

IN THE MATTER OF

*

BEFORE THE

SOLANGE MASON

*

MARYLAND STATE

Respondent

*

BOARD OF PHYSICIANS

Unlicensed

*

Case Number: 2218-0016B

CONSENT ORDER

On October 5, 2018, Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) charged Solange Mason (the “Respondent”) under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. (“Health Occ.”) §§ 14-101 *et seq.* (2014 Repl. Vol. & 2017 Supp.). The Respondent was charged under the following provisions of the Act:

Health Occ. § 14-601. Practicing without license.

Except as otherwise provided in this title, a person may not practice, attempt to practice, or offer to practice medicine in this State unless licensed by the Board.

Health Occ. §14-602. Misrepresentation as a practitioner of medicine.

- ...
 - (b) *Certain representations prohibited.* – Except as otherwise provided in this article, a person may not use the words or terms “Dr.”, “doctor”, “physician”, “D.O.”, or “M.D.” with the intent to represent that the person practices medicine[.]

Health Occ. § 14-101. Definitions.

- ...
 - (o) *Practice medicine* - (1) “Practice medicine” means to engage, with or without compensation, in medical:
 - (i) Diagnosis;
 - (ii) Healing;
 - (iii) Treatment; or
 - (iv) Surgery....

- (2) "Practice medicine" includes doing, undertaking, professing to do, and attempting any of the following:
 - (i) Diagnosing, healing, treating, preventing, prescribing for, or removing any physical, mental, or emotional ailment or supposed ailment of an individual:
 - 1. By physical, mental, emotional, or other process that is exercised or invoked by the practitioner, the patient, or both; or
 - 2. By appliance, test, drug, operation, or treatment[.]

Health Occ. § 14-606. Penalties.

(a) *Imposition of penalties.*

...

(4) Except as provided in paragraph (5) of this subsection,¹ a person who violates § 14-601 or § 14-602 of this subtitle is:

...

(ii) Subject to a civil fine of not more than \$50,000 to be levied by the Board.

On March 27, 2019, 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 and Order.

I. FINDINGS OF FACT

Panel B finds:

Background and Complaints

1. At all times relevant, the Respondent has not been trained as a physician.

¹ Paragraph (5) does not apply.

2. At all times relevant, the Respondent has not been licensed by the Board as a physician or any other health care professional; or by any health occupations licensing board in Maryland.

3. In August 2015, the Respondent began working with a chiropractor (“Dr. A”) at a Health Center in Virginia (“Center A”), initially as a receptionist.² In or around October 2015, Dr. A hired the Respondent at Center A as an independent contractor, to provide “Yoga Therapy, Herbal Medicine, and Ayurveda.”³ The Respondent was employed at Center A through sometime in May or June 2017.

4. At all times relevant, the Respondent resided in Gaithersburg, Maryland.

5. On or about July 24, 2017, the Board received an anonymous complaint from an individual (“Complainant 1”) stating that they “have reason to believe [the Respondent was] practicing without a license.” Complainant 1 provided to the Board printouts of a website that referred to the Respondent as “Doctor” and a “Doctor of Osteopathy.”

6. On or about August 15, 2017, the Board received a second complaint from an individual (“Complainant 2”) who was a former yoga student and casual acquaintance of the Respondent. Complainant 2 alleged that the Respondent was portraying herself as a medical doctor on her Facebook page and on a personal website. Complainant 2 further alleged that the Respondent was advertising that she was board-certified in neurology, psychology, and integrative medicine. The Facebook page and personal website allegedly stated that the Respondent was completing a residency at a District of Columbia University

² In order to maintain confidentiality, identifying names will not be used in this document.

³ An alternative medicine practice.

hospital (“University A”) and had graduated from a different university’s School of Medicine located in Maryland (“University B”).

7. On or about January 30, 2018, the Board notified the Respondent that it had initiated an investigation based on the receipt of two complaints that alleged she was misrepresenting herself as a physician or that she was practicing medicine without a license. Board staff attached the complaints from Complainants 1 and 2 and requested a written response to the allegations.

8. On or about March 1, 2018, the Board received a third complaint from a former patient of the Respondent (“Patient A”). Patient A alleged that over the course of four months, she saw the Respondent in the Respondent’s “home office” in Gaithersburg, Maryland, during which time the Respondent performed blood testing on Patient A, reported lab results to her, and dispensed supplements to Patient A. Patient A stated, “I am concerned she may not be legitimate as I was unable to find her on [the Board’s] system.”

9. As part of its investigation, Board staff posed as a potential “patient” and communicated with the Respondent by email. Board staff is identified in ¶¶ 14 through 16 as “Patient B.”

