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| IN THE MATTER OF       | * | BEFORE THE              |
| PARVIZ SAHANDY, M.D.   | * | MARYLAND STATE          |
| Respondent             | * | BOARD OF PHYSICIANS     |
| License Number: D15915 | * | Case Number: 2017-0108A |
| *   *   *   *   *      | * | *   *   *   *   *       |

**CONSENT ORDER**

**PROCEDURAL BACKGROUND**

On August 25, 2017, Disciplinary Panel A ("Panel A") of the Maryland State Board of Physicians (the "Board") charged **PARVIZ SAHANDY, M.D.** (the "Respondent"), License Number D15915, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. II ("Health Occ. II") §§ 14-101 *et seq.* (2014 Repl. Vol. and 2016 Supp.), Md. Code Ann., Health Occ. I ("Health Occ. I") § 1-101 *et seq.* (2014 Repl. Vol. and 2016 Supp.) and Md. Code Regs. ("COMAR") 10.32.17 *et seq.*

Panel A charged the Respondent with violating the following provisions of the Act under Health Occ. II § 14-404:

- (a) *In general.* -- 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:
  - (3) Is guilty of:
    - (i) Immoral conduct in the practice of medicine; or
    - (ii) Unprofessional conduct in the practice of medicine[.]

The pertinent provisions of Health Occ. I § 1-212 provide as follows:

(a) *Adoption of regulations.* – Each health occupations board authorized to issue a license or certificate under this article shall adopt regulations that:

- (1) Prohibit sexual misconduct; and
- (2) Provide for the discipline of a licensee or certificate holder found to be guilty of sexual misconduct.

The pertinent provisions of COMAR 10.32.17 provide:

**.01**

This chapter prohibits sexual misconduct against patients or key third parties by individuals licensed or certified under Health Occupations Article, Titles 14 and 15, Annotated Code of Maryland.

**.02**

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) Key third party.

(a) “Key third party” means an individual who participates in the health and welfare of the patient concurrent with the physician-patient relationship.

(b) “Key third party” includes, but is not limited to the following individuals:

- (i) Spouse;
- (ii) Partner;
- (iii) Parent;
- (iv) Guardian;
- (v) Surrogate; or
- (vi) Proxy designated by durable power of attorney.

(2) Sexual Impropriety.

(a) “Sexual impropriety” means behavior, gestures, or expressions that are seductive, sexually suggestive, or sexually demeaning to a patient or a key third party regardless of whether the sexual impropriety occurs inside or outside of a professional setting.

- (b) "Sexual impropriety" includes, but is not limited to:
  - (i) Failure to provide privacy for disrobing;
  - (ii) Performing a pelvic or rectal examination without the use of gloves;
  - (iii) Using the health care practitioner-patient relationship to initiate a dating, romantic, or sexual relationship; and
  - (iv) Initiation by the health care practitioner of conversation regarding the health care practitioner's sexual problems, sexual likes or dislikes, or fantasies.
- (3) "Sexual misconduct: means a health care practitioner's behavior toward a patient, former patient, or key third party, which includes:
  - (a) Sexual impropriety;
  - (b) Sexual violation; or
  - (c) Engaging in a dating, romantic, or sexual relationship which violates the code of ethics of the American Medical Association, American Osteopathic Association, American Psychiatric Association, or other standard recognized professional code of ethics of the health care practitioner's discipline or specialty.
- (4) Sexual Violation.
  - (a) "Sexual violation" means health care practitioner-patient or key third party sex, whether or not initiated by the patient or key third party, and engaging in any conduct with a patient or key third party that is sexual or may be reasonably interpreted as sexual, regardless of whether the sexual violation occurs inside or outside of a professional setting.
  - (b) "Sexual violation" includes, but is not limited to:
    - (i) Sexual intercourse, genital to genital contact;
    - (ii) Oral to genital contact;
    - (iii) Oral to anal contact or genital to anal contact;
    - (iv) Kissing in a romantic or sexual manner;

- (v) Touching the patient's breasts, genitals, or any sexualized body part;
- (vi) Actively causing the patient or key third party to touch the health care practitioner's breasts, genitals, or any sexualized body part;
- (vii) Encouraging the patient to masturbate in the presence of the health care practitioner or masturbation by the health care practitioner while the patient is present;
- (viii) Offering to provide practice-related services, such as drugs, in exchange for sexual favors; and
- (ix) Intentionally exposing the health care practitioner's breasts, genitals, or any sexualized body part.

.03

- A. Individuals licensed or certified under Health Occupations Article, Titles 14 and 15, Annotated Code of Maryland, may not engage in sexual misconduct.
- B. Health Occupations Article, §§ 14-404(a)(3) and 15-314(3), Annotated Code of Maryland, includes, but is not limited to sexual misconduct.

