

Jui-Chih Hsu, M.D.

December 11, 2017

Damean W. E. Freas, D.O., Chair
Maryland State Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, MD 21215

RE: Surrender of License to Practice Medicine
Jui-Chih Hsu, M.D.
License Number: D04823
MBP Case Number: 2217-0022 B

Dear Dr. Freas and Members of Disciplinary Panel B,

Please be advised that I have decided to permanently **SURRENDER** my license to practice medicine in the State of Maryland, License Number D04823, effective December 23, 2017. I understand that upon the 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"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 14-101 *et seq.* (2014 Repl. Vol. and 2017 Supp.) 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 on 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 the Board initiated an investigation of my practice based on a hospital report to the Board in February 2017 concerning the automatic relinquishment of my clinical privileges for failure to complete a provider health evaluation as requested by the hospital. After considering my age, health, and the demands of my practice, I have decided to surrender my license, effective December 23, 2017. Between the date of this letter and its effective date, I will reduce my patient load to no more than 25 patient visits per day, six days per week.

The surrender of my license to practice medicine in the State of Maryland will resolve the pending actions by the Board regarding my practice of medicine.

Dr. Freas and Members of Disciplinary Panel B

RE: Jui-Chih Hsu, M.D.

Letter of Surrender

Lic. No. D04823

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I am waiving my right to contest any pending investigation or allegations of the Board at a formal evidentiary hearing. In waiving my right to a formal evidentiary hearing, I am also waiving the right to be represented by counsel at the hearing, to confront witnesses, to give testimony, to call witnesses on my own behalf, and all other substantive and procedural protections provided by law, including the right to appeal to a circuit court.

I understand that the Board will advise the Federation of State Medical Boards, the National Practitioners' Data Bank, and the Healthcare Integrity and Protection Databank of this Letter of Surrender, and in response to any inquiry, that I have surrendered my license in lieu of further action under the Act. 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 from disciplinary action, pursuant to Md. Code Ann., Gen. Pro. § 4-101 *et seq.* (2014 and 2017 Supp.).

I affirm that as of the effective date of this Letter of Surrender, I will provide my patients with access to and copies of medical records, upon request, and I acknowledge that I have a continuing duty, on proper request, to provide a patient's medical record to the patient, another physician or hospital in accordance with Title 4, subtitle 3 of the Health General article.

I further recognize and agree that by submitting this Letter of Surrender, my license in Maryland will remain surrendered permanently, effective December 23, 2017. I agree I have no right to apply for reinstatement of my license to practice medicine in the State of Maryland, and the Board or a disciplinary panel is not obligated to consider any future application for licensure.

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 represented by an attorney prior to signing this Letter of Surrender. I acknowledge that I understand and comprehend the language, meaning, terms, and effect of this Letter of Surrender. I voluntarily choose to surrender my Maryland license to practice medicine pursuant to the terms and conditions set out herein. I make this decision knowingly and voluntarily.

Very truly yours,



Jui-Chih Hsu, M.D.

NOTARY

STATE OF Maryland

CITY/COUNTY OF Cecil

I HEREBY CERTIFY that on this 10th day of December, 2017 before me, a Notary Public of the City/County aforesaid, personally appeared Jui-Chih Hsu, M.D. and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was her voluntary act and deed.

AS WITNESS my hand and Notarial seal.

Jsu M Vincent
Notary Public

My commission expires: May 19, 2018.

ACCEPTANCE

On behalf of the Panel B of Maryland Board of Physicians, on this 14th day of December, 2017, I, Christine A. Farrelly, accept Jui-Chih Hsu, M.D.'s SURRENDER of her license to practice medicine in the State of Maryland.

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