10. During the course of its investigation, allegations that the Respondent provided unauthorized medical treatment and/or misrepresented herself as a physician to an additional patient (identified as “Patient C”) were revealed as set forth in ¶ 24.

11. On or about July 18, 2018, the Board received an inquiry from another former “patient” of the Respondent (“Patient D”). Patient D, a female, alleged she had seen the Respondent for evaluation and treatment during 2017-2018, for multiple sclerosis, and Patient D was unable to locate her. During the course of the Board’s investigation of

Patient D's inquiry, Patient D revealed that the Respondent had also provided treatment to Patient D's minor daughter (identified below as "Patient E").

12. The Board's investigation included, but was not limited to, conducting interviews of the Respondent, her former employer (hereinafter, "Dr. A"), three of the complainants ("Complainant 2," "Patient A" and "Patient D"); issuing subpoenas for relevant records; and requesting that a physician (the "Expert") opine on whether the documentary evidence supported that the Respondent had misrepresented herself as a physician, and/or whether there was evidence to support the Respondent had engaged in the unauthorized practice of medicine.⁴

13. The Board's investigation revealed allegations that the Respondent either conducted the practice of unauthorized medicine and/or misrepresented herself as a physician to at least 5 individuals identified below as patients A through E.

Board Investigation

RESPONDENT'S PERSONNEL FILE FROM CENTER A

14. During the course of its investigation, Board staff subpoenaed the Respondent's personnel file from Center A. The Respondent's personnel file included:

- Multiple emails from Dr. A to the Respondent requesting copies of her Ph.D. and D.O. diplomas;
- Emails from Dr. A to the Respondent requesting a copy of her malpractice insurance;
- A memorandum by Dr. A confirming receipt of the Respondent's malpractice declaration page by email;
- A June 1, 2017 letter from University A stating that after an "exhaustive" search Hospital A was unable to find any evidence that the Respondent was

⁴ At the time of the Expert's review, she was not provided documents regarding allegations of treatment and/or misrepresentation to Patients D or E, as the investigation of these allegations occurred after the Board's receipt of the Expert's report.

employed or affiliated in any way by University A, including as a medical resident;

- A letter, dated June 9, 2017, suspending the Respondent from Center A because University A had no record of the Respondent being a resident at University A;
- Documentation that Dr. A had contacted University B, which also had no record of the Respondent having matriculated or graduated from University B; and
- Degrees, residency and board certification information that had allegedly been provided by the Respondent to Dr. A that falsely represented her professional credentials including but not limited to a document purportedly issued by the American Medical Association representing the Respondent was board-certified in behavioral medicine and internal medicine, had completed a Ph.D. in Integrative Medicine and her residency as a “D.O.” was “pending.”

INTERVIEW OF DR. A

15. On October 11, 2017 and on April 24, 2018, the Board interviewed Dr. A. During the interviews, Dr. A stated in pertinent part:

- In 2015, Dr. A initially hired the Respondent as a receptionist;
- Shortly after starting at Center A as a receptionist, the Respondent represented to Dr. A that she had obtained her Ph.D. and he moved her into a “practitioner” position involving “herbs” and “Ayurveda”;
- The Respondent represented to Dr. A that she was pursuing her Doctor of Osteopathic Medicine degree at University B;
- The Respondent represented to Dr. A that she was a medical resident at University A;
- While the Respondent was on maternity leave in 2016, she represented to Dr. A that she passed her board-certification in “neurology, psychiatry and internal medicine”;
- When the Respondent returned from maternity leave in 2016, the Respondent failed to timely provide copies of her credentials or malpractice insurance to Dr. A as requested;
- Dr. A spoke with residency personnel at University A and discovered they had no record of the Respondent in the residency program at University A; and
- Dr. A contacted University B and was unable to obtain verification that she had been a student there.

NO RECORD OF RESPONDENT AT UNIVERSITY A OR UNIVERSITY B

16. Based on the information provided by Dr. A during the interviews, Board staff attempted to subpoena the Respondent's records from University A and University B. Neither university had any records the Respondent had been a medical student, resident or fellow.

17. Board staff also subpoenaed records from the Respondent for any and all education, credentials, training and experience, medical degrees, licenses, and certifications. The Respondent failed to provide any of the requested information to the Board.