On December 6, 2017, the Respondent appeared before Panel A, sitting as a Disciplinary Committee for Case Resolution. As a result of negotiations occurring before Panel A, the Respondent agreed to enter into the following Consent Order, consisting of Procedural Background, Findings of Fact, Conclusions of Law, Order, Consent and Notary.

### **FINDINGS OF FACT**

Panel A makes the following Findings of Fact:

#### **I. Background/Licensing information**

- 1. At all times relevant hereto, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was initially licensed to practice

medicine in Maryland on October 19, 1973, under License Number D15915. The Respondent's license is current through September 30, 2019.

2. The Respondent is board-certified in psychiatry and neurology.

3. At all times relevant hereto, the Respondent maintained a medical office located at 1831 Forest Drive, Suite A, Annapolis, Maryland 21401.

## **II. The Complaint**

4. On or about August 15, 2016, the Board received a complaint from a former patient of the Respondent ("Patient A")<sup>1</sup> who expressed concerns about the Respondent's conduct during an office visit. Patient A complained that Respondent kissed Patient A on the cheek and while hugging her "was massaging [her] back as [she] cried which he had never done before." Patient A also complained that Respondent also made inappropriate comments to her about offering to "find her a boyfriend" and stating that he was "available" for that purpose. Patient A also recounted that after her last office visit, the Respondent contacted her by telephone and informed her that he was "attracted" to her and was "available."

5. After reviewing this complaint, the Board initiated an investigation of this matter. While investigating this complaint, the Board reviewed a previous complaint against the Respondent that alleged similar misconduct. The Board's investigation determined that the Respondent engaged in inappropriate boundary violations with female patients, which constitute violations of the Act and the Board's sexual misconduct regulations.

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<sup>1</sup> For confidentiality reasons, the names of patients, individuals or practitioners, other than the Respondent, will not be disclosed in this document. The Respondent is aware of the identities of all patients, individuals or practitioners referenced herein.

### **III. Subsequent Board investigation**

6. Board investigators interviewed Patient A, who reported that she began seeing the Respondent for medication management in 2011, and thereafter presented to him for follow-up care, typically at three-month intervals. Patient A stated that at the conclusion of some of the office visits, the Respondent physically touched her, which included shaking her hand, hugging her and/or kissing her on the cheek. Patient A also reported that on occasion, the Respondent made remarks to her about finding her a boyfriend and being available for that purpose.

7. Patient A reported that at the conclusion of an office visit occurring on or about July 13, 2015, she asked the Respondent for a hug. In response, the Respondent hugged her, during which he rubbed Patient A's back, which made her feel uncomfortable.

8. Patient A reported that on or about August 6, 2015, the Respondent telephoned her via a non-office telephone number and left a voicemail message, purportedly to check up on her. Patient A then returned the Respondent's telephone call. The Respondent did not note this telephone call in his office notes. During this conversation, the Respondent first inquired about Patient A's wellbeing, then informed her that he was attracted to her and wanted to engage in a social or romantic relationship with her. The Respondent also disclosed significant details about his personal life to Patient A. Patient A was very distressed by the Respondent's comments to her during this telephone call. After the conclusion of the telephone call, Patient A reported her concerns about the Respondent's actions to family members, after which she canceled

her next visit, which was scheduled for October 2015. Patient A experienced continuing distress from the Respondent's behavior and overtures toward her.

9. During its investigation into the Respondent's actions toward Patient A, the Board reviewed a prior complaint it closed through a non-public Advisory Letter, dated November 28, 2012. The Advisory Letter stated that if additional allegations of a similar nature arose, the Board would reopen this investigation.

10. This complaint was filed by an adult female ("Patient B") who, for a period of time, was in treatment with a physician with whom the Respondent was professionally affiliated. When Patient B was unable to obtain an appointment from the Respondent's professional associate, she saw the Respondent in 2011 on two office visits, primarily for medication refills. During the first visit, the Respondent made inappropriate personal remarks to Patient B. During the second visit, the Respondent again made sexually oriented remarks to Patient B, touched her on the shoulders in a non-clinical manner, requested to meet her for a social purpose, and hugged and kissed her, which made her feel very uncomfortable. Because of the Respondent's actions, Patient B decided not to see him further for treatment. Patient B was re-interviewed by Board investigators and reaffirmed the statements she made in her complaint.

### **CONCLUSIONS OF LAW**

Based on the foregoing Findings of Fact, Panel A concludes as a matter of law that the Respondent violated the following provisions of the Act and COMAR: Health Occ. II § 14-404(a)(3) Is guilty of: (i) Immoral conduct in the practice of medicine; and (ii) Unprofessional conduct in the practice of medicine; and COMAR 10.32.17.02B(2) (sexual impropriety).

