

John Merren Byrne, D.O.

Date: March 1, 2019

Damean Freas, D.O. Chair
Disciplinary Panel B
Maryland State Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, MD 21215-2299

Re: Surrender of License to Practice Medicine
John Byrne, D.O. License Number: H59435

Dear Dr. Freas and Members of the Disciplinary Panel B,

Please be advised that, pursuant to Md. Code Ann., Health Occ. ("Health Occ.") §14-403 (2014 Repl. Vol. & 2017 Supp.), I have decided to **SURRENDER** my license to practice medicine in the State of Maryland, License Number H59435, effective immediately. I understand that upon surrender of my license, I may not give medical advice or treatment to any individual, with or without compensation, and cannot prescribe medications or otherwise engage in the practice of medicine in the State of Maryland as it is defined in the Maryland Medical Practice Act (the "Act"), Health Occ. §§ 14-101 *et seq.* and other applicable laws. In other words, as of the effective date of this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual in the State of Maryland.

I understand that this Letter of Surrender is a **PUBLIC DOCUMENT**, and upon Disciplinary Panel B's ("Panel B") acceptance, becomes a **FINAL ORDER** of Panel B of the Maryland State Board of Physicians (the "Board").

I acknowledge that I have been indicted in the Circuit Court for Harford County for sex abuse of a minor and related charges (Case No. 12-K-17-001029). I admit that the crimes with which I have been charged in the Circuit Court for Harford County constitute crimes involving moral turpitude and, upon a conviction or guilty plea, would support a conclusion that I violated Health Occ. § 14-404(b) (crime of moral turpitude). I have decided to voluntarily, knowingly and freely surrender my license to practice medicine in the State of Maryland to avoid further disciplinary action against my license in the event I am convicted or plead guilty to a crime involving moral turpitude.

I understand that the Board will advise the Federation of State Medical Boards, the National Practitioner Data Bank, and the Healthcare Integrity and Protection Data Bank of this Letter of Surrender. I also understand that in the event I would apply for licensure in any form in any other state or jurisdiction that this Letter of Surrender may be released or published by the Board to the same extent as a final order that would result

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from disciplinary action, pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2014 Repl. Vol. & 2017 Supp.), and that this Letter of Surrender constitutes a disciplinary action by Panel B.

I affirm that I will provide access to and copies of medical records to my patients in compliance with Title 4, subtitle 3 of the Health General Article.

I further recognize and agree that by submitting this Letter of Surrender, my license will remain surrendered unless and until the Board grants reinstatement. In the event that I apply for reinstatement of my Maryland License, I understand that Panel B or its successor is not required to grant reinstatement; and, if it does grant reinstatement, may impose any terms and conditions the disciplinary panel considers appropriate for public safety and the protection of the integrity and reputation of the profession, including but not limited to a prohibition on treating minors. In the event that reinstatement is granted, I agree to PERMANENTLY refrain from providing medical care to minors. I further understand that if I ever file a petition for reinstatement, I will approach Panel B or its successor in the same position as an individual whose license has been revoked.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have been advised of my right to be represented by an attorney of my choice throughout proceedings before Panel B, including the right to consult with an attorney prior to signing this Letter of Surrender. I was represented by an attorney prior to signing this letter surrendering my license to practice medicine in Maryland. I understand both the nature of Panel B's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

Very truly yours,

Signature on File

John Byrne, D.O.

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NOTARY

STATE OF Maryland
CITY/COUNTY OF Harford

I HEREBY CERTIFY that on this 12th day of February, 2018, before me, a Notary Public of the City/County aforesaid, personally appeared John Byrne, D.O., and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was voluntary.

AS WITNESS my hand and Notarial seal.

AUGUSTUS F BROWN
Notary Public
Harford County
Maryland
My Commission Expires 12-11-19
Augustus F Brown
Notary Public

My commission expires: 12-11-19

ACCEPTANCE

On behalf of Disciplinary Panel B, on this 1st day of March, 2018, I, Christine A. Farrelly, accept the **PUBLIC SURRENDER** of John Byrne, D.O.'s license to practice medicine in the State of Maryland. 2019 (CF)

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