INTERVIEW OF COMPLAINANT 2

18. On October 13, 2017, the Board interviewed Complainant 2. Complainant 2 stated during her interview:

- Complainant 2 met the Respondent around 2014 while residing in Italy. The Respondent was Complainant 2's yoga instructor;
- The Respondent posted on her Facebook page that she was a [medical] resident at University A;
- The Respondent posted on her personal website that she was a doctor;
- The Respondent advertised on her website that she provided alternative and functional medicine;
- The Respondent's Facebook page contained a photograph of a dissertation that she represented she had authored; and
- Complainant 2 researched the dissertation title of the photographed dissertation and discovered that it had the same title as a dissertation written by another individual, a psychologist with a PhD ("Dr. B"). Complainant 2 contacted Dr. B who notified University B of allegations that the Respondent had plagiarized her dissertation.

PATIENT A

19. On February 22, 2018, and May 16, 2018, the Board interviewed Patient A. Patient A stated in pertinent part during the interview:

- Sometime around August or September 2017, Patient A met the Respondent at a yoga studio and the Respondent introduced herself to Patient A as a doctor, stating that she had a D.O., a Ph.D., and practiced integrative medicine;
- The Respondent told Patient A that she worked at a shock trauma center previously and now worked through another medical institute (“Facility A”);
- The Respondent stated that her focus was patients with “anxiety, depression and PTSD”;⁵
- Patient A’s first appointment with the Respondent was around September 2017 at the Respondent’s home office in Gaithersburg, Maryland;
- Patient A stated that the Respondent had displayed a diploma from University B;
- The Respondent referred to herself as “Dr. Mason;”
- Patient A saw the Respondent because she had a “host of medical issues” and wanted a physician who practiced “Eastern and Western medicine;
- Patient A saw the Respondent for approximately 7 or 8 visits through January 2018;
- The Respondent charged \$200-300 for the initial visit, and \$100 for subsequent visits plus the cost of any supplements;
- The Respondent elicited a medical history from Patient A;
- The Respondent conducted “psychological therapy” for Patient A;
- During Patient A’s visits with the Respondent, the Respondent reportedly “pricked” Patient A’s finger for blood and was attempting to wean Patient A off of her SSRI⁶ medication. The Respondent represented to Patient A that she ran her blood testing through a laboratory at Facility A;
- The Respondent mistakenly sent Patient A another patient’s laboratory results; and
- The Respondent dispensed “supplements” to Patient A without labels during her visits based on Patient A’s laboratory results.

⁵ PTSD is an acronym for post-traumatic stress disorder.

⁶ An abbreviation for Selective serotonin reuptake inhibitors

20. Patient A provided to Board staff multiple text messages between the Respondent and herself. The text messages included but were not limited to the following communications:⁷

- The Respondent referred to herself as “Dr. Mason;”
- The Respondent stated on October 26 that she “got booked for an emergency case at the hospital and unfortunately it’s quite crucial that I attend;”
- The Respondent stated on November 11, “I will have TNT compounds ready;”
- In a November 12 text, the Respondent discussed laboratory results with Patient A, who discovered the report was of another patient;
- On November 30, the Respondent texted to Patient A, “I’m stuck at the hospital with a patient who had a stroke...”; and
- On December 12, the Respondent texted to Patient A, “I will not have your comprehensive report to insurance until the 19th...”

BOARD STAFF INQUIRY ABOUT MEDICAL TREATMENT (PATIENT B)

21. On or about September 26, 2017, Board staff emailed the Respondent (using the email address the Respondent had advertised on her website), posing as an individual seeking treatment (identified for purposes of these charges as “Patient B”). Patient B stated in the email that he had been diagnosed with bipolar disorder and was seeking information about the services the Respondent provides.

22. On or about October 2, 2017, the Respondent responded to Patient B by stating in part that she was trained in “conventional medicine” and requesting that Patient B schedule a 90-minute evaluation. The Respondent signed the email “Dr. Mason D.O., Ph.D.” The Respondent sent to Patient B “intake paperwork” for Patient B to complete, which included a “case history” including areas of pain and injury, a full medical history, a family medical

⁷ There was no year on the text messages, only the month and the day.

history and a “HIPAA Compliance Patient Consent Form” with the heading, “Dr. Solange Mason D.O., Ph.D.”

23. Ultimately, Patient B did not see the Respondent for evaluation or treatment; however, the two corresponded with regard to the Respondent’s availability and the Respondent signed the emails, “Dr. M.”