## ORDER

It is, on the affirmative vote of a majority of the quorum of Panel A, hereby:

**ORDERED** that the Respondent's license is **REPRIMANDED**; and it is further

**ORDERED** that the Respondent is placed on **PROBATION** for a minimum period of **ONE (1) YEAR**,<sup>2</sup> to begin upon the effective date of this Consent Order, subject to the following probationary terms and conditions:

- (1) Within 10 days, the Respondent shall enroll in the Maryland Professional Rehabilitation Program ("MPRP") for evaluation and treatment. The Respondent shall enter into a Participant Rehabilitation Agreement and Participant Rehabilitation Plan with MPRP. The Respondent shall fully and timely cooperate and comply with all of MPRP's referrals, rules, and requirements, including but not limited to, the terms and conditions of the Participant Rehabilitation Agreement(s) and Participant Rehabilitation Plan(s) entered into with MPRP, and shall fully participate and comply with all therapy, treatment, evaluations, and toxicology screenings as directed by MPRP;
- (2) The Respondent shall sign and update the written release/consent forms requested by the Board and MPRP. The Respondent shall sign the release/consent forms to authorize MPRP to make verbal and written disclosures to the Board, including disclosure of any and all MPRP records and files possessed by MPRP. The Respondent shall also sign any written release/consent forms to authorize MPRP to exchange with (i.e., disclose to and receive from) outside entities (including all of the Respondent's current therapists and treatment providers) verbal and written information concerning the Respondent and to ensure that MPRP is authorized to receive the medical records of the Respondent, including, but not limited to, mental health and drug or alcohol treatment records;
- (3) If, after MPRP's evaluation of the Respondent, MPRP determines that Respondent is not safe to practice medicine, MPRP will forward the evaluation to Panel A, and Panel A may

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<sup>2</sup> If the Respondent's license expires while the Respondent is on probation, the probationary period and any probationary conditions will be tolled.

immediately summarily suspend Respondent's license pursuant to the requirements of State Gov't § 10-226 and may impose any further conditions for the suspension;

- (4) Within six (6) months, the Respondent shall successfully complete a Board disciplinary panel-approved course in maintaining appropriate psychiatrist-patient boundaries. The panel will not accept a course taken over the Internet. The course may not be used to fulfill the continuing medical education credits required for license renewal. The Respondent must provide documentation to the panel that the Respondent has successfully completed the course.

**AND IT IS FURTHER ORDERED** that, after **ONE (1) YEAR**, the Respondent may submit a written petition to the Disciplinary Panel A requesting termination of probation. There shall be no early termination of probation. After consideration of the petition, the probation may be terminated through an order of the Board or Panel A. The Respondent may be required to appear before the Board or Panel A to discuss her petition for termination. The Board or Panel A will grant the petition to terminate the probation if the Respondent has complied with all of the probationary terms and conditions and there are no pending complaints related to the charges; and it is further

**ORDERED** that if the Respondent allegedly fails to comply with any term or condition of probation or this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If 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. If there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before the Board or a disciplinary panel; and it is further

**ORDERED** that, after the appropriate hearing, if the Board or disciplinary panel determines that the Respondent has failed to comply with any term or condition of probation or this Consent Order, the Board or disciplinary panel may reprimand the

Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend or revoke the Respondent's license to practice medicine in Maryland. The Board or disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine upon the Respondent; 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, unless stated otherwise in the order, any time period prescribed in this order begins when the Consent Order goes into effect. The Consent Order goes into effect upon the signature of the Board's Executive Director, who signs on behalf of Panel B; and it is further

**ORDERED** that this Consent Order is a public document pursuant to Md. Code Ann., Gen. Prov. §§ 4-101-4-601 (2014 Repl. Vo. & 2016 Supp.).

01/12/2018  
Date

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

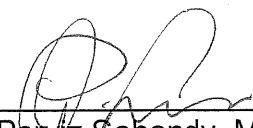
## CONSENT

I, Parviz Sahandy, M.D., acknowledge that I have had the opportunity to consult with counsel before signing this document. By this Consent, 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, Conclusions of Law and Order.

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 own behalf, and to all other substantive and procedural protections as provided by law. I acknowledge the legal authority and the jurisdiction of Disciplinary Panel A 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 Disciplinary Panel B 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 Order, and understand its meaning and effect.

1-10-18  
Date

  
\_\_\_\_\_  
Parviz Sahandy, M.D.  
Respondent

Read and approved:

  
\_\_\_\_\_  
Jonathan P. Kagan, Esquire  
Counsel for Dr. Sahandy

**NOTARY**

STATE OF MARYLAND

CITY/COUNTY OF ANNE ARUNDEL

I **HEREBY CERTIFY** that on this 10th day of January, 2018, before me, a Notary Public of the foregoing State and City/County, did personally appear Parviz Sahandy, M.D., and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

**AS WITNESSETH** my hand and notary seal.

Paula F. Longo  
Notary Public

My commission expires: 2/14/21

