
CITY/COUNTY OF Fairfax

I HEREBY CERTIFY that on this 23 day of June, 2022, before me, a Notary Public of the State and City/County aforesaid, personally Chelsea D. Hamilton, MD, and made oath in due form of law that the foregoing Consent Order was her voluntary act and deed.

AS WITNESS my hand and notarial seal.

[Signature]
Notary Public

My Commission expires: 08/31/2023



BEFORE THE VIRGINIA BOARD OF MEDICINE

IN RE: CHELSEA DAWN HAMILTON, M.D.
License Number: 0101-244437
Case Number: 188143

ORDER

JURISDICTION AND PROCEDURAL HISTORY

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), a Special Conference Committee of the Virginia Board of Medicine (“Board”) held an informal conference on March 16, 2022, in Henrico County, Virginia, to inquire into evidence that Chelsea Dawn Hamilton, M.D., may have violated certain laws and regulations governing the practice of medicine in the Commonwealth of Virginia.

Chelsea Dawn Hamilton, M.D., appeared at this proceeding and was represented by Nicholas Balland, Esquire.

Upon consideration of the evidence, the Board adopts the following Findings of Fact and Conclusions of Law and issues the Order contained herein.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Chelsea Dawn Hamilton, M.D., was issued License Number 0101-244437 to practice medicine on September 18, 2008, which is scheduled to expire on September 30, 2022. At all times relevant to the findings contained herein, said license was current and active.

2. Dr. Hamilton violated Virginia Code § 54.1-2915(A)(1) and (16) in her care and treatment of Patient A in that she deceived police officers, medical providers, and the investigator for the Virginia Department of Health Professions (“DHP investigator”) about her dual relationship with Patient A. Specifically:

a. Dr. Hamilton, a physical medicine and rehabilitation specialist practicing at an Army hospital, treated Patient A for a foot injury in July 2017. As a result of treating her for this injury,

Dr. Hamilton learned on August 7, 2017, during a follow-up visit for her foot, that Patient A was dissatisfied with her current psychiatric care and wanted to wean off of high doses of benzodiazepines. At this visit, Dr. Hamilton initiated an “Ashton Benzo Taper” with the assistance of the Behavioral Health department at the same Army hospital.

b. On January 8, 2018, Dr. Hamilton noted in Patient A’s medical record that fraudulent prescriptions were called into pharmacies in Patient A’s name on December 8, 2017 (Tylenol #3) and December 24, 2017 (Fioricet). Dr. Hamilton also noted fraudulent prescriptions called in for Patient B, who is Patient A’s daughter, on December 8, 2017 (Fioricet and clonidine), December 17, 2017 (Fioricet), and December 24, 2017 (lorazepam). Dr. Hamilton alerted police and Army CID of the fraudulent prescriptions.

c. The Prince William County Police Department investigated the fraudulent prescriptions and unauthorized use of Dr. Hamilton’s DEA number. During the course of his investigation, the detective learned that Dr. Hamilton and Patient A lived together. Dr. Hamilton failed to disclose her cohabitation with Patient A and stated to the detective that she did not tell him because he did not ask.

d. At the detective’s urging, Dr. Hamilton, in an email dated January 9, 2018, revealed to the Army CID personnel that Patient A was her roommate. She stated that they did not cohabit during the treatment period. She further stated that Patient A, a 38-year-old female, was “seeking adoption” from Dr. Hamilton’s mother.

e. On January 9, 2018, Dr. Hamilton learned of additional fraudulent prescriptions called into pharmacies for Patient A. The pharmacists called Dr. Hamilton, declined to fill the prescriptions, and alerted law enforcement.

f. Dr. Hamilton saw Patient A at an office visit on January 24, 2018, following Patient A's psychiatric admission secondary to a suicide attempt. Rather than refer her to the proper specialist, Dr. Hamilton prescribed clonidine and trazodone to Patient A until Patient A could be seen at an outpatient behavioral health clinic in two days.

g. On June 4, 2018, Patient A was again hospitalized after she was found in a field by a police officer following an overdose attempt. Several pill bottles recovered at the scene listed Dr. Hamilton as the prescriber. For the duration of Patient A's hospitalization, Dr. Hamilton continued to be deceptive about her relationship with Patient A and interfered with Patient A's care as follows:

i. The officer who found Patient A spoke with Dr. Hamilton, who he believed was Patient A's "adoptive sister". The police officer gave emergency department personnel Dr. Hamilton's first and last name, and relayed that she was Patient A's sister. Hospital personnel called Dr. Hamilton, believing she was Patient A's sister, to discuss Patient A's medical condition. Dr. Hamilton failed to disclose to the police officer or hospital personnel that she previously treated Patient A and continued to claim she was Patient A's "adoptive sister" during these conversations, even though this was not true.

ii. At the emergency department, a nurse discovered prescriptions in Patient A's possession that were written to another patient by a provider "C. Hamilton". A review of Patient A's PMP data revealed prior prescriptions written for Patient A by Dr. Hamilton. The nurse called Dr. Hamilton to confirm whether she wrote the prescriptions, and Dr. Hamilton admitted that she treated Patient A in the past. Following this phone call, Dr. Hamilton presented to the hospital, despite not having provided care or treatment for Patient A in many months, stating she was her "adoptive sister".

iii. Throughout Patient A's hospitalization, Dr. Hamilton is noted to be at Patient A's bedside and engaging with providers. Progress notes from the hospitalization refer to Dr.