INTERVIEWS OF RESPONDENT

24. On February 22, 2018 and May 16, 2018, Board staff interviewed the Respondent, with counsel present during both interviews. The Respondent stated in pertinent part during the interviews:

- The Respondent was employed at Center A from 2015 through 2017;
- The Respondent was hired as a receptionist at Center A and it was her understanding that she would enroll in the “doctoral program” Center A offered;
- The Respondent stated that her understanding was that Center A’s program offered a doctorate in osteopathy and a PhD in integrative medicine;
- The Respondent acknowledged Center A’s program was fraudulent, but stated that Dr. A was responsible for the program;
- The Respondent stated that Dr. A provided her with a certificate certifying her in integrative medicine;
- The Respondent stated that she received her “D.O.” from Dr. A;
- The Respondent stated that she never had to attend any classes or training at Universities A or B, as Dr. A provided all her training at Center A;
- The Respondent acknowledged that she purchased malpractice insurance;
- The Respondent stated that her education was “fake” but that she had “believed it”;
- The Respondent acknowledged that she saw clients at her home in Maryland and treated them with herbal mixtures;

- The Respondent stated that she saw approximately 5-7 individuals weekly at her home office; She required HIPAA⁸ forms to be filled out by individuals who came to see her at her home office;
- The Respondent stated that her LinkedIn page advertised her as a medical doctor, board [certified] physician in neurology, psychiatry and internal medicine because “those were the programs that I completed”;⁹
- The Respondent attempted to assist Patient A to wean off trazadone¹⁰ in order to treat Patient A’s mental health condition(s) with herbs and/or supplements;
- In response to questioning about Patient B, the Respondent stated that she “believed” she had a Ph.D. in Integrative Medicine;
- The Respondent sent patient’s blood samples to “biologists in the area” and on receipt of the results of the “live blood analysis” would contact patients to discuss the results; and
- The Respondent saw Patient C, a male, approximately twice in her home office. She sent Patient C’s blood for analysis.

PATIENTS D AND E

25. After Board staff interviewed the Respondent, on or about July 18, 2018, Patient D sent in an inquiry to the Board stating, “I am looking for a physician by the name of Solange Mason, D.O. She treated me for Multiple Sclerosis 2017-2018 and seems to be completely off of the grid. Is there news about her? Thank you.”

26. On or about July 26, 2018, Board staff interviewed Patient D who stated in part during her interview:

- Patient D originally sought treatment from the Respondent in February 2017 at Center A, and continued to see the Respondent in the Virginia location for approximately 3-4 months;
- The Respondent told Patient D she was a doctor of osteopathic medicine and that she was board-certified in internal medicine, neurology and psychology;

⁸ The Health Insurance Portability and Accountability Act is federal *legislation* that provides data privacy and security provisions for safeguarding medical *information*.

⁹ Later during the interview, the Respondent stated, “It was all fake but I believed it.”

¹⁰ Used in the treatment of depression.

- After 3-4 months, Patient D began seeing the Respondent at the Respondent's home office in Gaithersburg, Maryland;
- Patient D saw the Respondent for treatment approximately twice weekly for one year;
- The Respondent treated Patient D with a "tuning fork" she referred to as "cognitive reformatting," a "braintap" and LED light therapy;
- The Respondent also saw Patient D's minor daughter ("Patient E"), and conducted a two hour "saliva test" and finger pricks on her;¹¹
- Patient E had been previously diagnosed with Kawasaki's disease. Patient D brought her to the Respondent to evaluate and treat a head to toe rash Patient E had developed;¹²
- The Respondent charged Patient D approximately \$300 per hour for her services; and
- Patient D identified 3 additional patients that had seen the Respondent for treatment.

27. Patient D provided to Board staff her written communications with the Respondent, which included email messages and text messages:¹³

- In an undated text message, the Respondent wrote to Patient D, "I got called in for one of my psych patients hopefully should be out if [sic] here in hour or two";
- An August 13, 2017 text message from the Respondent to Patient D stated in part, "...I've been swamped at [Hospital A] ...So I've got time Friday to see both you and [Patient E] at 4:30. Would that work?"
- An August 18, 2017 text message from the Respondent in response to Patient D's request for a prescription for Patient E for a tanning salon, she stated, "I want to talk to you about autoimmune issues with [Patient E]. Right now light therapy may not be ideal..." and
- An August 28, 2017 text message from Patient D to the Respondent stating, "went to a party yesterday and literally could have 5 new patients for you! All neuro-degenerative situations. It was like an Autoimmune Therapy session over birthday cake. In response, the Respondent typed, "Ha! This timing is

¹¹ Patient D provided to Board staff a "saliva test" panel for Patient E.

¹² Patient D provided to Board staff an evaluation and treatment plan for Patient E she had received from the Respondent, in which the Respondent had diagnosed Patient E as having Tinea Versicolor, a fungal infection of the skin.

¹³ The following represents a small sample.

perfect because after we spoke on Friday I looked into how to set up a referral program and I've got one in the works. That sounds like me at a party every single time."