Hamilton as Patient A's "purported adopted sister, "sister", "friend/sister/partner/MD", and "sister/friend". A physician treating Patient A in the emergency department noted that Patient A "continues to be difficult to treat given misdirection and misrepresentation of individual self-identifying as 'adopted sister' regarding diagnosis and medication regimens prior to admission."

iv. Hospital records show that Dr. Hamilton participated in discharge planning for Patient A with the behavioral health unit and was referenced as Patient A's "sister". Dr. Hamilton provided the treatment team with detailed historical collateral information during discharge planning and stated that she would be responsible for "locking up pt.'s medications and administering them to her on a daily basis," once Patient A was discharged into her care. Dr. Hamilton further stated that she "would like to be able to communicate with pt.'s providers" because when Patient A was seeing a psychiatrist at the same hospital where Dr. Hamilton practiced, Dr. Hamilton felt it would be a conflict of interest to call that provider. Dr. Hamilton also intervened by requesting a letter excusing Patient A from a court date, and opining about Patient A's mental state and future mental health treatment options.

v. While Patient A was admitted in the behavioral health unit, hospital records note that Dr. Hamilton "visited her daily", but on the day of discharged engaged in "a serious dispute...while she was visiting and the pair had to be separated by public safety personnel." During a June 8, 2018 psychosocial assessment, Patient A responded that she and Dr. Hamilton "fight like cats and dogs" to the question "Does a family member, caregiver, or household member lose their temper easily and unpredictably say things that hurt you and put you down." Patient A stated this occurs more than once a week. In the same assessment, Patient A "reported that her personal property is not safe. Pt reported that she has trouble protecting her privacy with Chelsea."

h. In July 2018, Dr. Hamilton spoke with the DHP investigator and stated she treated Patient A for a "short time". She also stated that in recent months Patient A (now a 39-year-old female)

began paperwork to be adopted by Dr. Hamilton’s mother, despite stating this process began in January 2018 to the Prince William County detective and the Army CID official, and despite referring to herself as Patient A’s “adoptive sister” or “sister” repeatedly in June 2018.

3. Dr. Hamilton stated to the Committee she has taken no continuing medical education in the subject of professional boundaries but that she has been personally reflecting on how she can improve her boundary issues and how she views boundaries with patients. In retrospect, Dr. Hamilton stated she wished she had reached out earlier to treating providers regarding Patient A’s mental health, substance abuse problems, and her psychiatric issues.

4. Dr. Hamilton stated to the Committee that she did not respect the boundaries that need to be in place for any patient and will never prescribe benzodiazepines, or any medications, for someone with whom she is in a close relationship, such as the relationship she had with Patient A.

5. Dr. Hamilton further stated to the Committee that she will never disrespect that practitioner-patient boundary again, and she will reach out earlier to other members of the multidisciplinary health team at the Army hospital where she practices. Dr. Hamilton stated that she will educate herself further on many treatment options and dedicate herself to do what she is appropriately trained and strong in.

6. Dr. Hamilton stated to the Committee that Patient A is still her tenant and roommate, a close friend, and considers her as family because of their common military service. Dr. Hamilton stated she is not Patient A’s primary support. She elaborated that they are still close, but not as close as they previously were, and that Patient A is in a better state of mind in her life with a close relationship with a dating partner.

7. Dr. Hamilton stated to the Committee she has dedicated her life to getting up every day to provide quality care and treatment to her patients, as well as safe and protective care to her patients

and the public. She believes in her profession and understands why she had to appear before the Committee. Dr. Hamilton stated that she recognizes the seriousness of what happened and stated she will go forward and continue to put appropriate boundaries in place.

8. While the Committee appreciated the foregoing statements from Dr. Hamilton, the Committee determined that her statements were not completely forthcoming during the informal conference, and that her statements during the course of the investigation were likewise not completely forthcoming.

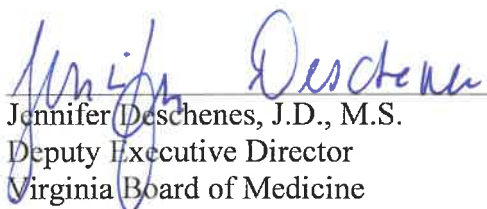
ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Medicine hereby ORDERS as follows:

1. Chelsea Dawn Hamilton, M.D., is REPRIMANDED.
2. Within 12 months from the date of entry of this Order, Dr. Hamilton shall provide written proof satisfactory to the Board of successful completion of at least 12 credit hours of continuing medical education (“CME”) in the subject of professionalism and ethics, and at least 12 hours of CME in the subject of professional boundaries. The CME courses shall be approved in advance of registration by the Executive Director of the Board. Requests for approval must be received within 15 days prior to the course date. All CME shall be completed through face-to-face, interactive sessions (i.e., no home study, journal, or internet courses).
3. Continuing education obtained through compliance with term 2 of this Order shall not be used toward licensure renewal.
4. Failure to comply with the terms and conditions of this Order shall constitute grounds for an administrative proceeding before the Board.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD



Jennifer Deschenes, J.D., M.S.
Deputy Executive Director
Virginia Board of Medicine

ENTERED AND MAILED: 4/6/2022

NOTICE OF RIGHT TO APPEAL

Pursuant to Virginia Code § 54.1-2400(10), Dr. Hamilton may, not later than 5:00 p.m., on May 9, 2022, notify William L. Harp, M.D., Executive Director, Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that she desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated. This Order shall become final on May 9, 2022, unless a request for a formal administrative hearing is received as described above.