EXPERT REPORT

28. Based on the Expert's review of documents from the Board's file, she concluded in part:

I am asked to opine as to whether Ms. Mason is misrepresenting herself as a practitioner of osteopathic medicine (DO) and whether she is practicing medicine without a license. It is my opinion that she is doing both.

Ms. Mason represented herself as being a doctor of osteopathy on multiple websites referencing her practice as well as LinkedIn and Facebook. ...she fabricated multiple documents to support this claim to include her [*curriculum vitae*], posting somebody else's thesis page on her Facebook website, creating a medical malpractice insurance page and forging diplomas both provided to her previous employer as well as evident in her home office to one complainant [Patient A]. The patients who did see her called her Dr. Mason and she did not correct them. The paper work that she had them complete had her name on the top referenced as Dr. Solange Mason, D.O. Her email address refers to her as drsolangemason. The credit card receipts provided by complainant [Patient A], do as well. In text messages, Ms. Mason references seeing patients in the hospital.

...

Based on my thorough review as outlined above, it is my opinion within a reasonable degree of medical probability, that Ms. Solange Mason engaged in conduct constituting the practice of medicine as outlined in HO § 14-401. She actively offered her services online professing to be a physician as noted above. She attempted to diagnose and treat patient [A's] mental health disorders by obtaining blood from the patient, purporting to have an outside lab analyze [Patient A's] blood, prescribing supplements based on these results, and then telling [Patient A] that she would then adjust her medications "starting with trazadone" but also to include adjusting her serotonin reuptake inhibitor ("SSRI") dosage. This constitutes the practice of medicine as defined in HO § 14-401 in that Ms. Mason was attempting to diagnose through blood work, treat through the use of supplements and heal such that [Patient A] would be able to discontinue or taper her medication that she took for depression / mental health disorders[.]

II. CONCLUSIONS OF LAW

Based on the Findings of Fact as outlined in whole or in part above relating to diagnosis or treatment, Panel B concludes as a matter of law that the Respondent engaged in the practice of medicine in violation of Health Occ. § 14-601. Based on the Findings of Fact as outlined in whole or in part above relating to the Respondent's misrepresentation as a practitioner of medicine, Panel B concludes as a matter of law that the Respondent's conduct violated Health Occ. § 14-602.

III. ORDER

It is, by Disciplinary Panel B of the Board, hereby:

ORDERED that the Respondent shall continue to **CEASE AND DESIST**¹⁴ from engaging in the practice of medicine in this State; and it is further

ORDERED that the Respondent shall continue to **CEASE AND DESIST** from misrepresenting herself to the public, by description of services, methods, or procedures or otherwise, that she is authorized to practice medicine in this State; and it is further

ORDERED that within **TWO (2) YEARS** from the effective date of this Consent Order, the Respondent shall pay a civil fine in the amount of **THIRTY THOUSAND DOLLARS (\$30,000)**. The payment or payments shall be made by money order or bank certified check(s) made payable to the Maryland Board of Physicians and mailed to P.O. Box 37217, Baltimore, Maryland 21297; and it is further

¹⁴ Pursuant to an initial Order issued on August 24, 2018, the Respondent was ordered to **IMMEDIATELY CEASE AND DESIST** from the practice of medicine.

ORDERED that Respondent's failure to pay the **\$30,000** civil fine in full within **TWO (2) YEARS** from the effective date of this Consent Order shall be considered a violation 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 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 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 this Consent Order is a public document. *See* Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. §§ 4-333(b)(6) (2014 & Supp. 2018).

07/09/2019
Date

Signature on File

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

CONSENT

I, Solange Mason, assert that I am aware of my right to consult with and be represented by counsel in considering this Consent Order and in any proceedings that would otherwise result from the charges currently pending. 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., State Gov't §§ 10-201 *et seq.* concerning the pending charges. I waive these rights 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

July 5, 2019
Date

Solange Mason

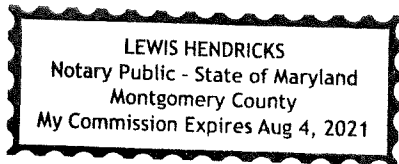
NOTARY

STATE/ DISTRICT OF Maryland

CITY/COUNTY OF Montgomery

I HEREBY CERTIFY that on this 5 day of July, 2019, before me, a Notary Public of the State/District and County aforesaid, personally appeared Solange Mason, and gave oath in due form of law that the foregoing Consent Order was her voluntary act and deed.

AS WITNESS, my hand and Notary Seal.



[Signature]
Notary Public

My commission expires:

08/04/2021